

THE AVAILABILITY AND ACCESS TO NEW TECHNOLOGIES AND PROCEDURES FOR FEMALE PATIENTS WITH PELVIC FLOOR PROLAPSE AND STRESS URINARY INCONTINENCE BY GYNECOLOGISTS, UROGYNECOLOGISTS AND UROLOGISTS

Hypothesis / aims of study

To determine ~~which~~ investigations and treatment modalities are used ~~for~~ pelvic organ prolapse (POP) and stress urinary incontinence (SUI), and the reasons why some treatments are used more commonly than others. ~~Furthermore, we would like to ascertain what are the barriers, if any, to using various technologies in the treatment of POP of POP and SUI. This abstract describes the data of the SUI portion of the survey.~~

~~Previous surveys were have been conducted done~~ around the world (1, 2); ~~none have been, non of these surveys were~~ conducted in Ontario. Pulliam et al. ~~Noted that male surgeons who undergone have completed~~ fellowships were less likely to ~~use-utilize~~ synthetic meshes. (3)

Study design, materials and methods

~~This~~ study had a survey design with 29 questions, and was conducted using the SurveyMonkey™ Website. Urologists, Gynecologists and Urogynecologists in Ontario that treat female patients with SUI and/or POP were contacted by email. The emails were collected from databases that were compiled from conference attendance and membership in Urogynecology and Urology societies.

Results

The invitation to participate was emailed in February of 2009 to 447 surgeons. There were 104 responders - 62 General OBGYNs, 16 Urogynecologists, and 22 Urologists (4 did not indicate their specialty).

When asked about initial assessment of patients with SUI, 2.2% indicated that they do not routinely conduct any investigations, 70.1% indicated that they do post-void residuals, while 49.5% indicated that they obtain multichannel urodynamics.

The survey revealed that 61.2% of the respondents perform surgery for primary SUI, while 42.7% perform surgery for recurrent SUI. Of the respondents, 23% indicated that patients wait longer than 6 months for surgery, and 7.8% indicated that the wait is longer than a year. Seventy seven percent indicated that the number one reason for the wait is "Lack of OR time," while 11.5% noted that the main reason was lack of minimally invasive tapes.

Sixty eight percent of respondents indicated that they perform more than 20 minimally invasive tape procedures per year.

Of the surgeons that do not perform these surgeries, 82.5% refer to Urogynecologists.

Interpretation of results

Our response rate was 27% if the actual number of invitation recipients (391) is considered. Nearly half of respondents perform multichannel urodynamics for assessment of primary SUI.

A large majority of the surgeons that perform surgery for SUI (68%) indicated that they use at least one type of the minimally invasive tapes for primary SUI.

Nearly a quarter of respondents indicated that their patients wait longer than 6 months to undergo surgery for SUI, with the most common reason being lack of OR time. Of those who do not perform surgery for SUI, the majority (82.5%) refer their patients to Urogynecologists.

Concluding message

This study revealed that nearly 50% of surgeons who treat SUI prefer to performing multichannel urodynamics for assessment of primary SUI. Nearly a quarter of surgeons indicated that their patients need to wait more than 6 months for surgery. The number one reason given is lack of OR time, while lack of minimally invasive tapes is still an important reason for delay of surgery.

References

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<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>	Yes
<i>Specify Name of Ethics Committee</i>	Mount Sinai Hospital Research Ethics Board
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes