The Hodge Pessary

Indicated for stress urinary incontinence and an incompetent cervix.

The folding silicone Milex™ Hodge pessary is designed for patients with limited pubic notch and small introitus.

The Milex Hodge Pessary was designed for stress urinary incontinence and is used for women with a very small vaginal introitus. The Hodge helps relieve uterine retrodisplacement that is accompanied by symptoms of backache and/or dysmenorrhea. The folding pessary is manually shapeable and the anterior bar is applied behind the pubic arch, there by helping to support the proximal uretha.

The Hodge pessary is available in nine sizes. Because of the shapeable wires, the pessary must be removed during x-rays, ultrasounds and MRIs.

The Risser and Smith Pessaries

Indicated for stress urinary incontinence and incompetent cervix

The folding silicone Milex™ Risser pessary is designed for patients with shallow pubic notch and has a larger weight-bearing zone to support vaginal aspects of pubis.

The folding silicone Milex™ Smith pessary is designed for patients with well-defined pubic notch.

Both the Risser and Smith pessaries are helpful in cases of repeated miscarriages due to an incompetent cervix by repositioning the weight of the growing fetus. The incompetent cervix in general points forward in the axis of the vagina. The Hodge, Risser and Smith pessaries redirect the cervix posteriorly, as in normal pregnancy.

As a result, direct pressure on the cervical os is reduced and aids in preventing premature dilation and/or membrane rupture. The Risser and Smith can also serve as a sling to help keep the head and fetus from decending and pressing on the internal os.

The Risser and Smith pessaries are both available in nine sizes. Because of the shapeable wires, the pessary must be removed during x-rays, ultrasounds and MRI’s.
**Directions for use**

- **Insertion:** Fold pessary and rest anterior bar against index and middle fingers. Gently push into vagina until posterior bar is down and behind the cervix. Bring anterior bar up and tuck behind symphysis pubis. The cervix will spontaneously fall within the pessary.

- **Removal:** Hook finger into anterior bar of pessary and gently pull down and out.

**Reference Summary Statements**

1. “The Smith, Hodge, and Risser pessaries are collectively referred to as lever pessaries. These devices were originally intended to treat uterine retroversion. They may be used for uterine prolapse and cystocele, and case reports have described use in pregnancies complicated by cervical insufficiency.”

   *Up-To-Date, Revised September 2010* “Vaginal pessary treatment of prolapse and incontinence.” By Jeffery L. Clemons, MD, LTC, FACOG

2. “A Hodge pessary with support is also effective in the prevention of exercise incontinence.”

   *American Academy of Family Physicians, May 1, 2000* “Practical Use of the Pessary” by Anthony J. Viera, LT, MC, USNR and Margaret Larkins-Pettigrew, LCDR, MC, USNR

3. “The pessaries (Smith & Hodge) restored continence by stabilizing the urethra and urethrovesical junction to allow proper pressure transmission and actively increasing urethral resistance to the escape of urine under resting and stressful conditions. The use of the lever pessary was proposed “as a simple prognostic test to identify patients with stress urinary incontinence that would benefit form urethrovesical neck suspension procedures.”

   *Gynecology and Obstetric, Vol. 1, Revised 1992* “Contemporary Use of the Pessary” by D. S. Miller, M.D.

4. “The cervical pessary may offer a safe and easy alternative to cerclage for the treatment of cervical insufficiency and prevention of preterm birth. Several types of pessaries have been used and shown to be effective in various observational trials.”