

The patients' perspective on urethral bulking agents and mid-urethral sling surgery as a primary treatment option for stress urinary incontinence

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Introduction

Stress urinary incontinence (SUI) is a major public health issue. While physicians are keen on proposing the treatment with the highest cure rate, patients might attach more value to a less invasive procedure. The patient's perspective towards urethral bulking agent (UBA) therapy as compared to the standard midurethral sling (MUS) surgery is underexplored. However, this is necessary for optimal shared-decision making. We aimed to explore the patient's motives that determine their preference for UBA treatment or MUS-surgery.

Objectives

1. To identify the patient's treatment decision-making factors for both UBA and MUS-surgery
2. To explore the patient's expectation on treatment results
3. To explore whether patients would accept UBA as a primary treatment for SUI

Methods

Design: qualitative study

Study population: patients with (predominant) SUI seeking treatment, without having a history of UBA treatment or MUS-surgery.

Method: face-to-face interviews until data saturation occurred, guided by three open-ended questions with a framework of topics to discuss:

1. "What do you expect from a treatment for SUI?"
2. "Which factors would you take into account if you could chose between UBA and MUS-surgery?"
3. "Would you consider UBA as a primary treatment option?"

Interview:

- At patient's home, fully adiotaped
- First, treatment options were clearly explained and treatment decision-making factors were determined using a topic list
- Second, patients were informed with hypothetical efficacy rates for MUS-surgery and UBA of 90% and 70% resp.

Data-analysis:

- Interviews transcribed verbatim
- Thematic analysis (open coding, axial coding, selective coding)
- Computerprogramm MMaxQda12

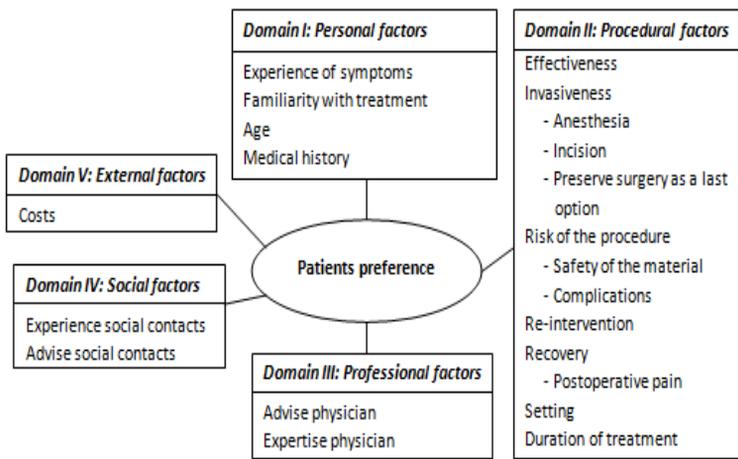
Table 1. Patients' Characteristics

Characteristic	N=20
Age in years median (range)	49 (23-88)
Duration of symp in mo. median (range)	60 (6-964)
Patient global impression of severity n (%)	
Mild	11 (55)
Moderate	5 (25)
Severe	4 (20)
Previous pelvic floor muscle training n (%)	18 (90)
Etnicity n (%)	
Caucasian	18 (90)
Asian	1 (5)
Indian	1 (5)
Premenopausal n (%)	11 (65)
Sexual active n (%)	12 (60)

Results

- Personal, procedural, professional, social and external treatment decision-factors played a role when choosing between UBA and MUS-surgery (fig. 1)
- The majority of women believed 'becoming dry' would be wishful thinking and they accepted a minor form of urinary incontinence after treatment.
- The lower efficacy rate of UBA did not hold women back to believe that UBA should be offered as a primary treatment option. Women indicated that physicians should inform women about UBA treatment as a primary treatment option, so they can carefully weigh the benefits and disadvantages of both treatments and make a well-informed decision.

Figure 1. Treatment decision-factors



"I'm not like: I should be dry until the last drop. That is not a goal for me" [P5, 41 years, prefers UBA]

"I would still prefer the bulkinjection, purely because they do not have to cut, I'm always afraid they hit things" [P9, 47 years, prefers UBA]

"I think the bulkinjections are scary...I don't know, maybe because you have heard little about it" [P13, 71 years, prefers MUS-surgery]

"Although it is less effective, I would still try this first [refers to UBA] because it is less invasive" [P4, 37 years, prefers UBA]

"The most important thing for me is that it must be efficacious" [P20, 48 years, prefers MUS-surgery]

Conclusion

MUS-surgery have become the treatment of choice for SUI. However, this study shows that from a patient's perspective UBA treatment should also be offered to all women with SUI.

Not having to undergo general or spinal anesthesia or having an incision were major reasons when patient's opted for UBA and outweighed the lower chance on cure. Also, some patient's wanted to preserve MUS-surgery as a last option. This should be kept in mind by treating physician when tailoring treatment for SUI.