



Commentary on 'Defecatory dysfunction and other clinical variables are predictors of pessary discontinuation'

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This was a retrospective cohort study of women undergoing first pessary placement at the University of North Carolina at Chapel Hill between April 2014 and January 2017. Inclusion criteria included women aged 18 years and older undergoing first pessary placement for pelvic organ prolapse and/or stress urinary incontinence with a successful pessary fitting. Data extracted from the electronic medical record included age at pessary fitting, race, body mass index, parity, number of vaginal and caesarean deliveries, menopause status, sexual activity status, surgical history, presence/treatment of vaginal atrophy, reason for pessary fitting, presence of baseline defecatory symptoms, diarrhoea, constipation, splinting or straining with defaecation, number of bowel movements per day and physical examination features including presence and size of rectocele. Defecatory dysfunction was defined as the presence of constipation, rectal straining, rectal splinting and/or incomplete defecation. Pessary discontinuation was defined as < 1 year of pessary use and not using at most recent visit. The authors hypothesised that defecatory dysfunction was associated with pessary discontinuation.

In summary, the authors concluded that the pessary discontinuation rate was 77% and the overall rate of defecatory

dysfunction was 45%. They stated that defecatory dysfunction in the form of incomplete defaecation remained significantly associated with pessary discontinuation. They also highlighted that absence of bulge symptoms and younger age also remained significantly associated with pessary discontinuation.

The authors present an interesting study exploring clinical variables that are predictors of pessary discontinuation. There are some limitations of this study including its retrospective design. Additionally, the study did not take into account any concomitant treatment of defecatory dysfunction while using a pessary such as physical therapy. Although not an outcome of the study, another limitation is the lack of follow-up for women who failed pessary management.

Compliance with ethical standards

Conflicts of interest None.

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