

SUBJECTIVE IMPROVEMENT OF URINARY INCONTINENCE AND SATISFACTION IN A MULTIDISCIPLINARY PELVIC FLOOR CLINIC

Hypothesis / aims of study

Due to the diverse and combined functionality of the pelvic floor, multiple problems occur - often simultaneously - when the pelvic floor is weakened or damaged. Treating only one pelvic floor disorder in patients with multiple problems can aggravate or unmask other pelvic floor disorders. One of the most prevalent pelvic floor problems is urinary incontinence (UI) . Assessment and evaluation of pelvic floor disorders as a whole is important and advocates multidisciplinary treatment. Aims of study are to assess improvement of urinary incontinence and patient satisfaction of patients treated in a multidisciplinary pelvic floor clinic one year after end of treatment.

Study design, materials and methods

A retrospective study of 647 of a total of 2377 patients with UI seen between 2008 and 2013 in an academic multidisciplinary pelvic floor clinic with a specific triage system. The triage consists of a general part (telephone interview), a specific part (questionnaire) and a specially developed digital model analysing the triage data immediately, categorizing patient's complaints of pelvic floor dysfunctions. The patients can, if needed, be seen by multiple specialists in succession or simultaneously. The improvement of UI and patient satisfaction regarding the UI and the multidisciplinary approach are assessed by a telephone survey one year after end of treatment. Patient characteristics were retrieved from triage and medical records. Data was analysed blinded, using SPSS statistics for Windows, version 21.0 (SPSS). Paired T-test and Wilcoxon test was used to analyse change in severity of UI and pad use between baseline (T0) and one year after treatment (T2). Changes per type UI and per treatment (conservative, invasive) were determined with repeated measurements ANOVA and analysing the differences between T0 and T2 with Kruskal-Wallis tests.

Results

In this population only 15.6% presented with one pelvic floor problem, most patients had simultaneously two or three pelvic floor disorders, such as voiding problems, pelvic organ prolapse and anal incontinence . Most patients were primarily treated conservatively, 497 (76.8%), versus 136 (21.0%) who were treated surgically . Of the conservative group, 18.1% eventually received surgery, this percentage remains constant over the years . After one year, of the 440 responders (68%), 18.2% reported no complaints anymore, and 33.4% reported only one complaint left. The patient reported mean severity (scale 0-10) of UI improved from 7.2 to 4.3 (CI 3.28-2.63, $p = 0.000$), 20.6% of the patients reported no UI after one year ($p = 0.000$) and 27.6% ($p=0.000$) stopped using incontinence pads. Patient reported high satisfaction about the clinic and the care they received, with 35.8% being 'satisfied' and 45.5% 'very satisfied' .

Interpretation of results

Patients in our clinic have often multiple pelvic floor dysfunctions. According to the patient reported severity, treatment was effective, although the magnitude of the treatment effect depends on the number of previous treatments, medical history of hysterectomy and type of UI. In this difficult to treat population, satisfaction about specific UI health status after treatment was average, although satisfaction about their treatment and our clinic was (very) high.

Concluding message

Many patients with UI also suffer from other pelvic floor disorders in overlapping disciplines. This study shows the benefits of addressing not only UI but all pelvic floor disorders in a multidisciplinary pelvic floor clinic, with high patient satisfaction.

Figure 1. Improvement of severity by UI type

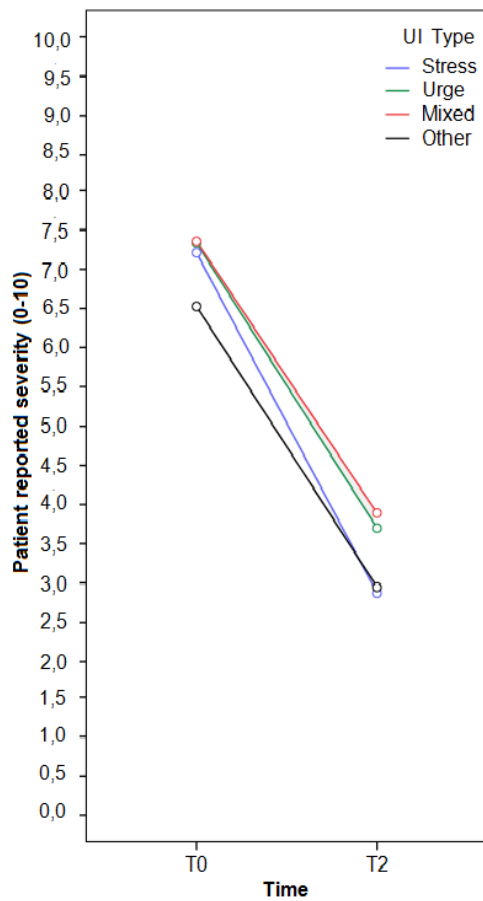
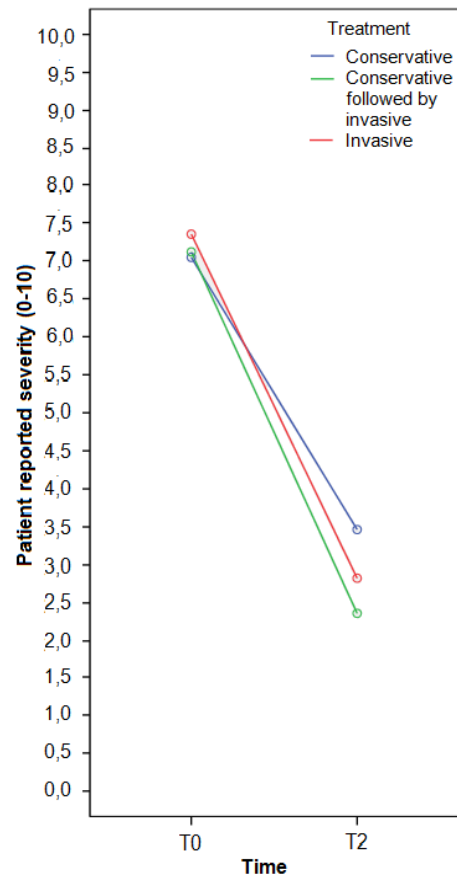


Figure 2. Improvement of severity by treatment



Disclosures

Funding: the Pelvic care Center Maastricht from on 2002 annually has been supported financially by two of the largest Dutch health insurance companies, i.e., VGZ and CZ as an innovative project **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** it is not a report of experimental care requiring approval of a MEC (we did ask our hospital MEC) but a report of assessment of long term subjective improvement and patient satisfaction of patients treated in our centre **Helsinki:** Yes **Informed Consent:** Yes