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Title: THE GENITOURINARY TREATMENT SATISFACTION SCORE FOR CONTINENCE SURGERY

Aims of study:

The aim of this study was to develop a patient satisfaction instrument for women who have had surgery for incontinence and to compare this to existing tools.

Methods:

Women recruited for a prospective randomised single blind controlled trial comparing laparoscopic (LB)(n=96) versus open Burch Colposuspension (OB)(n=104) were asked to participate in this study. Initial discussions with trial investigators and a focus group of women from the trial resulted in a draft of items to be employed in the postoperative patient satisfaction instrument called the genitourinary treatment satisfaction score (GUTSS). To test the draft items, telephone interviews were conducted with participants. Following analysis of the data, the GUTSS instrument was then refined before use in the randomised surgical trial. The GUTSS scale (0-36) comprised two components; satisfaction with outcome (0-18) and satisfaction with care (0-16). The higher the score the greater the level of satisfaction. Once constructed, preliminary scale validation of this tool was carried out through comparison of the GUTSS with other QOL measures available in the study. These included both specific validated incontinence measures (SUDI, SIIQ) and a general health measure (SF-36). The GUTSS was administered six months following incontinence surgery and the SUDI SIIQ and SF36 were completed before and six months following continence surgery.

Results:

Both the SUDI and SIIQ demonstrated dramatic and highly significant improvements in QOL and continence for those undergoing laparoscopic and open Burch Colposuspension. The median GUTSS scores were also high following surgery in both groups (Table 1). When these GUTSS scores were converted to percentages there was an 89% satisfaction rate with continence outcome and an 88% satisfaction rate with the care received. The overall combined satisfaction rate using the GUTSS scale was 87%. The QOL findings measured by the SUDI SIIQ and GUTSS instruments also correlated with both subjective and objective outcome parameters at six months following surgery including (a) symptomatic cure - OB (95%) and LB (100%) (b) satisfaction with surgical outcome assessed using a Visual Analogue Scale (0-100%) - OB (94%) and LB (89%) and (c) urodynamic cure – OB (80%) and LB (69%). In contrast, there were no significant differences demonstrated between pre and post measures using the SF36 QOL assessment, specifically the general health and physical summary components of this scale.

Table 1: QOL Outcome Measures for Open (OB) and laparoscopic (LB) Burch colposuspension

	OB(n=104)			LB (n=96)		
QOL	**Pre**	**Post**	**p**	**Pre**	**Post**	**p**
GUTSS	**-**	**29**	**-**	**-**	**30**	**1.0**
SF36						
General health	**2.4**	**2.3**	**0.9**	**2.7**	**2.6**	**0.2**
Physical summary scale	**49.0**	**48.0**	**0.5**	**43.0**	**43.0**	**1.0**
Mental health summary scale	**47.0**	**49.0**	**0.06**	**47.0**	**50.0**	**0.01**
SIIQ	**57.0**	**0.0**	**0.0001**	**52.0**	**0.0**	**0.0001**

SUDI	**46.0**	**11.0**	**0.0001**	**50.0**	**11.0**	**0.0001**

Values expressed as median scores, p* Wilcoxon rank sum test.

Conclusion:

GUTSS is a reliable, sensitive and valid scale for use in evaluating incontinence interventions. It meets psychometric measurement standards, has appropriate relationships with external criteria and possesses an internal structure consistent with women's experiences and existing validated continence QOL scales such as the SUDI and SIIQ. An advantage of the GUTSS over the SUDI and SIIQ is that as it distinguishes between satisfaction with continence outcome and satisfaction with overall care, it allows differentiation between these two categories for women reporting low satisfaction with surgery. As this tool is designed to be applied post intervention it may also be used to assess retrospective surgical data. In contrast, the SUDI and SIIQ must be administered both preoperatively and postoperatively. Although the SF36 is a validated QOL instrument it does not appear to be a useful tool for assessing changes in QOL following continence surgery.