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DIFFERENCES AMONG UROLOGISTS AND GYNECOLOGISTS WHO TREAT 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 differences between these professionals in regard to their background characteristics, current practices, and the preferred surgical approaches to the treatment of UI and PFP.

Methods: A 14-question survey was mailed to the International Continence Society (ICS) members.

Results: Among the 229 responders (34.4% response rate), 63.7% are urologists and 36.2% are gynecologists. Statistically significant differences among urologists and gynecologists who treat UI and PFP are summarized in table 1:

	Urol.s (N=146)	Gynecol.s (N=83)	p Value
Professional time dedicated to UI & PFP \geq 50%	29.4%	74.7%	.001
UI & PFP Fellowship trained	58.2%	75.9%	.029
UI and PFP procedures per week \geq 2	41.7%	83.1%	.001
Preferred procedures for SUI*			
Vaginal suspension	18.5%	3.6%	.006
Retropubic suspension	45.2%	59.0%	N/S
Sling procedure	50.0%	16.9%	.001
Minimally invasive	28.0%	54.2%	.001
Do not correct vaginal vault prolapse/enterocele	57.5%	8.4%	.001
Collaborate in the operating room	70.6%	44.6%	.001
Familiarity with all aspects of Sx as a reason for not collaborating	31.5%	67.5%	.001
Collaborate in the diagnosis of challenging cases	71.2%	85.5%	.011

*More than one procedure could be selected

Conclusions: Urologists and gynecologists who deal with UI and PFP differ significantly in their background training, time dedicated to UI and PFP, and the volume of procedures performed. They differ also in their preferred surgical procedures and their sense of mastering the operative techniques to correct PFP. We propose that future fellowship programs exposing trainees to both field of expertise will enable better ground for collaboration and improved care for women with UI and PFP.