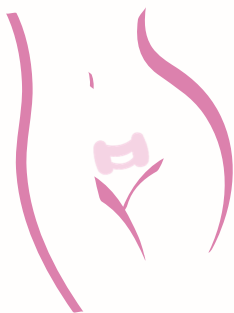


restifem[®]

Instructions for use



back to balance

restifem®

Instructions for use

restifem® is a vaginal supportive pessary manufactured from tested, tissue-compatible silicone. It relieves the pelvic floor connective tissue and therefore promotes its restitution, especially after a vaginal delivery.

Area of application

The pessary has both preventive and therapeutic properties.

Preventive effect

Pregnancy and childbirth results in over-stretching and sometimes even injuring the pelvic floor connective tissue, as well as an overburdening of the pelvic floor musculature. Both are relieved by treatment with a support pessary in a way that supports the restitution process. After a vaginal or caesarean delivery, all women can wear the pessary and in this way reduce the risk of any functional impairments of the pelvic floor occurring subsequently.

Therapeutic effect

For all women who suffer from stress urinary incontinence (involuntary loss of urine) and/or descensus (especially falling of the womb, falling of the vagina, prolapse, cystoceles), their symptoms can be alleviated or even eliminated by wearing the pessary. The pessary orientates the uterus and supports the bladder and urethra.

Contraindications for use

If postpartum phase is not yet completed and there is inflammation of the vagina, bladder or urinary tract and in case of intolerance to silicone, the pessary should not be applied. The pessary should not be used if the skin and mucosa is not intact. Also, the pessary should not be used if the woman is mentally or physically not capable of fitting or removing the pessary herself.

Type and duration of administration

The pessary is inserted by the woman herself into the vagina, ideally after she gets up in the morning. It is worn throughout the day, is removed at night and cleaned by the user herself.

For optimal support of the restitution of the pelvic floor connective tissue after childbirth, the restifem® should be used for at least 3-6 months. Breastfeeding leads to a relative oestrogen deficiency in the area of the vaginal tissue, which can delay the recovery of connective tissue and muscles within the pelvis. For this reason, use of the pessary during breastfeeding is also a sensible measure.

The right size

The pessary is available in small (s) and medium (m) sizes. Small has a length of: 7 cm and a maximum width of: 4 cm. Medium has a length of: 8 cm and a maximum width of: 4.5 cm. For most women, the medium size fits best. For smaller women a small pessary can be chosen. During the process of tissue structure involution after childbirth, it may also become necessary to switch from a medium to a small pessary.

In principle, you can see for yourself which pessary is the right one for you. When wearing the pessary there should be no pain and no contact bleeding. An initial feeling of pressure toward the uterus and behind the pubic bones is even desirable, since it is in these areas that the tissue structures are to be relieved and supported. If you are unsure which is the correct size, please consult your gynaecologist.

Use (insertion, removal, cleaning)

The pessary is designed for multiple use. Wash the pessary prior to its first application under running warm water with a liquid or hand soap for intimate use.

Insertion of the pessary

The two oval pessary halves are held together by 2 slightly bowed cross-bars. The longer rear cross-bar should be positioned in the posterior fornix between the posterior vaginal wall and the cervix. The shorter front cross-bar lies under the urethra, which it seals under load so that the connective tissue is supported, especially next to the urethra. The directional arrows on the lower longitudinal bars indicate the direction which the pessary should be inserted (Figure 1).

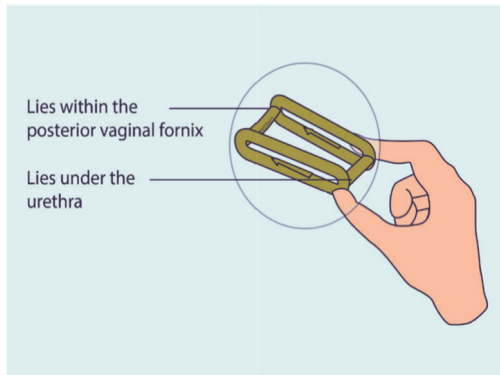


Figure 1

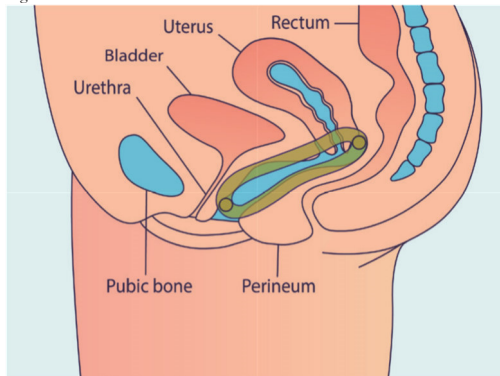


Figure 2

Proceed as follows

1. Before using the pessary, wash your hands thoroughly.
2. Hold the pessary at the front, shorter cross-bar, between the thumb and the forefinger. The arrows depicted on the lower longitudinal bars must be visible.
3. Assume a relaxed position, e.g. by lying, squatting or standing with one leg on a stool.
4. Insert the pessary with the wider side forward and upright (the vaginal opening is oval shaped). To achieve this, it is first placed on the posterior of the vaginal opening (on the perineum) and then as much pressure is applied to the perineum as necessary until there is enough space to insert the pessary into the vaginal opening. During this process the pessary should not be pressed

against the pubic bone since no space can be created in this direction and the pressure at the urethral outlet may even be painful (Figure 3).

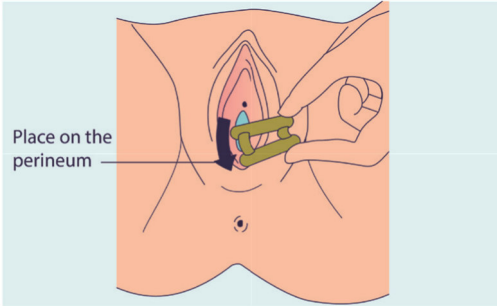


Figure 3

5. When inserting the pessary, it is slowly rotated by 90° until the rear cross-bar comes to lie below the cervix in the posterior vaginal fornix. During this process, observe the correct direction of rotation! The longitudinal bars with the arrows are then below, in their final position (Figure 4).

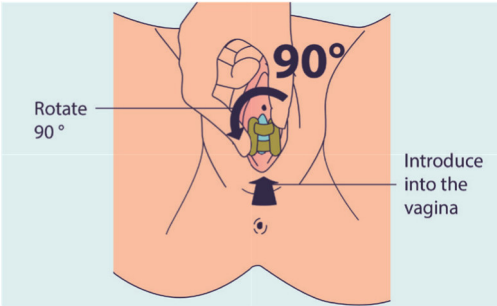


Figure 4

6. The front end of the pessary can be gently pressed behind the pubic bone. It then becomes supported by itself. (Figure 5)
7. Pessary in its final position (Figure 6).

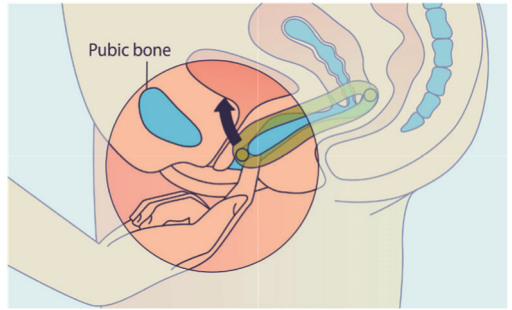


Figure 5

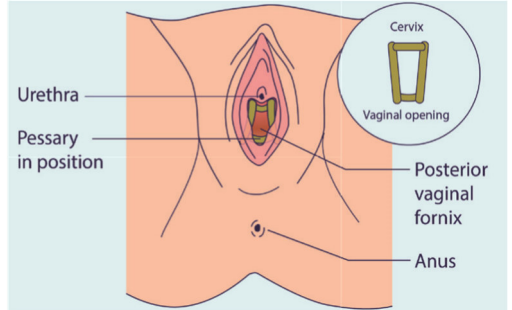


Figure 6

Removal of the pessary

1. Before removing, wash your hands thoroughly.
2. Assume a relaxed body position in the same way that you did when inserting the pessary.
3. Insert the index finger into the vagina and hook this behind the front cross-bar which lies below the urethra. The pessary can then be removed upright from the vagina by gently pulling and rotating it through 90° (Figure 7).

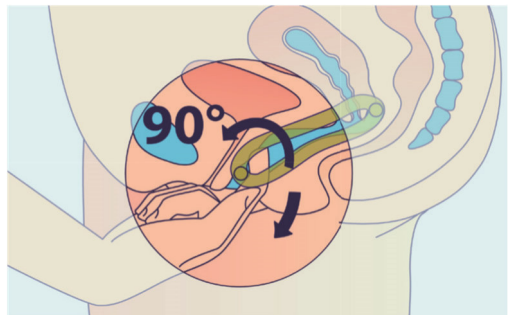


Figure 7

Tips from other users

If you find it easier, you can insert the pessary horizontally, rather than upright, into the vagina. In this case you do not need to rotate the pessary.

Advice

During breastfeeding in particular it may become more difficult to insert the pessary due to vaginal dryness. In this case, moisten both the vaginal opening and the pessary beforehand with water. You should also discuss this with your gynaecologist. In your particular case a local oestrogen therapy might be considered which, on the one hand, improves comfort when wearing the pessary and, on the other hand, encourages the restitution of the connective tissue structures.

Cleaning

Clean the pessary after use under running, lukewarm water. If necessary, you can also use a liquid hand soap or a hand soap for intimate use. Rinse away all the soap. Lay down the pessary to dry on a clean dish. Do not keep the pessary in a closed container without ventilation.

Other notes on usage

1. Read and follow the instructions.
2. Before each use, the pessary should be checked for its integrity and the cleanliness of its surfaces. If damage to the surface should occur, the pessary should be replaced with a new one.
3. Before sexual intercourse, the pessary should be removed.
4. Do not wear the pessary during the postpartum phase or menstruation, so as to prevent the possibility of any ascending infections. The outflow of menstrual blood is not affected by wearing the pessary.

5. If, while wearing the pessary, there is increased vaginal discharge or bleeding, you should contact your gynaecologist and stop using the pessary until your appointment.

6. The pessary may only be used by a single user.

Disposal

Please dispose of the pessary in your regular household waste.

If you have any questions, please write to us or call:

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English


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