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PREVALENCE AND CHARACTERISTICS OF WOMEN WITH PELVIC ORGAN PROLAPSE IN A POPULATION OF NEW GENERAL GYNAECOLOGY OUTPATIENTS

Hypothesis / aims of study
This research aimed to determine the prevalence of pelvic organ prolapse in a population of new general gynaecology outpatients and describe the demographic and clinical characteristics of women presenting with prolapse.

Study design, materials and methods
The study took place over a 15-month period in 2003/4 and involved the gynaecology departments of two large teaching hospitals that each saw approximately 2,500 new general gynaecology outpatients per year. A prospective review of case notes of women scheduled for appointment at six specific clinics was routinely conducted to identify women referred with suspected prolapse. A simple one page data collection form was then attached to the case notes for these women and was completed by the woman's clinician during the outpatient appointment. The clinician provided information in a standard format on women's presenting symptoms, prolapse type and severity, gynaecological history and treatment decision at first referral as well as confirming information on referral source, parity and age.

Results
Prevalence and demographic characteristics
Pelvic organ prolapse was identified as the primary reason for referral in 12% (342) of new general gynaecology outpatient attendees. The main source of referral was the GP (88%). The median age of women referred was 62 (range 29-94) and 55% of women were over the age of 60. The median number of deliveries per woman was 2 (range 0-9) with less than 2% nulliparous women. 79% of women had experienced at least one spontaneous vaginal delivery, 17% assisted vaginal delivery and less than 4% caesarean section. 29% of women had had previous prolapse or gynaecological surgery and a further 12% had previously received physiotherapy i.e. pelvic floor muscle training.

Clinical characteristics of pelvic organ prolapse
69% of women had a cystocele and 40% had a rectocele. 25% of women had both a cystocele and rectocele. 18% of women had Stage I prolapse, 41% Stage II and 17% Stage III. Less than 4% of women had Stage IV prolapse, of which all except one had uterine prolapse. Prolapse severity was not recorded for 20% of women. A feeling of "something coming down" was the most common symptom reported by women (78%) and was significantly associated with an increase in prolapse severity (chi-square test p=0.003). The treatment decisions made at first referral were surgery (36%), physiotherapy (30%) and mechanical devices (30%). A decision for no further treatment was recorded for less the 5% women all of whom had a prolapse of Stage II or less.

Interpretation of results
Pelvic organ prolapse was fairly common in this population of new general gynaecology outpatients, 98% of whom had had children. The most common type of prolapse was cystocele and Stage II was the most common severity of prolapse reported. The treatment decisions made at first referral were evenly distributed over surgery, physiotherapy and mechanical devices. Treatment decisions however may have been influenced by the option to refer women into a physiotherapy trial at the time of the outpatient appointment.

Concluding message
Women with pelvic organ prolapse make up a considerable part of the workload in gynaecology outpatient departments. Routine collation of information relating to the demographic and clinical characteristics of these women is recommended for gynaecology departments throughout the country. This information is relatively easy to collect and could be used to inform both future service provision and research into factors contributing to the development of pelvic organ prolapse.

FUNDING: Chief Scientist Office, Scottish Executive
DISCLOSURES: NONE
HUMAN SUBJECTS: This study was approved by the Southern General Hospital and Grampian Research Ethics Committees and followed the Declaration of Helsinki Informed consent was obtained from the patients.