Feb. 3, 1931. L. DICKSTEIN 1,790,801

PESSARY

Filed July 19, 1927

Fig. 1

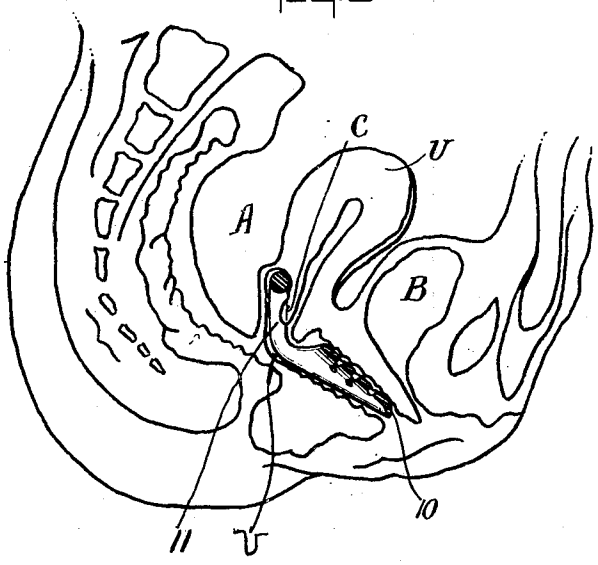


Fig. 2

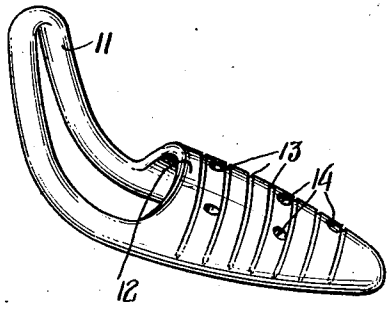


Fig. 3

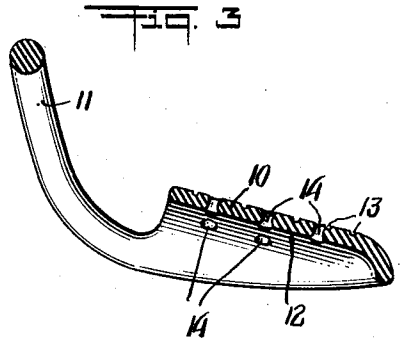
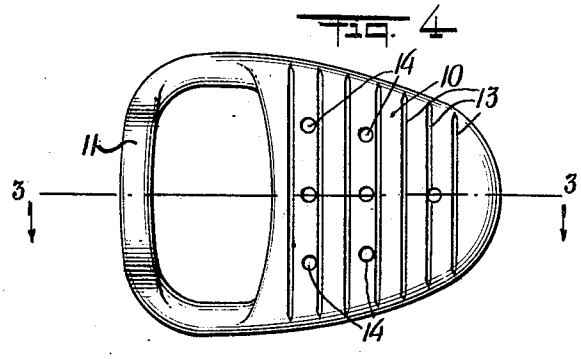


Fig. 4



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UNITED STATES PATENT OFFICE

LOUIS DICKSTEIN, OF NEW YORK, N. Y.

PESSARY

Application filed July 19, 1927. Serial No. 206,870.

My invention relates to a new and improved pessary.

One of the objects of my invention is to provide a pessary of improved construction to correct prolapse of the bladder, and to support the bladder and uterus in normal position.

Another object of my invention is to provide a pessary having means to support the mucous membrane of the vagina in normal position.

Another object of my invention is to provide a pessary having a bridge portion adapted to provide suitable support intermediate the periphery of the device.

Other objects of my invention will be set forth in the following description and drawings which illustrate a preferred embodiment thereof, it being understood that the above general statement of the objects of my invention is intended to generally explain the same, and not to limit it in any manner.

Figure 1 is a diagrammatic view, showing the device in operative position.

Fig. 2 is a perspective view of the device.

Fig. 3 is a section on the line 3—3 of Fig. 4.

Fig. 4 is a top view.

The pessary 10 has a main body portion whose periphery is filled in by a bridge 12. The bottom of the periphery of said body portion, up to about the widest groove 13, is preferably in the same plane.

The bridge 12 is provided with a series of holes 14 for drainage from the mucous membrane with which it contacts. Likewise, said bridge 12 is provided with a series of grooves or depressions 13 to engage the mucous membrane and to prevent it from sliding, which might cause said mucous membrane to protrude from the vagina. These depressions 13 may extend through the bridge, if desired.

The device is provided with a U-shaped arm or bow 11 of curved contour, which is inclined to said main body portion.

When the device is in position, the arm 11 enters the vagina V behind the cervix C, and forces the uterus U into the proper position shown in Figure 1, and prevents it from falling back into the body cavity A. This likewise causes the bladder B to assume the correct position shown in Figure 1. The tapered front end of the front portion of the device contacts with and supports the bladder, in order to properly support a hermated and prolapsed bladder.

The device is made of hard rubber, any suitable metal, such as aluminum, or of any suitable sanitary material.

When in position, it fully supports the mucous membrane, which engages the grooves 13, so that said tissue cannot be forced forwardly. The holes 14 provide efficient drainage. As shown in Figs. 2 and 3, the body portion has substantially the shape of a semi-shell having a blunt-rounded tip. As seen in Fig. 4, the width of arm 11 is throughout substantially the same as the width of the broadest portion of the front of the device. Likewise, the arm 11 is symmetrically disposed with respect to the line 3—3 which defines the axis of the front portion.

The method of insertion of the improved device is the usual one. The pessary must fit the individual patient, otherwise its purpose is defeated. To be sure of the proper size, the jump of the pessary into the vagina when the resistance of the levatores is overcome, must be felt. If not the pessary is too small. The convex surface of the bridge should be facing upward when the pessary is given the final twist, so as to lie horizontally in the vagina. When so adjusted the posterior curve of the pessary will be pushing up against the relaxed utero-sacral ligaments, the cervix will fit nicely into the cervical orifice and the cystocele will be pushed up out of sight, coming to rest as it does upon the supporting convex portion or hiatal bridge.

If the uterus can be maintained in a corrected normal position, the bladder can then be assisted in returning to its normal position, for the bladder owes its position in the pelvis primarily, to its cervical attachment.

The pessary in place, possesses in a way the corrective features of the uterus, as utilized in the subvesical interposition operation for cystocele. The convex surface simulating the body of the uterus under the bladder and at the same time obstructing

the genital hiatus from a point behind the pubis to a point just anterior to the cervix, and from side to side over an area of approximately three fingers' breadth, brings the lateral borders of the pessary well beyond the levator ani muscle margins upon which the pessary rests, and which also encircle the genital hiatus.

The lever and fulcrum action of the pessary is enhanced by the convex bridge, because the wide surface of the bridge in carrying the weight of the bladder, transmits part of this pressure to the curved portion of the pessary in the posterior vaginal fornix, and in turn to the relaxed utero-sacral ligaments. The pessary is supported by the pelvic floor and the posterior vaginal wall which fills the under concave surface of the bridge, and is maintained in place by a balance of pressure on the pelvic floor, exerted anteriorly, upon the convex surface and posteriorly, by pressure exerted upon the curved heel by the stretched utero-sacral ligaments. With the greater weight in front (bladder and part of the weight of the uterus) the pessary is propelled thru an arc downward, and backward, thus increasing the tension of the utero-sacral ligaments which immediately offer counter-pressure and the pessary remains fixed, with the bladder coming to rest on the bridge.

This action does four things, namely:—

1. Pulls cervix back and upward.
2. Maintains the uterus in anteversion.
3. Tightens slack of prolapsed bladder.
4. Returns bladder to normal position.

With this particular pessary the pubic bone becomes a negligible factor in providing a point of support.

I have shown a preferred embodiment of my invention, but it is clear that numerous changes and omissions could be made without departing from its spirit.

I claim:

1. A pessary made of rigid material and having a front portion shaped substantially like a forwardly tapered semi-shell open at its rear end, said shell tapering to a round point, said front portion having an outer convex surface provided with means adapted to engage an adjacent mucous membrane, the bottom wall of said shell being substantially in the same plane, said shell having an arm extending rearwardly therefrom.

2. A pessary made of rigid material and having a front portion having a surface adapted to contact with the mucous membrane, said front portion having an arm connected thereto, said arm having an end portion which is laterally inclined in a direction towards said front portion, said end portion being sufficiently long and having a sufficiently large lateral inclination to enter the vagina and to force the uterus away from the body cavity said arm being substantially symmetrical with respect to the central longitudinal plane of said front portion.

3. A pessary having a front portion shaped substantially like a semi-shell, said front portion having an arm connected thereto, said arm having an end portion which is laterally inclined in a direction towards said front portion, said end portion being sufficiently long and having a sufficiently large lateral inclination to enter the vagina and to force the uterus away from the body cavity, said arm being substantially symmetrical with respect to the central longitudinal plane of said front portion.

4. A pessary having a front portion shaped substantially like a semi-shell, said front portion having an arm connected thereto, said arm having an end portion which is laterally inclined in a direction towards said front portion, said end portion being sufficiently long and having a sufficiently large lateral inclination to enter the vagina and to force the uterus away from the body cavity, said arm having throughout substantially the same width as the widest part of said front portion, said arm being substantially symmetrically disposed with respect to the central axis of said front portion, said arm being substantially symmetrical with respect to the central longitudinal plane of said front portion.

In testimony whereof, I affix my signature.

LOUIS DICKSTEIN.