

FUNCTIONAL ELECTRICAL STIMULATION FOR THE TREATMENT OF FEMALE URINARY INCONTINENCE: ATTITUDES AND PRACTICES OF AMERICAN UROGYNECOLOGIC SOCIETY PHYSICIANS

Hypothesis / aims of study

To characterize the attitudes and practice patterns of physician members of the American Urogynecologic Society (AUGS) regarding Functional Electrical Stimulation (FES) as treatment for overactive bladder (OAB) and female urinary incontinence.

Study design, materials and methods

Upon approval from our Institutional Review Board the survey was mailed in December 2005 to all AUGS physician members using addresses provided by the Society. A second anonymous survey was sent one month later to members who did not respond to the first mailing. The survey included questions regarding demographic profiles, practice characteristics, training, and clinical experience with FES for the treatment of OAB and female urinary incontinence. Members were excluded from data analysis if they were non-practicing physicians, practicing outside of the U.S., and those whose surveys were returned due to incorrect addresses. Descriptive statistics were used to summarize the responses. Frequency plots were used to determine the proportion of self-reported characteristics. Differences in variables between groups were evaluated using the chi-square test. Statistical significance was set at $p < 0.05$.

Results

A total of 350 (35%) of 999 AUGS physician members completed and returned the survey. Respondents were predominantly male (62%), most commonly classified themselves as Ob-Gyn (72%) and/or urogynecologists (56%), most often practiced in private (42%) or academic (37%) settings with a wide range of years in practice. Forty-seven percent of all respondents, including 32% of all urogynecologists, had never prescribed FES to treat OAB or female urinary incontinence. Of physicians with fellowship training, only 49% received FES instruction during training. Seventy-four percent of never-users reported lack of experience as the main factor limiting use. Eighty-seven percent of ever-users still use FES. Women were more likely than men (62% vs 47%, $p < 0.007$) and academicians more likely than private physicians (60% vs 43%, $p = .006$) to have prescribed FES. The most reported obstacle to FES use among these physicians was cost / reimbursement (59%), equally reported by academic and private physicians. FES was used more often to treat OAB \pm incontinence and mixed incontinence than stress incontinence. No clear consensus emerged regarding treatment regimens. However, most respondents were less likely to prescribe FES if urodynamics suggested intrinsic sphincter dysfunction. No serious complications were reported, despite a large clinical experience. Ninety percent of respondents would like to see more research on this subject. Many respondents commented that treatment protocols are necessary for proper reimbursement.

Interpretation of results

Nearly half of AUGS physician members responding to the survey had never used FES as a treatment for OAB or female urinary incontinence. Limited experience and cost/reimbursement issues deterred physicians from prescribing FES. More research on this treatment modality is needed.

Concluding message

The use of FES for the treatment of OAB and female urinary incontinence is greatly influenced by factors other than clinical usefulness. More research is needed on this subject to determine the role it should play in the treatment of these conditions.

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HUMAN SUBJECTS: This study was approved by the Harbor-UCLA Medical Center Internal Review Board-exemption since it is a survey and followed the Declaration of Helsinki Informed consent was not obtained from the patients.