

DEVELOPMENT OF A TOOL TO PREDICT ADAPTORS AND NON ADAPTORS TO SURGERY FOR STRESS INCONTINENCE

Hypothesis / aims of study

When planning treatment, clinicians often recommend surgery based on the cure rate for a particular procedure. Some women return dissatisfied for various reasons. Psychological factors may impede some women's ability to adapt following continence surgery. This study is part of an exploratory phase in the production of an assessment tool. It aims to explore women's experiences of incontinence, their health beliefs, experiences and expectations of treatment. This may appear on the surface similar to a quality of life study, however, it is distinctly different as the ultimate aim is to create individualised treatment plans, not evaluate treatment outcomes.

Study design, materials and methods

Quantitative research is wholly inadequate for enquiry into peoples' thoughts, beliefs and psyche. For this reason in depth, unstructured, qualitative interviews were performed on 18 women (a large sample size for qualitative work) resulting in hundreds of text segments. These were subsequently thematically analysed to develop a thematic network representing areas discussed in the interviews.

Results

Thematic networks are represented by central global themes made up from organising themes which are made up of basic themes. Representation of the complete thematic network is beyond the scope of this abstract but an outline is represented in the table.

Global theme	Organising themes
Cause/aggravation of problems	Childbirth, Other
Symptom related comments	Urinary incontinence, OAB symptoms (excluding urinary incontinence), Other symptoms
Emotions	Positive, Negative
Treatment	Positive, negative, Future, Matter of fact, Other
Concerns/ preoccupations	Other people
Conscious/ self image	Concerns
Coping	Pads, Distraction, Fluids, Articles, Ability to cope, Others
Sex	
Restricted activities	Restricted activities

A few examples of statements made through the course of the interviews follow:

'I wish they informed me about things, why they failed (TVT) instead of leaving me in the dark' (participant 7G)

'They are going to put me through all these hoops to prove if I will improve or say- oh well, we will have to do something' (participant 5G)

'I don't want to get like my mother, which was desperate' (participant 14G)

'You don't feel sexy when you are padded up' (participant 11G)

Interpretation of results

Our qualitative results suggest patients vary tremendously in how they cope with their symptoms and their attitude towards treatment (both previously and currently). This work demonstrates the urgent need for research to be directed in getting the best for the patient not fitting the patient to the (perceived) best investigation and treatment.

Concluding message

The results show that people vary sufficiently to justify the development of an individualised treatment tool with which we can identify behavioural adaptors and non adaptors to surgical intervention and produce individualised treatment plans. It provides content and construct validity for the development of the final tool. Qualitative research is essential for getting to the centre of how people feel about their condition and management and is under represented in current urogynaecology research.

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HUMAN SUBJECTS: This study was approved by the Solihull LREC and followed the Declaration of Helsinki Informed consent was obtained from the patients.