

IS POSTAL POST-OPERATIVE FOLLOW-UP IN UROGYNAECOLOGY FEASIBLE?

Hypothesis / aims of study

The need for a routine post-operative follow up appointment following urogynaecological surgery has been little investigated. Traditionally all patients are seen for a brief out-patient visit but there is a wide variation in what is done at that visit and in its timing (1). Its purpose should be to determine the outcome of surgery both subjectively and objectively and to identify complications but in practice little objective data is recorded.

In the UK there is increasing pressure from Primary Healthcare Trusts for clinicians to reduce the number of patients seen for follow up whilst at the same time there is increasing pressure to audit the outcomes of treatments given. As a result, alternative methods of follow up need to be evaluated to try to achieve what would seem to be these mutually exclusive dictates.

This study aims to determine the viability of postal post-operative follow up in women undergoing surgery for pelvic organ prolapse (POP) and/or urinary incontinence (UI); and evaluate the use of the ICIQ questionnaires for this purpose.

Study design, materials and methods

This is a retrospective review of prospectively collected data retrieved from the BSUG database.

All women who underwent POP and/or UI surgery between January and June 2010 were included. They were asked to complete the ICIQ questionnaires (ICIQ-VS, ICIQ-SM, QoL, and ICIQ-FLUTS) before surgery and had the same questionnaires sent by post 6 months post-operatively. Those who did not return the questionnaires were contacted by post and then by telephone by a dedicated Women's Health physiotherapy assistant (PH).

Patients with post operative complications which developed within the six months are dealt with in primary healthcare, backed up by easy access to an emergency gynaecology review clinic.

Women who had complications or who were not satisfied with the outcome of the operation and those whose postoperative ICIQ scores did not show an improvement were contacted by phone and offered an outpatient clinic appointment.

The primary outcome of the study was the response rate to postal follow up. Other outcomes included the proportion of women requiring outpatient clinic follow up due to complications arising from their operation and the ICIQ questionnaires scores.

All statistical analysis were done with Stats Direct version 2.7.2

Results

Seventy women had urogynaecological surgery during the study period.

Table 1 shows the proportion of women who responded to postal follow up and those who required outpatient clinic appointment.

Table 2 shows comparison data of the ICIQ questionnaires scores pre- and post-operative.

Interpretation of results

To our knowledge this type of follow up has previously only been reported following day-cases in General Surgery (2), where it was found to be effective.

This study shows a very good response to postal follow up using the ICIQ questionnaires. The postoperative questionnaires scores showed a statistically significant improvement in symptoms compared to the preoperative scores. This results in only a small proportion of women needing hospital attendance for postoperative follow up.

Postal follow up has the advantages of determining an objective symptom based outcome and identifying those women who truly need follow up in hospital. This avoids unnecessary appointments, and frees up clinic slots for new patients. This in turn reduces the costs of caring for women with pelvic floor dysfunction whilst also providing an objective, auditable outcome measurement in line with current NICE guidelines.

The main disadvantage of postal follow up is that it is not possible to determine the anatomical outcome of surgery. However, after surgery for a benign condition, patient reported outcome measures are more important than those which are surgeon reported.

Concluding message

This study confirms that postal follow up with ICIQ questionnaires is effective and that it allows evaluation and audit of women's symptoms before and after surgery for POP and/or UI.

TABLES

Table 1. Follow up data

SURGERY	n (%)	Returned ICIQ-Questionnaires n (%)	95% CI	p value	Required Clinic follow up n (%)	95% CI	p value
POP ONLY	38 (54%)	35 (92%)	79-97 %	<0.0001	4 (11%)	4-24 %	<0.0001
UI ONLY	28 (40%)	26 (93%)	77-98 %	<0.0001	2 (7%)	2-22 %	<0.0001
POP & UI	4 (6%)	4 (100%)	51-100%	0.06	1 (25%)	4-70%	0.375
TOTAL	70 (100%)	65 (93%)	84-97 %	<0.0001	7 (10%)	5-19%	<0.0001

Table 2. ICIQ Questionnaires Scores

ICIQ Questionnaires (Score range)	PAIRS	Median Difference (95% CI)	Wilcoxon's rank p value
VS (0-53)	59	11 (8.5-14)	< 0.0001
SM (0-58)	29	13 (9-18.5)	< 0.0001
FLUTS (0-48)	57	10 (8-12)	< 0.0001
QoL (0-10)	56	4 (3-5)	< 0.0001

References

1. Duckett JR, Jain S, Tamilselvi A, Moran PA, Richmond D. National Audit of incontinence surgery in the United Kingdom. J Obstet Gynaecol 2004; 24(7):785-93
2. Wedderburn AW, Dodds SR, Morris GE. A survey of post-operative care after day case surgery. Ann R Coll Surg Engl 1996; 78(2 Suppl):70-1

<i>Specify source of funding or grant</i>	None required
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	It was a retrospective review of prospectively collected data retrieved from the BSUG database. All women had previously given consent for their data to be input in the database.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes