564

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ASSESSMENT OF QUALITY OF LIFE OF PATIENTS SUPPORTED FOR GENITAL PROLAPSE SURGERY: FEASIBILITY OF A COMPUTERIZED DATA COLLECTION.

Hypothesis / aims of study
pelvic organ prolapse (POP) is an anatomical entity supported for its functional impact. It is therefore necessary to assess this impact (symptoms and quality of life). This assessment is necessary to judge the quality of care and surgical indication.
The questionnaires to be more objective are self questionnaires; however they were failing to require patients' motivation to fill them. The ease of completing and integrating them into the management of prolapse is key to their wider dissemination in clinical practice.

To compare the performance in terms of filling of a fill mode terminal computerized touch screen questionnaires to a paper mode, for assessing symptoms (PISQ-12, PFDI-20) and quality life (PFIQ-7) of patients with pelvic floor disorders scheduled for surgery.

Study design, materials and methods
This prospective study was a randomized control trial, performed for 12 months. Inclusion criteria relate to patients consulting for a pelvic floor disorder requiring surgery. The self-questionnaires are validated in French (short versions of PFDI-20 [pelvic floor distress inventory], the PFIQ-7 [pelvic floor impact questionnaire]) and PISQ 12 [questionnaire on sexuality]. They aim to assess the quality of life of patients suffering from a disorder of the pelvic floor (pelvic organ prolapse and / or urinary incontinence). Patients do not speak the French language are excluded from the study.
PISQ-12 was considered as complete with a maximum of 2 responses not completed. PFDI 20 and PFIQ 7 were considered complete if all questions (100%) were completed. Patients are being offered, randomized either a paper questionnaire at the preoperative consultation and, the day before surgery, a computerized questionnaire or the reverse. Both episodes must be between 2 weeks and a month.
Touch screen computer is an alternative computer paper questionnaires. The computerized version of self-validated questionnaires following (PISQ-12, PFDI-20, PFIQ-7) was integrated into a software manager, calculating scores immediatly.
The results in tables used for data collection are the average time to fill questionnaires. The fill rate was defined by the number of completed questionnaires per patients included, it means the all 3 (or 2 , without sexual activities) questionnaires.
The study benefits of an institutional review board agreement.

Results
51 patients suffering from pelvic floor disorders requiring surgery were randomized. The average patient age was 68 years. The matching criteria such as age, parity, sexuality and prolapse history did not show differences between the two groups. The average delay before two questionnaires was 3 weeks (+/-0.3)
The time of patients inclusion corresponds to the pre-operative visit with the surgeon and patients were randomized into 2 groups: 23 patients have integrated the group "Computer - Paper" group and 21 patients' Paper - Computer ". 6 patients were lost.
The average time to fill out questionnaires "computer" is 12 minutes (+/-4) against 18 minutes (+ / -5) for the "paper" questionnaire.

Interpretation of results
Questionnaires by computer via a touch screen terminal provides a better fill rate (83% of patients with completely filled questionnaires) that the award as a classic paper (74%) (p=ns).The rates of fillings of the PFDI-20 and PFDI-7 are comparable in 2 groups with respectively 88 % and 85 % for the informatic and paper questionnaires for the PFDI-20, and 84 % for the PFIQ-7 (ns). 77 % (n=34) of the patients performed the PISQ-12 by the IT version against 54 % (n=24) for the PISQ-12 in paper version (p<.05).

Concluding message
Access to self-administered questionnaire on a touch screen terminal would have a best fill rate (83%) than the conventional paper form (74%). In addition it appears that a gain of filling time is observed with the computer questionnaires.
Such data collection could help to optimize the surgical management of patients suffering from pelvic floor disorders with a better distribution of the questionnaires.

Disclosures
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