



# Primary Care Shared Connection

Nov 2023

## FOR URGENT ATTENTION - Retained ring pessary

The ICB supports practices by analysing themes from Significant Events. On some occasions, themes or single events are identified that require prompt sharing to all Primary Care practices to enable learning.

### Particular Interest

All Staff Practice Managers GP's Nursing AHP Clerical Other

### Summary

- Elderly female patient with advanced dementia living in a nursing home.
- Patient was fitted for a ring pessary in 2017 in secondary care due to vaginal prolapse. This was regularly replaced and last changed in Primary care with informed consent in March 2021. Diary date added at that consultation for 3 months' time for pessary review.
- Patient experienced recurrent UTIs in 2022 requiring long term antibiotic treatment and referral to Urology for Kidney Ureter Bladder Ultrasound.
- March 2023, practice contacted by nursing home as patient experiencing offensive vaginal discharge. Swabs sent. It was then identified the patient had a ring pessary in situ that had not been changed for 2 years.

### Impact

- GP immediately referred patient to Gynaecologist, who advised that due to patients' fragile condition, examination and removal of pessary is no longer an option in the patient's best interest.
- Lack of conversation with the patient/family regarding her ring pessary and its ongoing need as patient became bedbound. No care plan in place considering her advancing dementia.
- Potential distress to the patient and relatives with ongoing symptoms. Patient monitored weekly with care home ward round.
- Missed opportunities to identify the retained pessary at both practice level during care home ward rounds and at a urology appointment in secondary care.

### Identified learning

- Practice had staff sickness which meant recalls were not issued in a timely manner. This role was not backfilled. No further missed patients identified.
- Robust call & recall system not in place to ensure patients called at regular intervals. As per LES.
- Register of all patients fitted with a pessary ring not in place. As per LES.
- The pessary change had moved into past problems within the EMIS system and clinicians did not view this when investigating UTI.
- All clinicians to ensure that they review previous consultations, not reliant on significant problem list.

### Suggested actions

- **During COVID-19 the Royal College of Obstetrics and Gynaecology issued guidance that routine pessary changes could be delayed up to 3 months to a maximum of 6 months from when last change due. This guidance has now ceased and NICE guidance to be followed.**
- **All practices to review their register of patients fitted with a ring pessary, especially the most vulnerable in care home settings.**
- **Review LES for ring pessary assessment, ensuring call/recall is in place.**

### For further information and support contact:

- [Recommendations | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE](#)
- [The impact on complication rates of delayed routine pessary reviews during the COVID-19 pandemic - PMC \(nih.gov\)](#)

Contact your local ICB Quality team for further advice and guidance and /or the Screening and Immunisations Team (SIT) on [england.hiow-sit@nhs.net](mailto:england.hiow-sit@nhs.net)