

Silicone Pessaries

Name:		
Date:	dd/mm/yyyy	
ABM:		
Hospital:		
Department:		
Product (select all which apply):	<input type="checkbox"/> Gellhorn Long Stem <input type="checkbox"/> Ring <input type="checkbox"/> Gellhorn Short Stem <input type="checkbox"/> Ring with Support	



1 Are your patient's pessaries typically managed in clinic or do patients self manage?

☐ 1. Mostly in clinic ☐ 2. Mostly self-manage ☐ 3. Combination

2 Do you find the available range of GBUK Pessary device sizes to be suitable for your patients' needs?

☐ Yes ☐ No

If no, please detail

3 How satisfied are you with the ergonomics (ease of handling) and flexibility of the pessaries for their intended purpose?

☐ 1. Very Satisfied ☐ 2. Satisfied ☐ 3. Neither satisfied nor unsatisfied ☐ 4. Unsatisfied ☐ 5. Dissatisfied

4 How satisfied are you with the durability of the pessary materials for their intended purpose?

☐ 1. Very Satisfied ☐ 2. Satisfied ☐ 3. Neither satisfied nor unsatisfied ☐ 4. Unsatisfied ☐ 5. Dissatisfied

5 On a scale of 1-5, how easy do you find the initial fitting/insertion of the device?

☐ 1. Very Easy ☐ 2. Easy ☐ 3. Average ☐ 4. Not Easy ☐ 5. Difficult

6 On a scale of 1-5, how easy do you find removal of the pessary?

☐ 1. Very Easy ☐ 2. Easy ☐ 3. Average ☐ 4. Not Easy ☐ 5. Difficult

7 On a scale of 1-5, how easy do you find cleaning the pessary?

☐ 1. Very Easy ☐ 2. Easy ☐ 3. Average ☐ 4. Not Easy ☐ 5. Difficult

8 On a scale of 1-5, how satisfied are you with the general performance of the pessary for its intended use?

- | | | | | |
|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> 1. Very Satisfied | <input type="checkbox"/> 2. Satisfied | <input type="checkbox"/> 3. Neither satisfied nor unsatisfied | <input type="checkbox"/> 4. Unsatisfied | <input type="checkbox"/> 5. Dissatisfied |
|--|---------------------------------------|---|---|--|

9 Do you find the information provided in the device IFU and on device labelling legible and easy to understand, for safe use of the device as intended?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If no, please detail

If you have marked any of the questions above with a score of 3-5, please provide explanation of why the score has been given, including any suggestions in relation to improvement to the device or accompanying labelling:

Further Comments:

If you are happy to be contacted by GBUK Enteral in the future to provide further feedback, please provide your contact details below:

Complaints

If you have a complaint about the device quality, identity, durability, reliability, safety, usability, effectiveness, and/or performance, or are aware of any device-related complications or adverse effects, please notify GBUK Group immediately by:

- Telephone: +44 (0)1757 288 587 (Lines open 8:30 am–5:30 pm Monday – Friday)
- Email: complaints@gbukgroup.com
- Website contact form: <https://gbukgroup.com/contact/>
- Written correspondence: GBUK Group Ltd. Woodland House, Blackwood Hall Business Park, North Duffield, Selby, North Yorkshire, YO8 5DD, United Kingdom

In the event of a serious incident involving the device, please report the event immediately to GBUK Group by telephone, web or email, and the competent authority (MHRA: <https://yellowcard.mhra.gov.uk/>).

If possible, when filing a complaint, please provide the component(s) REF and LOT number(s), your name and contact details, and the nature of the complaint.

In the event of a suspected device fault please try to retain the device so that it can be returned to GBUK Group for examination.

