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COMPLIANCE WITH NICE GUIDELINES ON MDT INPUT FOR MANAGEMENT OF UROGYNAECOLOGY PATIENTS AT A TERTIARY CENTRE.

Hypothesis / aims of study

Management of urogynaecological conditions, including urinary incontinence and pelvic organ prolapse, can be complex and often require multi-disciplinary input including gynaecologists, urologists, colorectal surgeons, physiotherapists and urogynaecology nurses. Both NICE (National Institute for Clinical Excellence) and the Scottish Government has recently called for a multidisciplinary team (MDT) approach to the management of these women to ensure patient gets high standard and uniform treatment and care.

Study design, materials and methods

Retrospective case-note audit of all patients who had surgical management of urinary incontinence (UI) and pelvic organ prolapse (POP) from tertiary urogynaecology unit at Queen Elizabeth University Hospital, Glasgow. Data was collected from July to September 2015 for both inpatient and day surgery cases. Data on MDT discussion, post-operative follow-up and complications were extracted and analysed.

Results

A total of 84 patients were included in this audit. 36 patients had UI surgery only and 45 had POP surgery only. 3 patients had both UI and POP surgery. Of the 36 UI cases, 4 had retropubic tape, 6 had autologous fascial sling, 5 had colposuspension (4 laparoscopic and 1 open), 14 had Botox injections and 4 had bladder neck injections.

21 patients had pelvic floor repair (anterior and / or posterior) and 17 had sacrospinous fixation, of which 3 had cervical amputation simultaneously. 2 patients had combined Manchester repair and pelvic floor repair. 5 patients had sacrocolpopexy, of which 3 were open procedures and 2 were performed laparoscopically.

Of all 84 patients included, 7 patients had an MDT review. These 7 patients had laparoscopic POP (2 patients), open sacrocolposuspension (3 patients) and pelvic floor repair (2 patients).

80 patients (94%) had post-operative follow-up between 5-13 weeks. Complications recorded included intraoperative bladder injury (1 case), post-operative haematoma (2 cases), bladder functional problems (8 cases) and 1 patient had an anaesthetic complication.

Interpretation of results

Our unit is a tertiary centre with large case load of urogynaeology patients which include complex cases as well. We found good surgical outcome in the cohort of patients but t present there is poor compliance with NICE guidelines about MDT involvement in deicisoin making.

Concluding message

MDT in our unit comprises of subspecialist urogynaecologists, consultants with special interest in urogynaecology and specialist nurses and was started in October 2014 on monthly basis. However, only a fraction of cases are discussed primarily because of limited resources. Following this audit, the unit recognises that in order to comply with NICE and Scottish Government recommendations, MDT will have to formalised with administrative support and done on more regular basis as there is clearly a significant caseload (84 patients over a 3 month period). It's also important from medico-legal perspective particularly with the recent debate on use of mesh in POP and UI surgery. In order to ensure best practice and patient safety, the results of this audit has been presented to the unit's management.

References

1. Urinary incontinence in women: management NICE guidelines CG171
2. The Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women: Interim Report Friday, October 2, 2015

Disclosures

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