

**IS CARE PROVIDED IN ONE-STOP UROGYNAECOLOGY CLINIC BETTER THAN THAT PROVIDED BY GENERAL GYNAECOLOGY CLINICS?**Hypothesis / aims of study

Dedicated One –stop Urogynaecology (OSUG) clinic with integrated care pathway can provide more efficient and effective care for women with urinary incontinence than general Gynaecology clinics

To compare the care provided by a dedicated OSUG clinic for women with urinary incontinence with that provided by general gynaecology clinics with respect to interval from referral to final diagnosis, effectiveness and efficiency of the care provided.

Study design, materials and methods

Retrospective study involving 50 randomly selected patients referred by GPs to general gynaecology clinic and 50 referred to the OSUG clinic. Data was collected using proforma designed to record care pathway of the two groups

Results**Personal history:**

	OSUG	General Gynaecology Clinic
Age (mean)	51.1	51.8
Parity (mean)	2.1	Not documented
Mode of delivery	SVD 40, Instrument 5, C/S 4	Not documented

**Time between GP referral and final diagnosis**

	OSUG	General gynaecology clinic
Mean time	5-11 weeks (Mean 8.34)	12-24 weeks (16.84)

**Presenting Urinary symptoms:**

	OSUG	General gynaecology clinic
Stress incontinence	23	19
Urge incontinence	9	5
Mixed incontinence	22	22
Urgency	39	Not Documented
Frequency	17	Not documented
Voiding difficulty	12	3
Sensation of incomplete emptying	8	Not documented
Nocturia	6	Not documented

**Presenting Bowel symptoms:**

	OSUG	Gen Gynae clinic
Number of women with bowel symptoms	17	26
Faecal Incontinence	4	Not documented
Faecal urgency	9	Not documented
Flatus incontinence	0	Not documented
Constipation	6	Not documented

**Fluid and sexual history:**

	OSUG	General gynaecology clinic
Sexual history taken	50	12
Fluid intake history taken	50	17

**Examination:**

	OSUG	General gynaecology clinic
Vaginal examination performed	50	44
Associated prolapse found	28	2

**Investigations**

	OSUG	General gynaecology
Urine-dipstix/ MSU	39	30
Frequency volume chart	46	6
Cystometry	38	50
Uroflowmetry	43	Not documented

**Urodynamics diagnosis**

	OSUG	General gynaecology clinic
USI	12	26
DO	6	5
Mixed	6	11
DO with voiding difficulty	6	3
Sensory urgency	3	Not documented
Complex	4	Not documented
Normal Urodynamics	12	8

**Conservative treatment offered before surgical treatment**

	OSUG	General gynaecology clinic
Conservative Management for incontinence	45	34
Conservative management for Prolapse	6	2

**Interpretation of results**

The mean age was the same in both groups. The waiting time between GPs referral and final diagnosis was significantly shorter in the OSUG clinic group. Implementation of a care pathway in the OSUG clinic made history taking very comprehensive in respect of detailed urinary, bowel symptoms and prolapse assessment. Similarly, investigations like checking urine, detailed frequency volume chart, Uroflowmetry and Cystometry were better organised perhaps arising from a desire for better output in realisation of a better history. Similarly, urodynamic results have been better reported in accordance with better history taking. Conservative management for both incontinence and prolapse was offered more to women seen in the one-stop clinic.

**Concluding message**

OSUG clinic has led to shorter waiting time, better history-taking, early diagnosis and more uptake of conservative management resulting in more efficient and effective care provision than general gynaecology clinics.

<b>Specify source of funding or grant</b>	<b>None</b>
<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>No</b>
<b>This study did not require ethics committee approval because</b>	<b>This is a retrospective analysis.</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>