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PELVIC FLOOR MULTIDISCIPLINARY TEAM (PFMDT) IN A TERTIARY CENTRE

Hypothesis / aims of study
Pelvic Floor Multidisciplinary team (PFMDT) meetings are intended to optimize the diagnosis of patients with pelvic floor dysfunction. PFMDT meetings are mandatory in the UK for units managing complex pelvic floor disorders. In out tertiary referral centre we have been running a PFMDT on a monthly basis since 2010. Our PFMDT is followed by pelvic floor clinic. This comprises of two female urologists, two urogynaecologist and three colorectal surgeons, with support from a continence nurse specialist, physiotherapist, and technicians. The aim of this study was to assess the patient pathway including diagnoses and outcome, and whether or not PFMDT decisions were implemented. We also retrospectively assessed patient satisfaction.

Study design, materials and methods
We reviewed the electronic notes of 100 consecutive patients from the PFMDT registry over a ten-month period, between January 2014 and October 2014 within a single tertiary institution. The demographics, waiting period for review and management offered were analysed. Patient satisfaction was obtained by calling patients by telephone, or from evaluation of post-operative questionnaires.

Results and Interpretation of results
Of the 100 patients, 98% were female. The mean age was 47.3 years (range 20- 78). Mean follow up was 7 months (range 3-19). Time from referrals to MDT was 1-9 months (median 2.8). PFMDT and clinic review occurred on the same day in 74%. Referrals were 60% from colorectal team, 5% from other hospitals, 15% from urogynaecologist, 5% from urologists, 5% from physiotherapy, and 5% from clinical nurse specialists. PFMDT decisions were implemented in 94.4 % of cases. Deviations from MDT decisions occurred only when a patient's wishes or medical comorbidity required a different treatment strategy. Most of the investigations were completed prior to the PFMDT meeting. These included urodynamics, anorectal physiology studies, pudendal nerve latencies, defecating proctogram and endoanal sphincter ultrasound scan. Patients were reviewed in the pelvic floor clinic by at least two clinicians. The PFMDT recommendations were 55% for physiotherapy and conservative management, 8% for sacral neuromodulation, 5% for STARR procedure, 5% for TVT/TOT, 8% for anal sphincter repair, and 10% robotic ventral rectopexy. Retrospective patient satisfaction rates were 87%, 63%, 60%, 100%, 75%, and 80% respectively.

Concluding message
Our data suggests that PFMDT is effective in delivering high quality management of patients with pelvic floor dysfunction. It achieves a high satisfaction rate, within an acceptable timeframe.

Disclosures
Funding: N/A **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Not Required **Helsinki:** Yes **Informed Consent:** No