



Abstract #503

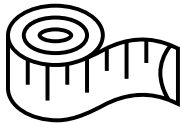
Attitude Regarding Conservative Management of Pelvic Organ Prolapse and Stress Urinary Incontinence with Vaginal Pessaries – A National Survey Among Israeli Gynecologists

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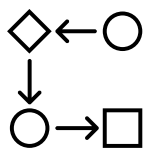
Introduction



Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) are prevalent medical conditions that affect women and may have a detrimental impact on women's quality of life. Vaginal pessary offers a non-invasive approach for managing such conditions; however, basic knowledge and training are essential for consultation, initial fitting, and follow-up.

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Goal



To investigate the views of Israeli gynecologists regarding the use of vaginal pessaries for management of POP and SUI.

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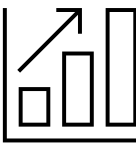
Methods



An electronic survey containing questions assessing knowledge, training, and attitudes regarding the use of vaginal pessaries for POP and SUI was distributed among Israeli gynecologists. Data was collected and recorded anonymously. Descriptive statistics were used to report overall responses. Sub-analytic stratifications to working years’ experience (i.e. less or more than 10 years) and to general practice (Obstetricians, Gynecologists, and combined Gynecologist- Obstetricians) were made.

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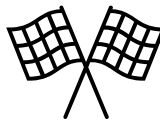
Results



A total of 700 emails were sent, with a response rate of 53%. Overall, only 19.3% were familiar with all various pessary types, and 66.5% stated they would not suggest pessaries to treat POP or SUI, mostly (57.0%) due to lack of knowledge or experience. Most respondents (82.6%) lack formal training, and 63.3% would like to receive such. Most respondents (76.4%) will consult a urogynecologist prior and after fitting a pessary, however, 60.4% responded that any gynecologist should follow-up such cases. When stratified by years of experience, physicians with less than 10 years of experience were more likely to offer pessary treatment (31.6% vs. 19.1%, p-value < 0.01), yet those who didn’t offer pessary, felt more uncertain in fitting a pessary and were more likely to report lack of experience (24.8% vs. 13.6%, p-value <0.01 and 18.0% vs. 6.2%, p-value < 0.01, respectively). Similarly, Obstetricians felt more discomfort than either general Gynecologist or Gynecologist- Obstetricians in choosing pessary (24.6% vs 14.4% and 19.3% respectively, p-value < 0.05), were less likely to receive formal education about pessary usage and were more likely to seek a urogynecologist consultation before or after pessary fitting compared to either general Gynecologist or Gynecologist- Obstetricians (7% vs. 21.1% and 12.6% respectively, p-value = 0.04 and 54.4% vs. 33.7% and 40.0% respectively, p-value =0.05)

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Conclusions



Our survey indicates a gap of knowledge and training among Israeli gynecologists towards conservative treatment of POP and SUI with vaginal pessaries. We found a real desire among physicians to acquire such skills. A formal training programs should be established in order to narrow this gap, hence potentially improving women’s health.



The Ruth and Bruce Rappaport Faculty of Medicine