

CERCLAGE VS VAGINAL PESSARY

Preventing miscarriage in cervical incompetence

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Cerclage vs. Pessary for Cervical Incompetence: Understand the options, effectiveness, pros & cons, and patient suitability for preventing miscarriage and preterm birth. Evidence-based information for informed decisions.

Understanding Cervical Incompetence

Cervical incompetence, also known as cervical insufficiency, occurs when the cervix weakens and opens prematurely during pregnancy. This can lead to second-trimester miscarriages or preterm births. It's often diagnosed after a previous pregnancy loss or preterm delivery, and it can be a source of significant anxiety for women hoping to carry a pregnancy to term.

While the precise cause isn't always clear, factors like previous cervical surgeries (e.g., LEEP or cone biopsy), cervical trauma from childbirth, or congenital abnormalities can contribute. Thankfully, there are interventions available, and we'll explore two primary options: cerclage and vaginal pessary.

Cerclage: Stitching for Support

Cerclage is a surgical procedure where a stitch is placed around the cervix to reinforce it and keep it closed. There are different types of cerclage, including:

- **Transvaginal cerclage:** The most common type, placed through the vagina.
- **Transabdominal cerclage (TAC):** A more complex procedure performed through the abdomen, typically before pregnancy or early in the first trimester, often when a transvaginal cerclage has failed or isn't possible.

Pros of Cerclage:

- **Potentially High Success Rate:** When performed on appropriate candidates, cerclage can significantly reduce the risk of preterm birth, particularly in women with a history of cervical insufficiency.
- **Well-Established Procedure:** Cerclage has been used for decades, and its effectiveness is relatively well-studied.

Cons of Cerclage:

- **Surgical Procedure:** Cerclage carries the inherent risks of any surgery, including infection, bleeding, and reactions to anesthesia.
- **Premature Rupture of Membranes (PROM):** There's a small risk that the cerclage can cause PROM.
- **Cervical Trauma:** Cerclage placement or removal can potentially damage the cervix.
- **Activity Restrictions:** After cerclage placement, activity restrictions are typically recommended.

Vaginal Pessary: A Supportive Device

A vaginal pessary is a silicone device inserted into the vagina to support the cervix and uterus. It's a non-surgical option that aims to redistribute pressure and reduce stress on the cervix.

Pros of Vaginal Pessary:

- **Non-Surgical:** Pessary placement is a non-surgical procedure, avoiding the risks associated with surgery.
- **Easy Placement and Removal:** Pessaries can be easily inserted and removed in a clinic setting.
- **Fewer Activity Restrictions:** Compared to cerclage, pessaries generally involve fewer activity restrictions.

Cons of Vaginal Pessary:

- **May Not Be as Effective as Cerclage:** Some studies suggest that pessaries may not be as effective as cerclage in preventing preterm birth, particularly in women with a history of cervical insufficiency.
- **Increased Vaginal Discharge:** Pessaries can sometimes cause increased vaginal discharge or irritation.
- **Risk of Dislodgement:** The pessary can occasionally become dislodged and require re-insertion.
- **Not Suitable for All Women:** Certain anatomical factors may make pessary placement difficult or impossible.

Head-to-Head Evidence: Cerclage vs. Pessary

Several studies have compared the effectiveness of cerclage and vaginal pessary in preventing preterm birth in women with cervical insufficiency. The evidence is somewhat mixed, but generally suggests that cerclage may be more effective in certain situations, particularly in women with a history of prior preterm birth or a significantly shortened cervix. However, it is important to discuss this with your physician to understand what is best in your specific situation.

A meta-analysis of randomized controlled trials showed that cerclage was associated with a statistically significant reduction in preterm birth before 37 weeks of gestation compared to vaginal pessary. However, other studies have found no significant difference in preterm birth rates between the two interventions.

It's crucial to remember that each woman's situation is unique. Factors like the severity of cervical shortening, history of prior pregnancy loss or preterm birth, and individual risk factors should all be considered when deciding on the most appropriate treatment.

Patient Profile Comparison: Cerclage vs. Pessary

Cerclage:

- **History of Cervical Insufficiency:** Women with a strong history of second-trimester loss or preterm birth due to cervical incompetence.
- **Significant Cervical Shortening:** Women with a significantly shortened cervix (e.g., <25mm before 24 weeks).
- **Failed Pessary:** Cases where a pessary has been tried but has failed to prevent cervical shortening or preterm labor.
- **Preference for Surgical Intervention:** Women who prefer a surgical approach with potentially higher efficacy, despite the increased risks.

Vaginal Pessary:

- **Less Severe Cervical Shortening:** Women with mild to moderate cervical shortening.
- **No Prior History of Cervical Insufficiency:** Women with cervical shortening found during a routine scan.
- **Contraindications to Surgery:** Women who are not suitable candidates for surgery due to medical conditions.
- **Patient Preference:** Women who prefer a non-surgical approach with fewer risks and activity restrictions.
- **Limited Resources:** Settings where surgical facilities or skilled surgeons are not readily available.

Making the Right Choice: Informed Decisions and Empathetic Support

Choosing between cerclage and vaginal pessary is a complex decision that should be made in close consultation with your healthcare provider. Don't hesitate to ask questions, express your concerns, and seek a second opinion if needed. Remember that you are an active participant in your care, and your preferences and values should be respected.

If you've experienced pregnancy loss or preterm birth in the past, know that you are not alone. The journey to carrying a baby to term after loss can be emotionally challenging. Seek support from your partner, family, friends, or a therapist specializing in pregnancy loss. There are also many online communities where you can connect with other women who understand what you're going through. With the right medical care and a strong support system, you can navigate this journey with hope and resilience.