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Karantanis E[1], Stanton S[1], Parsons M[2], Robinson D[2], Blackwell A L[3], Cardozo L[2], Moore K[3]
1. St George's Hospital, London, 2. King's College Hospital, London, 3. The St George Hospital, Sydney

WOMEN'S PREFERENCES FOR TREATMENT FOR STRESS INCONTINENCE-PHYSIOTHERAPY OR SURGERY

Aims of Study

The conventional first line treatment for Urodynamic Stress Incontinence (USI) is conservative. However, in an era of informed choice, some women have shown a preference for surgery. We sought to determine the prevalence of treatment preferences and the reasons behind them, particularly the degree of influence of GP information, hearsay, and social factors.

Methods

A package was developed for women with USI, consisting of three sequenced sections: 1) a questionnaire eliciting patients' current knowledge of available treatments including the origins of their knowledge; 2) three one-page information sheets describing Pelvic Floor Treatment (PFT) by women's health physiotherapists, the TVT and Open Colposuspension as options for treatment, including success rates and complications; and 3) a questionnaire eliciting handwritten responses about patients' preferred treatment, the reasons for their choice, and whether they wished to ask any questions.

The package was developed by three urogynaecologists, two physiotherapists, and a professor of medical sociology. It was used in three Urogynaecology Units in two countries in a consecutive group of patients with a sole diagnosis of USI. Members in each unit adopted a policy of not discussing treatment options prior to completion of the questionnaire, which was offered either before or immediately following urodynamic diagnosis. The patients were informed that regardless of their preferences, the final decision about treatment modality would be made jointly between themselves and a doctor after the questionnaire was completed.

Exclusion criteria were: a) detrusor overactivity or dysfunctional voiding b) prior physiotherapy or continence surgery; c) concomitant prolapse deemed to require surgery; d) prior discussion of treatment options by a team member; or e) poor literacy in English.

Based on an estimation that 70% of women would choose pelvic floor treatment over surgery, and an estimated prevalence of 240 cases of USI per year between the three units, a sample size of 138 was determined.

Results

Ninety-seven questionnaires were analysed but only 66, mean age 49 (SD+/-12) met all exclusion criteria. After reading the information sheets, 44 (66%) women chose PFT as their preferred management, followed by the TVT (24%) and Colposuspension (9%) with no significant differences between the three units (P=0.40; P=0.29 Fisher's Exact Test). The basis for women's choices were the information sheets (83%), the advice of another medical practitioner (3%) and the advice of a friend or relative (3%). Nine percent of women attempted to avoid making a preference, requiring encouragement and guidance by the doctor administering the questionnaire.

Of the 44 women who chose PFT, 67% cited non-invasiveness and low risk as the main reason. Ten percent wanted to avoid a possible caesarean section in the event of a subsequent pregnancy. Of those who chose the TVT, the predominant reasons were failed home pelvic floor exercises (25%), the minimal invasiveness of the TVT (23%), and the early discharge and recovery associated with this procedure (29%) compared to colposuspension. Of those who chose colposuspension, the most common reason (50%) was that it sounded more permanent than the TVT.

Forty-two percent of women said that their GP's did not discuss treatment options. Patients who stated that their GP's discussed only physiotherapy (N= 20) chose this treatment in 80% of cases. By contrast, those whose GP's discussed only surgery (N=6), chose PFT in only 17% of cases. Similarly, of 7 patients who indicated they knew of friends who were happy with

their surgical treatment, 6 chose a surgical option. In 19 women whose GP's did not discuss treatment, and who did not hear of friends choices, 74% chose PFT, which was not significantly different to the overall PFT rate (Fishers exact P=0.55).
There were 38 (58%) women who wanted to ask a question. The most common question was: "What does the doctor think is best for me" (23%).

Conclusion

Making a decision purely on factual information is difficult for many women. However, when given standardised unbiased information, 33% of women were prepared to bypass PFT and chose surgery, citing failed home pelvic floor training, minimal invasiveness, and fast recovery as the predominant reasons for TVT, and long-lasting effect for Colposuspension. Two-thirds of women chose Pelvic Floor Treatment, citing low risk as the main reason. These are informed choices based on standardised information sheets, and may suggest that women choosing surgical options have a speedier course to surgery. Whether in an era of informed choice, women choosing surgery should be permitted to bypass PFT is beyond the scope of this study, but is a matter for debate. The influences behind women's preferences are unclear. However it may be that women whose GP's or friends emphasise one treatment, are likely to come to urogynaecology units with predetermined preferences and are likely to choose them.