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PRACTICE PATTERNS AMONGST OBSTETRICIAN/GYNECOLOGISTS REGARDING PARTICIPATION IN UROGYNECOLOGIC PROCEDURES: A NATIONAL SURVEY

Hypothesis / aims of study
To describe the variation in urogynecology practice amongst obstetrician/gynecologists in the United States.

Study design, materials and methods
An internet-based questionnaire was distributed to 3,225 obstetrician/gynecologists via the American Medical Association's database. The survey was designed to query regarding practices and training concerning pelvic floor conditions.

Results
261 physicians responded (8%). The majority were male, over the age of 50, and in private practice. All areas of the country were equally represented. A large number reported performing urodynamics and surgery for stress incontinence; synthetic mid-urethral slings were the procedures noted most often. A sizable majority described treating prolapse surgically, with repairs including apical suspensions and transvaginal mesh. Residency was commonly cited as the source of training for these conditions. Cystoscopy was performed after most anti-incontinence repairs, less often following prolapse surgery.

Interpretation of results
This survey of obstetrician/gynecologists in the US demonstrated that a large majority diagnose and treat PFD in their practice, the bulk of training provided by residency. A variety of surgical corrections are provided, and over 50% perform urodynamic testing. Males and those in private practice appeared slightly more likely to treat such problems with surgery. Improving patients' quality of life was the greatest motivator for these respondents. Such findings are informative and reassuring, given the prevalence and impact of these conditions and the anticipated growth of the field.

As expected, the most common procedures listed included transobturator midurethral sling, total vaginal hysterectomy, anterior repair, and posterior repair. These surgeries are consistently reported as most common in the literature, and likely to be part of residency training for most obstetrician/gynecologists. However, respondents in this survey also listed Burch bladder neck suspension, sacrospinous ligament fixation and uterosacral ligament suspension to be fairly common as well. We were somewhat surprised by this finding, as we anticipated these repairs to be less routine for many generalists. A possible explanation is that our result may be reflective of the older age and advanced years in practice of the majority of the sample.

With respect to intraoperative cystoscopy, it is reassuring that this is commonly performed after anti-incontinence surgery, particularly retropubic midurethral sling. Nevertheless, we were less satisfied with the rates of cystoscopy reported after prolapse repair. Current recommendations are that cystoscopy should be performed intraoperatively to assess for bladder or ureteral trauma after all prolapse or incontinence procedures during which the bladder or ureters may be at risk of injury.

Another interesting finding is that a considerable number of respondents stated they use transvaginal mesh kits for repair of PFD. This is despite the high concern for mesh erosion also cited by the group. Recent US Food and Drug Administration (FDA) and American Congress of Obstetricians and Gynecologists (ACOG) recommendations surrounding use of transvaginal mesh may result in alterations to this activity, but we cannot predict how future practices may be modified.[14-16] Notwithstanding, further research is necessary to capture information including source of training and proficiency assessment, products utilized, and complication rates with respect to these procedures.

Concluding message
A large number of obstetrician/gynecologists surveyed diagnose and treat conditions such as pelvic organ prolapse and urinary incontinence.

References
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