

## THE ROLE OF PELVIC FLOOR MULTIDISCIPLINARY TEAM IN THE MANAGEMENT OF PELVIC FLOOR DYSFUNCTION-THE EXPERIENCE OF A TERTIARY UNIT

### Hypothesis / aims of study

Multidisciplinary team (MDT) is an integral part in the care of women with complex pelvic floor conditions.

With the rise in litigation and controversies surrounding the use of mesh in the treatment of pelvic organ dysfunction, multiple agencies such as NICE(National Institute for Health and Care Excellence), BSUG(British Society of Urogynaecology) and the relevant Royal Colleges (Royal College of Obstetricians and Gynaecologists; Royal College of Surgeons) recommend the routine use of MDT to provide high quality evidence based care (1).

Currently, there is no evidence in the literature regarding the use of joint pelvic floor MDTs. The aim of this study was to review the outcomes and clinical impact of the joint pelvic floor reviews on patient's care in tertiary setting.

### Study design, materials and methods

This is a retrospective cohort study in a tertiary teaching hospital for a period of one year between January 2015 and January 2016. All MDT proformas and patient's case notes were reviewed and analysed.

Data collected included attendance of the individual members, the time from initial clinic review to decision for MDT referral and further time to MDT discussion. We also compared the initially formulated management plan to the MDT recommendation and if there was a change in the management plan including type of surgery or change in the management team.

### Results

152 cases were identified and analysed in the one year period.

Mean age of women discussed was 55.2(SD 13.3).

There were 24 meetings for the year, equating to two sessions per month. All meetings were attended by at least 1 urogynaecologist and 1 urologist. Colorectal surgeons were present in 42% of cases and their specialist nurse in 58% of meetings. Average time from first patient's contact i.e first clinic visit to decision for MDT referral was 2.9 months, ranging from 0 to 14 months.

Mean time from decision to refer to MDT discussion was 20 days (SD 14.24).

Urinary incontinence or voiding dysfunction were the predominant indications for MDT referral in 106/152(70%).

Change of management plan was observed in 30/152(20%) and change of management team in 25/152(16%) of cases. In 122/152 (80%) the PFMDT confirmed the initially formulated management plan.

### Interpretation of results

The Joint pelvic floor MDT meetings provides an excellent clinical forum for the management of complex cases.

MDT offers skill mix that means that the patient can benefit from treatment options which may not have been considered prior as up to 1/5<sup>th</sup> of patients may have a change in clinical management following MDT discussion.

### Concluding message

Given the recommendations of various national and international bodies, there is a clear role of MDT in the management of complex pelvic floor disorders cases.

It not only ensures optimal care to patients, but it also improves collaboration between specialties and provides an excellent learning and teaching opportunity.

### References

1. Urinary Incontinence in women: management. NICE clinical guideline CG 171, 2013

### Disclosures

**Funding:** n/a **Clinical Trial:** No **Subjects:** NONE