

**NEVADA STATE BOARD OF NURSING**  
**Practice Advisory Opinion**

**Practice Question:**

Is the insertion of a pessary within the scope of practice for a RN or LPN?

**Recommendation:**

The Nevada State Board of Nursing finds that it is within the scope of practice for a Registered Nurse or a Licensed Practical Nurse to remove, clean and reinsert a “donut” type pessary upon successful completion of formal education and training which includes demonstration of competence in the use of this device. Documentation of annual updates of education and demonstration of competency are required.

**Consumer Safety:**

A pessary is a device that is placed into a vagina to support the uterus and or bladder and rectum. Pessaries are made in twelve different shapes, each shape available in many sizes.

**Best Interest of the Public**

The best interest of the public having a RN or LPN able to replace a pessary is in cost of having a physician or nurse practitioner reinsert the pessary. The benefits of pessary use preventing uterine prolapse and urinary incontinence are obvious and documented in the literature.

**Safe for the practitioner**

There are inherent risks with the incorrect insertion of a pessary. Complications vary, but are commonly listed as infection, ulceration or the mucosa, incarceration of the pessary, and an increase in vaginal and cervical malignancy.

Education and training in the insertion of a pessary would need to be extensive depending the type of pessary utilized for a particular patient. With twelve types being used, it would be problematic to adequately prepare nurses to respond to any and all patients who might need their pessary reinserted. This would also add to nurses duties which may already be overwhelming.

**Part of the nursing process**

An agency that wishes its nurses to reinsert pessaries must develop a policy and procedure specifically for the replacement of a pessary. There must be an education and training program for this action with regular updates and proficiency reestablished at regular intervals to stay current. Also, the agency must keep records of who is competent to accomplish this task. Regular inservices and reeducation may burden a system that is fraught with updating regularly.

### **Current Trends and National Standards**

The volume of pessaries in use is very low, higher in the elderly population. Because of the aging population, it may be assumed that more pessaries may be placed in the future. Also, with managed care influence, pessary use to prevent surgical procedures may also cause an increase.

Presently, no precedent was found to indicate that other states have enacted opinions for the reinsertion of an already fitted pessary by a RN or LPN.

### **Literature review**

The literature reviewed did not speak specifically to other than “physician or health care professional” (Wood, 1992) inserting or removing a pessary other than the patient. In patient literature provided by the manufacturer, patients are instructed in pessary use, cleaning, removal and reinsertion in certain types. Several articles indicate that “it is crucial that the clinician assess the physical and mental capabilities of the individual. A client with compromised eyesight or motor abilities may not be able to manage the insertion and subsequent care of a pessary.” (Fritzinger, 2997)

### **Procedure standardized**

No known procedures were found for training and establishing competence of a Registered Nurse or Licensed Practical Nurse to reinsert a pessary that had already been fitted. Much time and effort was spent in writing both in patient information and the literature regarding follow up the refitting by a physician or health care of professional frequently.

### **Mechanisms to maintain competence**

Logistics of reeducation and clinical currency are of concern. Additionally, frequency and staying updated on the practice might present reeducation issues for some agencies. Annual competency and regular skill validation would be necessary.

### **Consistent with Previous Decisions**

Currently, only advanced practice nurses may insert or fit a pessary. Patients are taught how to care for their own pessary that involves removal, cleaning and reinserting depending on the type of pessary.

### **Impact-Fiscal Manpower**

Reinsertion or pessaries would expedite care of the patient in time and cost to perform this procedure. Transporting a patient to a health care office for a physician or nurse practitioner to reinsert a pessary would be time consuming and costly. Reevaluating size and appropriateness could be done at this time. Conflicting opinions in this area.

### **Scope of Practice Affected**

RN, LPN

**Type of Function**

Independent-In areas where a RN or LPN would need to do this procedure, other health care providers may not be available.

Approved by the Nursing Practice Advisory Committee on July 21, 1999.

Adopted by the Nevada State Board of Nursing on September 17, 1999.