



# Trends of the providers in the management of stress urinary incontinence

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## BACKGROUND

Prevalence of female stress urinary incontinence (SUI) is 50% in certain age groups. Multiple tools are reported for standardization of stress urinary incontinence (SUI) diagnosis. Uro-gynecological committees are continuously working to update the guidelines for management of SUI. We conducted this survey to understand the provider trends in diagnosis and management of SUI. We targeted urologists and gynecologists from multiple countries and asked them to share the survey with their colleagues.

## METHODS

We conducted online questionnaire using google-forms. Study was approved by the IRB committee, Menoufia faculty of Medicine. Fifteen questions were asked. Five questions were concerned about participant practice, training and demographics. Five questions were asked to explore the approaches of diagnosis. Five questions explored the preferred/offered treatment options (table 1 and table 2). De-identification of the responder was performed. We analyzed the responses according to the trends, training/specialty and providers' demographics.

## RESULTS

We received total of 85 responses, we excluded 8 incomplete/repeated responses. We received 55% of responses from Egypt, 25% from USA and the remaining responses from Germany, Saudi Arabia, Pakistan, Iran, Nigeria, Palestine and Qatar. Total of 77 provider responses were analyzed; 77.9% urologists and 20.7% gynecologists. All responders accept SUI patients except five providers who refer their SUI patients to another urologist. Only 20.8% and 26% of providers requested voiding diary and validated questionnaires for each patient respectively. Interestingly, 35.1% didn't consider dietary changes as a line of treatment. 27% of providers will request urodynamic testing for each SUI patient. Only 48.1% considered pelvic floor training and physical therapy as line of treatment for each patient. TVT was the most utilized procedure between gynecologists (68.75%) while TOT is the most utilized procedure between urologists (65%) (Table 2). Interestingly, 83.7% of responders from Egypt favored TOT as the most common surgical option, while 89.5% of US responders chose TVT. Recent guidelines and statements from the urological and urogynecological societies recommended voiding diary and validated questionnaires for every patient. However, urodynamic testing should be reserved for the patients with probability for surgical intervention. Reports suggested that non-invasive manipulations as modification of dietary behavior and physiotherapy might be helpful to SUI population. European association of urology recent guidelines recommended the pelvic floor training and physical therapy as a first line therapy. The physician trends in practice were not matching the recent recommendations. This might be variable because of different training backgrounds and personal experiences. Approaches should be focused to market the knowledge updates and recent guidelines for the best care of SUI patients.

Question	Answers	All (%)	Urologist (%)	OBGyn (%)
In female patients with clinically diagnosed stress urinary incontinence (SUI), do you request voiding diary for each patient	Yes, in each case	20.8	20.0	25
	No, I don't	23.4	23.3	18.75
	In some cases	55.8	56.7	56.25
In female patients with clinically diagnosed stress urinary incontinence (SUI), do you request patients to fill any of SUI questionnaires before and after treatment	Yes, in each case	26.0	21.7	37.5
	No, I don't	20.8	58.3	37.5
	In some cases	53.2	20.0	25
In female patients with clinically diagnosed stress urinary incontinence (SUI), do you consider urodynamic evaluation for each patient	Yes, in each case	27.3	31.7	12.5
	No, I don't	3.9	5.0	0
	In some cases	68.8	63.3	87.5
Do you think that urodynamic device is available for your patients	Yes	77.9	78.3	75
	No, it is available but expensive	3.9	3.3	6.25
	The device is available, but I am not well trained to use it	6.5	6.7	6.25
	No, it is not available in my area	11.7	11.7	12.5
Who is usually performing urodynamic for your SUI patients	I do it for my patients	28.6	33.3	12.5
	My resident or fellow	11.7	13.3	6.25
	Nurse	11.7	5.0	37.5
	Urodynamic technician	7.8	3.3	18.75
	I refer them to another center/ colleague	39.0	43.3	25
	No urodynamic device is available for my patients	1.3	1.7	12.5

Table 1. Physician trends in diagnosis of SUI

Question	Answers	All (%)	Urologist (%)	Gynecologist (%)
In female patients with stress urinary incontinence (SUI), do you consider dietary changes as a line of treatment	Yes, in each case	19.5	18.3	25
	No, I don't	35.1	33.3	37.5
	In some cases	45.5	48.3	37.5
In female patients with stress urinary incontinence (SUI), do you consider pelvic floor training and physical therapy as a line of treatment	Yes, in each case	48.1	43.3	68.75
	No, I don't	5.2	6.7	0
	In some cases	46.8	50.0	31.25
When you decide surgical treatment for the patient, what is the most common option in your practice	TVT	35.1	25.0	68.75
	TOT	57.1	65.0	31.25
	Autologous sling (rectus fascia or fascia lata)	3.9	5.0	0
	Burch operation (open, laparoscopic or robotic)	0.0	0.0	0
Have you ever used any of xenograft/allograft materials as sling for SUI (e.g. SIS, Pelvicol)	Other	3.9	5.0	0
	Yes	7.8	5.0	18.75
	NO	92.2	95.0	81.25
In your current practice, how do you describe the cost of TVT/TOT in relation to your patient budget	Medical insurance usually cover	40.3	31.7	68.75
	Expensive, majority can't afford it	36.4	40.0	25
	Affordable	16.9	20.0	6.25
	Cheap, the cost is not an issue	2.6	3.3	0
	Other	3.9	5.0	0

Table 2. Physician trends in treatment of SUI

## CONCLUSIONS

Provider trends of SUI management is variable. This might be related to their demographic distribution, training backgrounds or personal experiences. Proper marketing of guidelines might help to achieve the best outcomes. More research is needed to understand the patient and provider preference of one option over another when the guidelines are equivocal (as in TOT versus TVT).

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