

A gap persists between knowledge and practice in urogynecology

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Background

Pelvic floor dysfunction (PFD) significantly impacts women's health. Guidelines highlight the importance of initial management, but limited studies assess gynaecologists' awareness.

Aim

To assess the attitudes and practice patterns of gynaecologists in the management of patients with PFD

Methods

- Internet-based cross-sectional survey (Google Forms)
- 36-item questionnaire on attitudes and practices regarding PFD
- Distributed via e-mail to gynaecologists across Turkey
- Demographics collected; statistical analysis performed

Results

- A total of 306 e-mails were delivered, 100 responded (response rate 32.6%).
- Age (mean, years): 36.6
- 42% male, 58% female
- Residency training
 - University hospital: 35%
 - Education and research hospital: 65%
- Years in practice: 6.9
- Residency working
 - University hospital: 26%
 - Education and research hospital: 59%
 - Private hospital: 12%
 - Private clinic : 3%

Results

Results of attitude and practice questionnaire*					
Do you ask PFD symptoms such as urinary and/or anal incontinence, a feeling of fullness in the vagina, or a feeling of vaginal expansion during routine gynecological evaluation?	Yes 82				
	No 18				
	Always	Very often	Some of the time	Very little or hardly ever	Never
When examining a patient with PFD, I perform a speculum examination.	83	13	3	1	-
When examining a patient with PFD, I perform a cough stress test.	78	16	4	2	-
When examining a patient with PFD, I perform Q tip test.	34	23	18	10	15
When examining a patient with PFD, I perform POP evaluation.	74	15	9	1	1
When examining a patient with PFD, I perform PFM strength evaluation.	48	22	14	11	5
When examining a patient with PFD, I perform a supin stress test.	22	29	20	13	16
When examining a patient with PFD, I assess urinary residual volume.	27	27	23	9	14
When examining a patient with PFD, I perform symptom-based questionnaire	22	25	22	10	21
When examining a patient with PFD, I use evaluation guidelines	63	20	12	5	-
When planning the treatment of patient with PFD, I use treatment guidelines.	49	41	6	2	2

PFD: Pelvic floor dysfunction; PFM: Pelvic floor muscle
*All data were presented as percentage.

Conclusions

Gynaecologists in Turkey generally follow international guidelines in evaluating and treating PFD. However, a gap exists between knowledge and clinical practice. Strategies to enhance implementation of conservative methods are essential to reduce healthcare burden.