

## A QUANTITATIVE AND QUALITATIVE STUDY OF WOMEN'S PREFERENCES FOR TREATMENTS OF PELVIC FLOOR DISORDERS

### Hypothesis / aims of study

Women with pelvic floor disorders such as incontinence and prolapse now have an array of different surgical and non-surgical management options for treatment of their symptoms. New technologies and management pathways are being introduced at a rapid rate, often with the supposed benefit of increasing patient choice. We aimed to use a quantitative and qualitative approach to gain more insight into how women feel about different treatments and their associated complications, in order to aid our ability to counsel patients.

### Study design, materials and methods

210 women with stress urinary incontinence (SUI) and/or prolapse filled in a questionnaire regarding their willingness to undergo different treatments- a brief outline of each treatment and its associated success rates and complications were given in the questionnaire. This was prior to any interaction with the clinical team. 16 women consented to a semi-structured interview in which their opinions regarding different treatments were explored. Transcripts were analysed thematically using constant comparison derived from Grounded Theory.

### Results

84% of women with SUI were willing to undergo a mid-urethral sling, with other medical and surgical treatments being chosen less frequently. Women with prolapse favoured surgical repair without mesh most frequently (72%). Dominant themes included the perception that incontinence affected quality of life more than prolapse, women were more willing to accept complications for treatment of incontinence than prolapse if there was a higher cure rate, women were concerned about whether mesh repair was safe, women perceived that the best operation for prolapse should include hysterectomy and the perception that non-surgical measures such as pelvic floor physiotherapy and pessary use were less preferable to surgical treatments due to the need for continued motivation and effort and thus an inability to "forget" about their underlying condition.

### Interpretation of results

Women with stress incontinence are more willing to sacrifice convenience and risk complications for the highest chance of a successful cure as they perceive their quality of life to be significantly impaired by their symptoms. When given a list of different treatment options including supervised pelvic floor physiotherapy, drug treatment, retropubic suburethral slings and minislings, most will opt for the treatment with the highest reported success rates. Women with pelvic organ prolapse are less likely to risk complications for a possible lower recurrence rate. Most perceive that removal of the uterus is an integral part of a prolapse procedure and would not wish to preserve the uterus, with the dominant theme being a perception that it is a redundant organ and so should be removed as part of the operation. Given the choice, most women will opt for a one off treatment, rather than a treatment that requires continued effort.

### Concluding message

The high rate of introduction of novel devices and treatments for incontinence and prolapse makes assessing patient preferences for different treatments of great importance. A mixed qualitative and quantitative approach has the advantage of surveying large numbers of women, whilst being able to explore subtle factors in women's reasoning and decision making. The results of this study are also of importance when designing integrated management pathways for women with pelvic floor disorders.

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<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>Yes</b>
<b>Specify Name of Ethics Committee</b>	<b>West Kent Research Ethics Committee</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>