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COLLABORATION BETWEEN UROLOGISTS AND GYNECOLOGISTS IN THE TREATMENT OF URINARY INCONTINENCE AND PELVIC FLOOR PROLAPSE

Aims of Study: Both urologists and gynecologists are involved in the care for women with urinary incontinence (UI) and pelvic floor prolapse (PFP). This study is designed to characterize the collaboration between these professionals in the treatment of UI and PFP.

Methods: A 14-question survey was mailed to the International Continence Society (ICS) members. Questions dealt with professional training, type of practice, volume of UI and PFP procedures, preferred procedures for the treatment of UI and PFP, and extent of collaboration

Results: Among the 229 responders (34.4% response rate), 63.7% are urologists and 36.2% are gynecologists. Collaboration in the operating room was reported by 50.7% of the responders. Collaboration significantly correlated with the specialty (70.6% of urologists but only 44.6% of gynecologists collaborated with the other professional), and with the country of practice (collaboration was more frequent in North America), with p values of .004 for both variables. Collaboration in the operating room was reported mainly in procedures for the correction of vaginal vault prolapse or enterocele, and hysterectomy. No correlation was found between collaboration and the time dedicated to UI and PFP, the volume of surgeries performed, UI and PFP fellowship training, university hospital affiliation, and years in practice. Reasons for not collaborating in the operating room included familiarity with all or most of the anti-incontinence and pelvic floor reconstruction procedures (44.5%), unavailability of the other professional (6.1%), and reimbursement problems (3.1%).

Collaborations in basic research, clinical research, and diagnosing challenging cases, were reported by 41.8%, 70.3% and 76.4% of responders, respectively.

Conclusions: While urologists and gynecologists do collaborate extensively in clinical research and diagnosis of challenging cases, surgical collaboration is limited to procedures traditionally performed by gynecologists. Future training programs exposing trainees to both fields of expertise may enable better ground for collaboration and improved care for women with UI and PFP.