In this planned subanalysis of data from participants in the ValUE study, we examined whether preoperative preparedness was associated with surgical treatment outcomes, satisfaction and quality of life in women with uncomplicated stress urinary incontinence.

Patient reported outcomes (PROs) have gained increasing attention since traditional measures of objective cure and patient satisfaction frequently differ. Patient satisfaction is often strongly influenced by pre-treatment expectations. This is especially evident in reconstructive pelvic surgery where there is increasing interest in the importance of patient expectations and goal achievement when assessing surgical outcomes.

The ValUE trial compared the effect of preoperative urodynamic studies to a standardized office evaluation on outcomes of SUI surgery at one year. In addition to primary and secondary outcome measures, patient satisfaction with treatment was measured with a 5-point Likert scale (very dissatisfied to very satisfied) that queried subjects to rate the treatment’s effect on overall incontinence, urge incontinence, SUI, and frequency. Preparedness for surgery was assessed using an 11-question Patient Preparedness Questionnaire (PPQ), which queries the patient’s perceived understanding of the surgery’s purpose, risks, benefits, alternatives, and complications; the final prompt (Question 11) is, “Overall, I feel prepared for my upcoming surgery.”

Based on PPQ Question 11, 4 out of 5 (81%) of women reported they “agreed” or “strongly agreed” that they were prepared for surgery. Selected demographic and clinical characteristics were similar in unprepared and prepared women. Among SUI severity baseline measures, total UDI score was significantly but weakly associated with preparedness (question 11 of the PPQ) (Spearman r = 0.13, p = 0.001). Although preparedness for surgery was not associated with successful outcomes, it was associated with satisfaction ($r_s=0.11$, $p = 0.02$) and larger PGI-S improvement (increase) ($p=0.008$).

Approximately half (48%) of women “strongly agreed” that they felt prepared for SUI. Women with higher pre-operative preparedness scores were more satisfied although surgical outcomes did not differ.