







## Mediplus POPY<sup>TM</sup> Pessary

A conservative, cost-effective solution for pelvic organ prolapse or procidentia









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# The Mediplus POPY™ was the world's first silicone shelf pessary. This innovative pessary offers a wide range of benefits including:

Enhanced quality of life - POPY™ mitigates the impact of prolapse on everyday life

Ease of use – high-quality medical grade silicone ensures that the POPY™ is soft and malleable for ease of fitting and removal

**Reduced risk** – the softness of the POPY<sup>™</sup> pessary reduces the risk of erosion

Low-cost and conservative – compared with surgical intervention

**Expert design** – the POPY™ range is the result of extensive consultation with both clinicians and patients to ensure optimal effectiveness and patient comfort



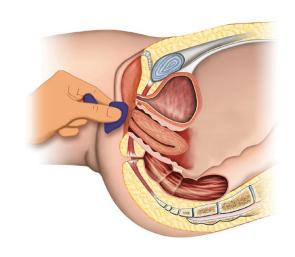
"POPY™ is a far better choice for the patient as it is not rigid at all but rather flexible, therefore insertion and removal is not painful for my patients"

Claudine Domoney, Lead Urogynae Consultant, Chelsea & Westminster Hospital

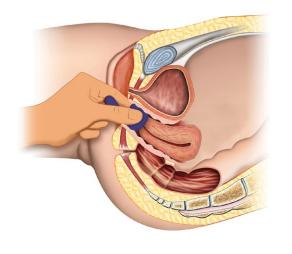
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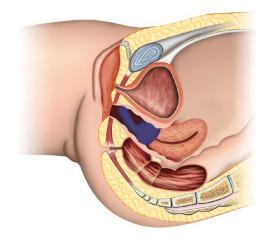
### Insertion technique



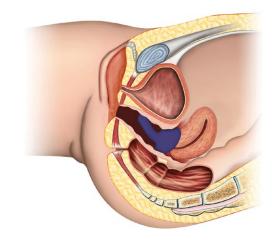
1. Prolapse



2. Initial insertion



3. Pessary inserted further



4. Pessary in situ



#### Ordering information

Product Code	Product Description	Size	Width (mm)	Box Quantity
POPY57	POPY™ Silicone Shelf Pessary	6	57	1
POPY64	POPY™ Silicone Shelf Pessary	8	64	1
POPY70	POPY™ Silicone Shelf Pessary	10	70	1
POPY76	POPY™ Silicone Shelf Pessary	12	76	1
POPY83	POPY™ Silicone Shelf Pessary	14	83	1
POPY89	POPY™ Silicone Shelf Pessary	16	89	1
POPY57-S	POPY™ Silicone Shelf Pessary - short stem	6	57	1
POPY64-S	POPY™ Silicone Shelf Pessary - short stem	8	64	1
POPY70-S	POPY™ Silicone Shelf Pessary - short stem	10	70	1
POPY76-S	POPY™ Silicone Shelf Pessary - short stem	12	76	1
POPY83-S	POPY™ Silicone Shelf Pessary - short stem	14	83	1
POPY89-S	POPY™ Silicone Shelf Pessary - short stem	16	89	1

#### Clinical data



Mediplus are experts in the delivery of high performance medical devices that support positive patient outcomes in the following fields -



anaesthesia



gynaecology



operating room



urology

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JULY 24

One year after treatment women with POP report similar improvement when treated with a pessary versus surgical correction. Prospective evaluation of outcome of vaginal pessaries versus surgery in women with symptomatic pelvic organ prolapse. Z. Abdool, R.Thakar, A.H Sultan, R.S Oliver. Int Urogynecol J (2011) 22: 273-278

<sup>&</sup>lt;sup>2</sup> POP management with pessaries is shown to have a significant improvement in enjoyment of life and interference with physical activity. Management of pelvic

organ prolapse by vaginal pessaries - one year follow up. Oliver R, Lim J H, Thakar R, Sultan A H. Mayday University Hospital, Croydon, Surrey, UK.

<sup>3</sup> Pessaries have been shown to be as effective as surgery and therefore should be offered as an alternative option to surgery. Are vaginal pessaries as

Pessaries have been shown to be as effective as surgery and therefore should be offered as an alternative option to surgery. Are vaginal pessari
effective as surgery in symptomatic pelvic organ prolapse? Z.Abdool, R. Thakar, A.Sultan. Int Urogynecol J (2006) 17 (Suppl.2)

<sup>&</sup>lt;sup>4</sup> Vaginal pessaries are a cost effective way of alleviating symptoms of pelvic organ prolapse. Guidelines for the use of support pessaries in the management of pelvic organ prolapse University of South Australia (2010)

<sup>&</sup>lt;sup>5</sup> Vaginal pessary use is a non-invasive treatment option for patients with POP who wish to postpone surgery or avoid surgical risks altogether. Pelvic Organ Prolapse - Pessary Treatment J.A Schulz, E. Kwon. American Journal of Obstetrics and Gynecology 2005;193 (1): 103-13

<sup>6</sup> Pessaries provide mechanical support to the prolapsed organs, thus relieving symptoms and improving overall body image for the patient. Pessary use and impact on quality of life and body image. Patel M.S, Mellen C, O'Sullivan D. M, Lasala C.A. Female Pelvic Medical Reconstructive Surgery (2011) Nov;17 (6): 298-301