

Gloucestershire Logbook for the Management of Vaginal Prolapse in General Practice



GLOUCESTERSHIRE PRIMARY CARE
TRAINING HUB

Name of clinician	
Date	

Gloucestershire Logbook for the Management of Vaginal Prolapse in General Practice

This logbook is designed to provide you with a personal logbook to evidence your learning and competency as a ring pessary clinician.

Please use this as a tool to enhance your learning, engaging with your supervisors to complete each level to the standards required. Level 1 competencies are for independently changing ring pessaries in primary care. Level 2 competencies are for independent assessment of pelvic prolapse and the initial sizing and fitting of a ring pessary in primary care.

A supervisor is a healthcare practitioner who performs pessary care regularly as part of their normal job role requirements. This may be a general practitioner, a nurse (likely to be an experienced practice nurse, enhanced nurse, advanced nurse practitioner or advanced practitioner with a digital badge) who is regularly involved in pessary management, a consultant gynaecologist or registrar with a special interest in urogynaecology or prolapse management.

Individual assessments in the level 1 and level 2 logbook maybe completed on several occasions with written feedback until the trainee is competent to perform the tasks independently. Once all of the competencies are completed the supervisor will make an overall assessment of the clinician's ability to undertake the whole of the level independently before final sign off is completed.

The logbook can be signed by more than one supervisor during the training. It would be ideal if discussion took place between the supervisors during the training before the final sign off.

The logbook can be completed in stages. Once you have completed level 1 and are independently changing ring pessaries in practice you can then progress, when you are ready and confident, to move to level 2.

Name of clinician	
Date	

Self-certification of skills before training begins: Please sign and date

	Sign	Date
Speculum examination		
Vaginal swabs		
Theory course attended		

Primary Supervisor

Name	
Position	
Signature	

Secondary Supervisor

Name	
Position	
Signature	

Name of clinician	
Date	

LEVEL 1 - OBSERVATION OF PESSARY CHANGE

Competencies	Comments
Introduce a pessary to a woman and explain the benefits and risks	
Describe different types of pessary on offer and rationale for using selected pessary	
Offer a woman pessary management in the short-term, such as when considering/waiting for surgery or during pregnancy	
Reassure a woman that pessaries may be used successfully to manage prolapse in the long term	
Describe to a woman the aftercare and follow-up that is required for the pessary used	
Offer a woman the option of self-management of her pessary	
Educate a woman on when to seek medical advice or help when managing her own pessary	

Discussion

Assessors Name	
Assessors Signature	
Date	
Achieved Yes or No	

Name of clinician	
Date	

LEVEL 1 - ASSESSMENT OF PESSARY CHANGE

Competencies	Comments
Communicate effectively throughout the procedure	
Take a history from the patient including the effectiveness of the pessary on symptoms and any changes in symptoms	
Prepare the environment	
Remove the current pessary	
Examine the vagina and cervix using a speculum and check for the health of the tissues	
Insert a pessary	
Test for correct fit of the pessary	
Ensure clear documentation of size and type of pessary that has been fitted	
Know how to refer onwards if clinically indicated	

Discussion

Assessors Name	
Assessors Signature	
Date	
Competency Achieved Yes or No	

Name of clinician	
Date	

LEVEL 1 - KNOWLEDGE OF COMPLICATIONS

Competencies	Comments
Be able to discuss and assess vulval skin conditions and vaginal atrophy, including recognising abnormal features and understand when to refer to a GP	
Be able to manage/advise about the use of vaginal oestrogen and when this is appropriate	
Be able to discuss and manage vaginal discharge and infection and understand when to refer to a GP	
Be able to discuss and initially assess vulval and vaginal abrasion and ulceration including an understanding when an urgent referral may be needed	
Be able to discuss and initially assess vaginal bleeding and understand when to refer to a GP	
Be able to discuss and manage pain and discomfort from the ring pessary	
Be able to discuss and initially assess urinary symptoms including voiding difficulty, retention, incontinence and understand when to refer to a GP	
Be able to discuss and initially assess bowel symptoms including difficulty opening bowels, constipation or incontinence and understand when to refer to a GP	
Be able to discuss and manage difficult pessary removals and understand when an onward referral is needed	

Discussion

Assessors Name	
Assessors Signature	
Date	
Competency Achieved Yes or No	

Name of clinician	
Date	

LEVEL 2 - ASSESSMENT OF PROLPASE

Competencies	Comments
Take an appropriate history	
Explore what is important to a woman with regards to her treatment goals	
Examine for presence of prolapse, compartments involved and stage of prolapse	
Explain the clinical findings to the woman	
Relate the clinical findings to the symptoms	
Use the clinical findings to plan ongoing care or make an appropriate referral	
Discuss the option of pelvic floor muscle exercises and refer on if indicated	
Discuss the option of “doing nothing” and the risks where relevant	
Offer the woman follow-up when she chooses to do nothing initially, and allow her to express any change in the management option chosen	
Discuss the options of pessary support to manage symptoms	
Discuss the option of surgery to manage prolapse	
Explain to a woman there are different types of surgery which may be offered to manage a prolapse, and this is dependent on the type of prolapse	
Provide written information to the woman about the options	
Understand when to refer on to a GP or urogynaecology	

Name of clinician	
Date	

LEVEL 2 - ASSESSMENT OF PROLPASE

Discussion

Assessors Name	
Assessors Signature	
Date	
Competency Achieved Yes or No	

Name of clinician	
Date	

LEVEL 2 - ASSESSMENT FOR FITTING THE FIRST PESSARY

Competencies	Comments
Take an appropriate history	
Explain clearly to the woman the process of assessment for the first pessary and how it differs from an examination for prolapse	
Explain that there will be an initial trial period for the pessary, and more than one fitting may be necessary to find the most suitable pessary	
Assess for vaginal atrophy and organise treatment accordingly	
Perform an assessment of vaginal dimensions and select a pessary type and size to suit the clinical findings	
Insert pessary	
Test for successful fit of pessary	
Allow time to ambulate and pass urine and if this is not possible to advise the patient how to seek help if required	
Re-evaluate and reassess if the first pessary is not suitable or not retained	
Discuss pessary management advice e.g. sexual intercourse, support perineum when defecating, managing pessary dislodgement	
Ensure clear documentation of size and type of pessary that has been fitted	
Formulate a management plan for ongoing care and plan for safe change of the pessary in an appropriate environment e.g. self-management (if suitable), GP surgery or specialist clinic	
Understand when to refer on to a GP or Urogynaecology	

Name of clinician	
Date	

LEVEL 2 - ASSESSMENT FOR FITTING THE FIRST PESSARY

Discussion

Assessors Name	
Assessors Signature	
Date	
Competency Achieved Yes or No	

Name of clinician	
Date	

LEVEL 1: COMPETENCY ACHIEVEMENT FOR RING PESSARY CHANGES

COMPETENCY	DATE	SIGNATURE OF SUPERVISOR
ASSESSMENT OF PESSARY CHANGE		
KNOWLEDGE OF COMPLICATIONS		

LEVEL 2: COMPETENCY ACHIEVEMENT FOR PROLAPSE ASSESSMENT AND RING PESSARY FITTING

COMPETENCE	DATE	SIGNATURE OF SUPERVISOR
ASSESSMENT OF PROLAPSE		
ASSESSMENT FOR FITTING THE FIRST PESSARY		

OPPORTUNITIES FOR FURTHER DEVELOPMENT

Consider sitting in clinic and observing the ring pessary clinic, the women's health physiotherapist or the urogynaecological consultant

Contacts:

Anna Umali RGN/BScNursing/INP-NMP Urogynaecology Advance Nurse Practitioner
anna.umali@nhs.net

Kate Mitchell Physiotherapist and urogynaecology practitioner
kate.mitchell2@nhs.net

Urogynaecology department Gloucester Royal Hospital

Further reading:

NICE guidance: Pelvic floor dysfunction: prevention and non-surgical management
<https://www.nice.org.uk/guidance/ng210/chapter/Recommendations>

UK clinical guidance for best practice in the use of vaginal pessaries for pelvic organ prolapse
https://thepogp.co.uk/_userfiles/pages/files/resources/uk_pessary_guideline_final_april21.pdf

This logbook was developed from Pelvic, Obstetric and Gynaecological Physiotherapy Clinical Standards Logbook
<https://thepogp.co.uk/professionals/resources/pessariesforpros.aspx> adapted for use in general practice

Name of clinician	
Date	

Appendix 1

Setting up a Ring Pessary Training Clinic

To run an effective training clinic a number of suitable patients need to be identified and booked in consecutively. This may be done by planning the training clinic in advance with care navigators identifying and booking suitable patients, creating a waiting list and/or running a search for patients whose pessary change is due.

Agree with your supervisor how many patients to bring into clinic. This may depend on your previous experience and level of confidence.

Agree with your supervisor the time needed for each appointment. In the early stages of training half hour appointments may enable you not to feel rushed with patients and gives time for feedback. This time may be reduced as you gain experience and build confidence.

If possible, it would be best to speak with and counsel patients before the clinic. Let patients know it is a training clinic. As it is a training clinic make sure patients know that the clinic is for the ring pessary change or fit, and not for other issues to be discussed that are unrelated.

Ideally speak to the patients the day before to check they are still coming to clinic, which allows you to find another patient if they can no longer attend.

If you are a non-prescriber, make sure there is a mechanism for prescriptions to be raised. You need to have access to the ring pessary at the appointment, either from an in-house supply, from the item being pre-ordered and delivered to the surgery or collected and brought to the appointment by the patient. Check with your surgery which process they usually use. Check what size ring the patient is currently using and ensure the correct size is in stock or ordered ready for the appointment. It can take a few days for pharmacies to order the items.

It is useful for the surgery to have a range of pessary sizes available, in case there is an issue with delivery, or the patient requires a size change. It can be useful to have a number of the commonly used pessary sizes in stock.

It would be ideal to have a couch that you can move up and down to make sure you are fitting the pessaries in a comfortable position, with a good light and good space around the bed.

Have your certificate or evidence of attending the theory training for you supervisor at the first session

Have a copy of the logbook ready for your supervisor to sign