

A RETROSPECTIVE REVIEW OF PATIENTS SEEN IN A MULTIDISCIPLINARY PELVIC FLOOR CLINIC

Hypothesis / aims of study

Multidisciplinary team care is becoming more popular for complex health issues. The objective of our study was to evaluate the outcomes of complex pelvic floor problems seen by a multidisciplinary pelvic floor team, and to determine how this clinic approach has impacted patient care.

Study design, materials and methods

The study was a retrospective review of 207 patients seen by a multidisciplinary team at a tertiary care urogynecology clinic. Data was collected from medical charts and a telephone satisfaction survey was administered. The outcomes investigated include: conservative versus surgical management, co-morbidities, number of specialists seen, and subjective patient feedback.

Results

Average patient age was 59.9 years, travelling an average of 128.6km. Women most commonly presented to the clinic with urge urinary incontinence (58.9%) and stress urinary incontinence (54.6%) with an average duration of symptoms of 7 years. Additionally, 52.2% (93/178) patients presented with at least 2 to 5 co-morbidities. 52.2% of patients were managed surgically compared to 27.5% choosing conservative management. For the 207 patients consultation and management of pelvic floor dysfunction proceeded with 76.8% of women presenting to the Urogynecologist, 37.2% presenting to the Urologist, and 35.7% presenting to the Colorectal surgeon. Of the 207 women, 165 agreed to participate in the telephone survey and responses were grouped into major themes: (1) wait times (2) multidisciplinary clinic feedback (3) parking and patient education/information distribution. On a 10 point satisfaction scale (with 0 being dissatisfied and 10 being very satisfied), the majority of patients scored >5.

Outcomes (n=207)

Primary diagnosis SUI: Yes	44.4%	(92/207)
Unknown	(19.3%)	(40/207)
Primary diagnosis UUI: Yes	31.4%	(65/207)
Unknown	(19.3%)	(40/207)
Primary diagnosis fecal incontinence: Yes	5.3%	(11/207)
Unknown	(19.3%)	(40/207)
Primary diagnosis prolapse: Yes	28%	(58/207)
Unknown	19.3%	(40/207)
Number of appointments	n=195	
mean (SD)	9.3	(6.4)
median [range]	8	[1 to 29]
Number of test visits	n=182	
mean (SD)	2.9	(2.4)
median [range]	3	[0 to 15]
Surgical management*	52.2%	(108/207)
Conservative management*	27.5%	(57/207)
Still in care	81.6%	(169/207)
Saw a Urogynecologist	92.7%	(192/207)
Saw a Urologist	37.2%	(77/207)
Saw a Colorectal Surgeon	35.7%	(74/207)

* Final plan for surgical or conservative management does not add up to 100% some patients were still in the process of deciding their type of treatment(s) and/or management

Interpretation of results

The development of multidisciplinary pelvic floor team and clinic has positively impacted patient care. As reported in patient feedback, a multidisciplinary approach to pelvic floor dysfunction appears to be the best approach for complete patient care. 52.2% of the patients opted for surgical management of pelvic floor disorder. Therefore, further development of collaborative care should be investigated to ensure women are receiving the best health care for their pelvic floor dysfunction.

Patients with pelvic floor dysfunction often have multiple complex symptomatology. A multidisciplinary approach to pelvic floor dysfunction appears to be the best approach for complete patient care.

Concluding message

52.2% of the women reviewed chose surgical management for their presenting complaint. Based on patient feedback, a multidisciplinary approach to pelvic floor dysfunction appears to be the best approach for complete patient care. However, many secondary aspects to patient care such as parking, education, and understanding of clinical practices should be further investigated for future development towards higher excellence in patient care.

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Is this a clinical trial?

Yes

Is this study registered in a public clinical trials registry?

No

What were the subjects in the study?

HUMAN

Was this study approved by an ethics committee?

Yes

Specify Name of Ethics Committee

University of Alberta Health Research Ethics Board

Was the Declaration of Helsinki followed?

Yes

Was informed consent obtained from the patients?

No
