Which tests should we be using for decision making in the pelvic floor multidisciplinary meeting (MDM)? #285

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**Background** (figure 1)
- In our tertiary referral pelvic floor unit, routine assessment of patients with pelvic floor defaecatory dysfunction encompasses telephone triage clinic (TTC) with symptom assessment as geographical and time constraints do not allow all patients to attend consultant clinic.
- The above tests are widely used to investigate pelvic floor defaecatory dysfunction but the clinical utility and impact that each test has on clinical decision making is not known.
- Patients who are not undergoing any surgery do not necessarily require tests prior to receiving BFB.
- TPFUSS shows much of the anatomy seen on DP and performing both may be unnecessary.

**Aim** Examine the effect of the telephone triage assessment and each test on decision making in the MDM.

**Study Design, Material and Methods**
- 150 anonymised patients
- 2 blinded clinicians

<table>
<thead>
<tr>
<th>TTC</th>
<th>ARP</th>
<th>TPFUSS</th>
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<td>Letter alone</td>
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<td>Review with</td>
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During each review the following were answered:
1) What is your treatment plan?
   (BFB/ BFB with investigations should conservative measures fail/ BFB + clinic to discuss surgery)
2) If surgery, which operation recommended?
3) How certain of your plan? (Likert scale 1—5)

Decision in MDM and actual treatment (6 months after initial assessment) recorded

**Results** (table 1, figure 2)
- Actual treatment: 131 BFB, 19 BFB & surgery
- On review with the TTC letter:
  - all who had surgery were correctly identified
  - 6 would have attended clinic/ investigations unnecessarily (treatment BFB)
  - 33 would have been sent for tests but only if BFB failed; those 19 whose actual treatment was surgery all in this group.

**Interpretation of results**
- The telephone triage assessment can be used to identify those who need investigations to plan surgery.
- The majority of patients would be correctly identified for BFB and do not require specialist pelvic floor investigations. Others may only require investigations if BFB fails to resolve their symptoms.
- Interestingly, the decision made regarding the type of intended surgery was more likely to be the same as the actual surgery performed when reviewing TPFUSS than when reviewing DP. However, given that TPFUSS is a relatively new modality for defaecatory dysfunction clinician confidence is still higher with DP.

**Concluding message**
The pelvic floor telephone triage clinic can be used to correctly identify those patients requiring specialist investigation before BFB and can direct most patients straight to BFB without pelvic floor investigations. When investigations are indicated it may not be necessary to perform with defaecatory proctography and total pelvic floor ultrasound as decision making and surgical planning can be made with ultrasound alone.