HYPOTHESIS / AIMS OF STUDY
Information and Communication Technologies (ICTs) are implementing in the vast majority of fields, including health. There are reviews analyzing the impact that the use of ICTs may cause, such as centralizing patients’ health, improving health quality and increasing sanitary education, not only of patients but also of nursing and medical professionals (1). On the one side, the Gynecology Department of our secondary hospital has no data of the regular ICT use of our patients. On the other hand, our Department does not currently use any ICT tool. There is current bibliography validating web-based questionnaires (WBQ) comparing them to a questions done at the first appointment (2). We consider the use of this tool may bring advantages to our Pelvic Floor consultation and contribute to a more efficient and satisfactory first visit. Firstly, we aim to have data about the use and level of confidence in ICT among Gynecology patients of our hospital, according to social variables (Study A). Secondly, we would like to assess the effects of an ICT tool in a Gynecological Pelvic Floor consultation, in terms of quality of first visit (satisfaction), efficiency (time for first visit) and level of knowledge on basic Pelvic Floor diseases (Study B).

STUDY DESIGN, MATERIALS AND METHODS
Study A: cross-sectional descriptive study about the ICT use among our patients. A paper survey was designed and offered to patients attending Emergency Room for any gynaecological episode, Pelvic Floor or General Gynecology consultation and Urodynamic studies. We set a sample size of 400 surveys. A descriptive analysis of all items was done.
Study B: intervention experimental study with convenience sampling. 52 patients in the intervention group filled in a WBQ and received basic Pelvic Floor information links before the first appointment. The WBQ was designed on the hospital website with our Systems Department support (Figure 1). 52 patients in the control group attended the regular first appointment without the online process. A paper survey about satisfaction and Pelvic Floor knowledge was designed, which was completed by each patient after the first face-to-face appointment. A prospective comparative study was done between intervention and control groups. To start with, we proceeded to a descriptive analysis of quantitative and qualitative variables. In the second place, we focused on the possible associations between quality of first visit (satisfaction), efficiency (time of first visit) and level of knowledge on basic Pelvic Floor diseases, comparing both groups. In both studies, data from surveys was collected by Google Forms and exported to Excel, with a final analysis by PASW Statistic v.19.

INTERPRETATION OF RESULTS
To start with, it is important to highlight the limitations of this study which make it unlikely to extrapolate our findings to the general population: method of randomization and sample size. Related to the first, we found that our patients had difficulty in handing themselves with internet use so a simple randomization process was proven difficult. As for the second, the principal investigator works in Pelvic Floor consultation once every two weeks with an average of 4 first visits and 20 successive visits. Therefore, the number of recruited patients in one year time could not be very high. As for our results, it seems our WBQ may contribute in improving the first consultation in terms of patient knowledge. It is important to highlight that the use of this tool may not shorten the time of first appointment. At the same time, it may not improve patient satisfaction. At a systematic level, this study helps to have an idea of what impact may cause a WBQ before the first Pelvic Floor appointment. It would be important to consider these kind of tools in our regular practice. Other articles concluded that a WBQ contributed to a slightly more efficient use of the first consultation and a better registration of pelvic floor functioning (3).

CONCLUDING MESSAGE
Whether or not the results prove statistically significant and the benefits of WBQ remain unclear, it is important to consider the use of ICT tools and introduce them in medical consultation. Further research should focus in the benefits of ICTs such as improving patient satisfaction and communication.

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