ePoster #100: Retrospective Study of a Regional Pelvic Floor Multi-disciplinary Team (MDT) Meeting

Y Zhang, D Moon, M Kujawa

Stepping Hill Hospital, Stockport NHS Foundation Trust, UK, SK2 7JE

INTRODUCTION

- The multi-disciplinary team (MDT) approach is an increasingly familiar aspect across all surgical specialties
- National guidance(1) is available in the UK by the National Institute of Clinical Excellence (NICE) regarding the MDT in relation to pelvic floor pathology including: attendance, outcomes, function within a clinical network
- We aim to audit the activity and evolution over time of monthly pelvic floor MDT meetings of a regional referral centre in North West England

METHODS

- Retrospective sampling of patients discussed at MDT over a 4-year period from **Oct 2014 – Oct 2018**
- Patients from regional centre and two satellite units, "A" and "B"
- Paper MDT attendance sheets used to determine which specialties were in attendance for meetings
- Combination of electronic MDT outcome forms and clinical letters from Advantis Clinical Documentation System (CDS) used to determine: source of referral, referral pathology, investigations reviewed, conservative vs surgical management plans, referral to other specialties
- In particular, it was noted when the MDT consensus altered the pre-MDT management

RESULTS

- 674 patients discussed in 4-year study period with following demographics:
  - Male:female sex ratio = 1:168.5
  - Mean age – 56.0 years, SD = 14.1 years
  - Median age – 56 years
- 44 MDT meetings held
- Variable attendance rate across specialties (*Figs 1 and 2*):
  - Urogynaecology (100%), urology (100%) and physiotherapy (95.5%) had consistently high attendance
  - Radiology, and uro- and gynae-specialist nurses had good attendance
  - Colorectal surgery (35.7%), continence specialist nurse (31.8%) had poor attendance
  - Pain specialist yet to attend once
- Main presenting pathology was stress urinary incontinence (35.1%) – *Fig 3.*
  - 10.5% were *recurrent* stress urinary incontinence
- 406 (60.2%) had urodynamic studies discussed
- 47 (7.0%) had defecating proctograms discussed
- 45 (6.7% were referred to different specialties
- 398 (59.1%) had a surgical management outcome
  - Unfortunately, 118 (26.9%) had unclear plans
- 115 (17.1%) had altered management plans after MDT review – *Fig 4.*
  - Unfortunately, 136 (20.2%) had unclear plans

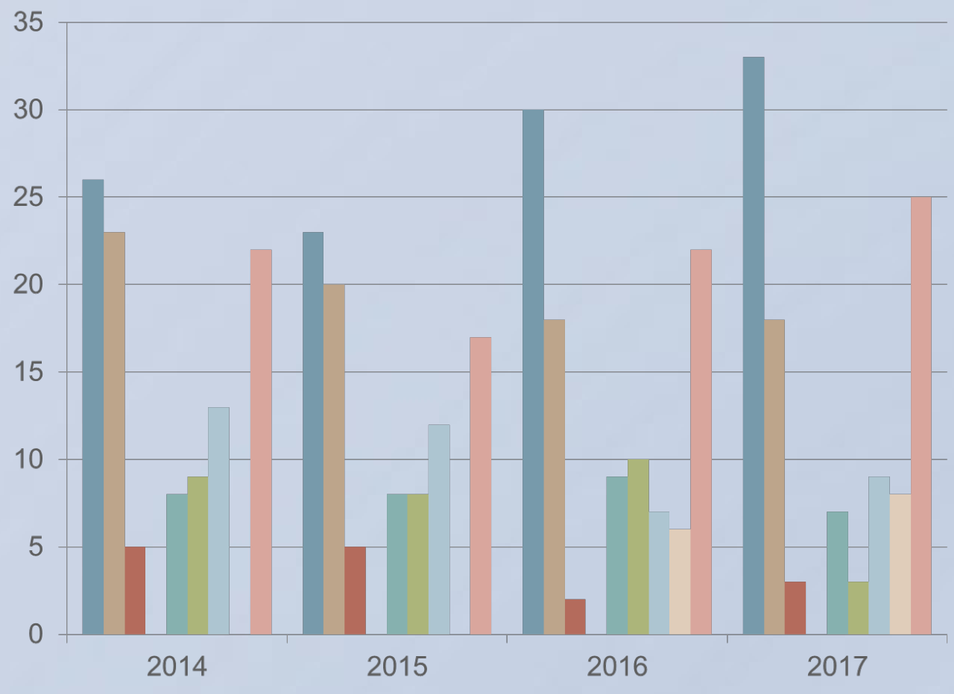

Fig. 1 Graph showing total cumulative attendance at MDT by specialty and by year. Total attendees n=409

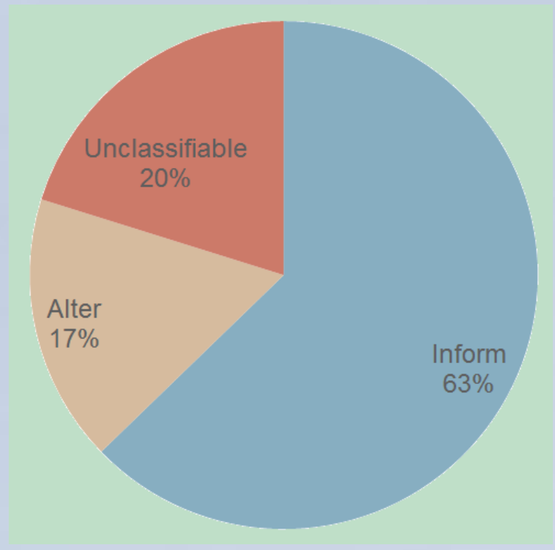

Fig 4. Chart showing overall outcomes following MDT discussion. "alter" refers to a change of management plan while "inform" refers to an agreement of the MDT with the original pre-MDT plan.

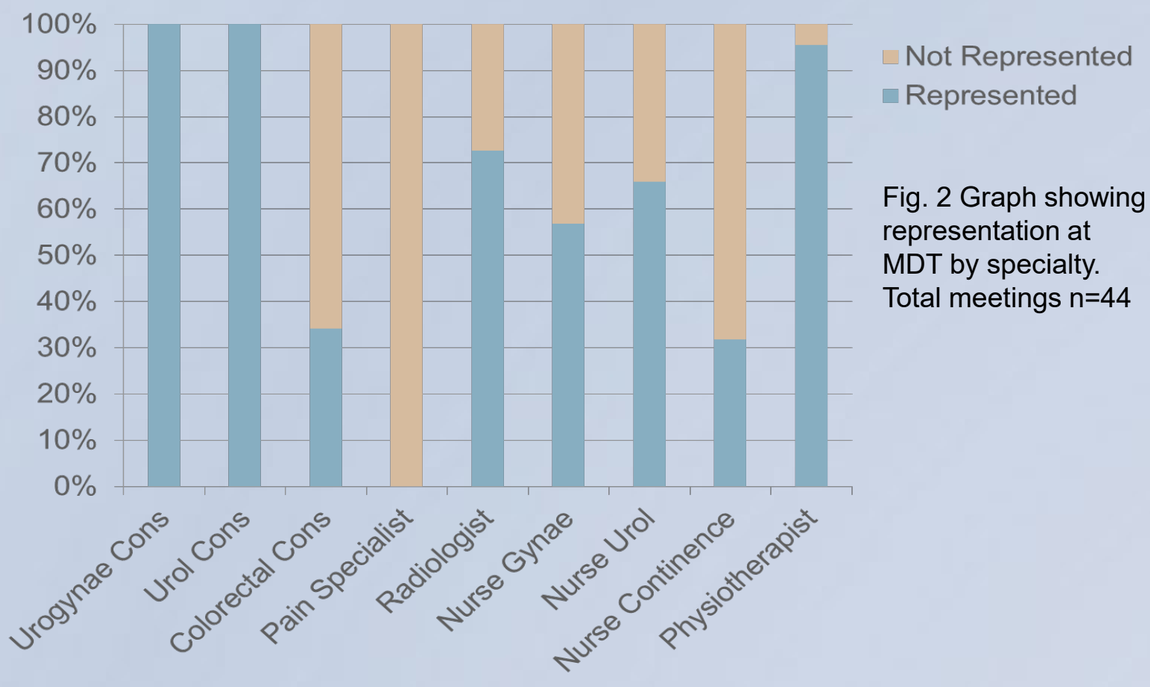

Fig. 2 Graph showing representation at MDT by specialty. Total meetings n=44

Pathology	n	%
Primary SUI	166	24.6
Mixed UI	91	13.5
Primary OAB	90	13.4
Prolapse	89	13.2
Recurrent SUI	71	10.5
Prolapse + UI	43	6.4
Urethral Pathology	26	3.9
Tape Complications	26	3.9
VVF	6	0.9
Pelvic Pain	6	0.9
Endometriosis	3	0.4
Not Classifiable	*57*	*8.5*
Total	***674***	***100.0***

Fig 3 Table showing cases discussed at MDT by presenting pathology. SUI – stress urinary incontinence, UI – urinary incontinence, OAB - over-active bladder, VVF vescio-vaginal fistula.

CONCLUSIONS

- This Pelvic Floor MDT has progressively evolved since its inception in 2009 as a small local urodynamics meeting
- Strong business case for an administrative role to help:
  - Organise meetings
  - Minute meetings
  - Collate data from meetings
- Actions recommended for the MDT:
  - Clear documentation of presenting pathology as well as pre- and post-MDT management plans
  - Encourage attendance from colorectal surgery and pain specialist
- Further auditing is required, in particular:
  - Collecting reliable data from satellite units "A" and "B"
  - Effect of "mesh pause" on patient workload and outcomes
- NICE Guidelines recently updated in June 2019(2)
- Independent Medicines and Medical Devices Safety Review(3) - All stress incontinence procedures should be collated and all mesh procedures registered" – MDT is an ideal setting for this
- This Pelvic Floor MDT provides a benchmark for such patients should be managed within a cross-specialty framework

REFERENCES

1. https://www.nice.org.uk/guidance/cg171 - NICE Guideline - Urinary Incontinence in Women: Management
2. https://www.nice.org.uk/guidance/ng123 - NICE Guideline - Urinary Incontinence and Pelvic Organ Prolapse in Women: Management
3. http://www.immdsreview.org.uk/index.html - The Independent Medicines and Medical Devices Safety

No declared interests.