

Cube pessary for women

Special feature of this new pessary : two sizes in one.
3 models available following patient vaginal morphology.

As a result of new designs and the use of new materials, the therapeutic use of pessaries in gynecology has undergone a real renaissance.

The Gyn & Cube Gynéas cube pessary is effective for the treatment of vaginal vault and uterine prolapses, because of the reduced pressure produced by the suction effect of its concave surfaces.
It also has the advantage of being pyramidal in shape, which makes it easier to insert, keep in place and remove.

Indications:

- Stress urinary incontinence during sustained exertion (aerobics, tennis, jogging).
- Moderate or exteriorized prolapse.
- Moderate cystocele and rectocele.
- After childbirth, transient prolapse or incontinence.

Good tropicity (lubrication and elasticity) is essential. Local estrogen treatment (vaginal capsule and cream applied to the vulva) is strongly recommended. Ask your physician for advice.

Sizes of the pessary:

There is no rule for choosing what size of pessary is appropriate; the physician is the best person to decide the "ideal" pessary size.

A first estimation can be carried out by palpating to decide approximately what size of pessary will be suitable. It is also important to note that it is not unusual to have to change the size or style of pessary in order to select the most suitable. This is why the patient is urged to see her physician again without delay if she encounters any problems (pain, urinary infection, bleeding...).

The pessary must be big enough to stay in place, without causing the patient any discomfort.

When it is first inserted, to see whether the right size has been fitted, the physician should ask the patient to stand up, sit down, walk, cough and squat to make sure that the position of the pessary does not change. The patient should not be able to feel that the pessary is present.

Note: When a Gyn & Cube Gynéas pessary is used for stress urinary incontinence, it is recommended that the patient's bladder should be full before any adjustment is made.

Ask the patient not to empty her bladder until the pessary has been inserted.

Inserting the pessary:

The recommended position is the same as that used to insert a tampon: for example, with the patient standing with one foot on a chair, or lying on her back with her head and shoulders raised on pillows.

To make it easier to insert, the pessary can be lubricated.

It should be grasped between the thumb and forefinger, the labia are separated by the fingers of the other hand, and the pessary inserted into the vagina, leaving half of the pessary sticking out, and then pushing it inwards along the curve of the vagina.

Removing the pessary:

Do not use the cord to pull the pessary out.

The first thing that has to be done is to abolish the suction by inserting a finger between the pessary and the vaginal vault, then grasping the pessary between the thumb and forefinger and gently removing it, following the curve of the vagina, and using the cord as a guide. A lubricant makes this easier to do.

Use and maintenance of the pessary:

The patient must remove the Gyn & Cube Gynéas pessary, wash it with soap and water, rinse it and dry it every evening and not put it back again until morning. The pessary must not be inserted during sleep time so that the vaginal tissues are not subjected to suction all the time. It can be reinserted the next day.

NEVER SOAK IN BLEACH, ALCOHOL, OR OTHER CHEMICALS.

- Clean the pessary before first using it.

Contraindication:

- Presence of pelvic infection.
- Inability of the patient to cooperate (the Gyn & Cube Gynéas pessary must be inserted and taken out on a daily basis).
- Severe ulceration
- Allergy to silicone

Precautions for use:

- Endometriosis can make a pessary uncomfortable.
- The decision whether to use this pessary in a pregnant patient is left to the health professional's judgment, as it is in patients who have stents
- Do not use silicone-based lubricating gel. This could damage the pessary. Use of a water-based gel is recommended.
- A pessary is used for a limited time. Check frequently for signs of damage (cracks or breaks in the surface of the silicone, string exposed).
- A damaged pessary should be replaced.

Advantages of silicone:

- Hypo-allergenic.
- Long lasting.
- Does not absorb odors or secretions.

Information :

- The pessary could be used at the same time than an intra uterine contraceptive device.
- The patient could keep her pessary while swimming.
- Pessary should be removed before having sexual relation.

Patient follow-up:

It is usual to re-examine the patient after she has been using the pessary for one month, and then every 6 months if there are no problems, or more often if symptoms occur.

While the patient is being followed up, she should be asked to report:

- Any change in the color or consistency of the vaginal secretions.
- Any increase in vaginal secretions.
- Unpleasant-smelling vaginal discharges or bleeding.
- Vaginal itching.
- Difficulty in urinating, urinary burning, infections confirmed by a urinary cytobacteriology test.
- Difficulty in passing stools.
- Discomfort, onset of incontinence.

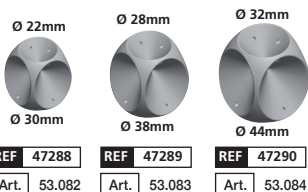
A follow-up card is supplied with the Gyn & Cube Gynéas pessary to assist the patient and her physician to monitor its use better.

At each exam, the pessary must be taken out, brushed and cleaned by the physician.

The vagina and uterine cervix must be examined at each follow-up visit to make sure that there are no ulcerations, lesions or anomalies of the walls.

Possible side effects:

- Vaginal discomfort
- Sensation of a foreign body
- Pelvic pressure / poor retention
- Urinary disorder (feeling of having a full bladder or difficulty passing urine)



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