Vermont Gynecology
Compassionate, Contemporary Care

Medical Notice and Waiver Regarding Pessaries

Pessaries are designed to support specific medical conditions, such as pelvic organ prolapse or urinary incontinence. They are inserted into the vagina and provide support to the pelvic organs.

Potential Issues:
It is essential to be aware that pessaries may ultimately fail to provide the desired support or symptom relief. There are several reasons why this might occur:

- **Anatomical Changes**: Over time, the anatomy of the pelvic organs and tissues may change, potentially affecting the fit and effectiveness of the pessary.
- **Device Fit**: Achieving the correct fit and type of pessary is crucial. In some cases, finding the right fit may be challenging, impacting its ability to provide adequate support. While we take many measures to ensure a good fit in the office, you may have a different experience with the pessary at home with other activities. We will do our best to find the proper fit, but realize that a pessary that fits well in the office may not always continue to provide support through all of your daily activities.
- **Patient Comfort**: Comfort with the pessary is essential for its continued use. Discomfort or irritation may lead to non-compliance or discontinuation.
- **Medical Conditions**: Certain medical conditions or changes in health status may affect the effectiveness of the pessary.

When to Seek Help:
If you experience any of the following, please contact our office promptly:

- Persistent discomfort or pain associated with the pessary
- Changes in urinary or bowel habits
- Signs of infection, such as unusual discharge or odor
- Difficulty inserting or removing the pessary
- Vaginal bleeding

Waiver:
By proceeding with the purchase of a pessary, you acknowledge and agree to the following:

- Pessaries are provided based on medical advice and assessment. They may ultimately fail to provide the desired support or relief due to anatomical changes, fit issues, comfort concerns, or changes in medical conditions.
- I agree to pay $95 for the pessary with the card listed below. Once an order for a pessary has been placed and payment processed, refunds will not be issued due to the personalized nature of the device and hygiene considerations.

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Print Name: _____ **Signature**: _____ **Date:** _____

STOP HERE - This section is for clinical staff ONLY

Pessary to be ordered: _____