

Evaluation of an urotherapist into urogynecology of a teaching hospital

Abstract No: #21138

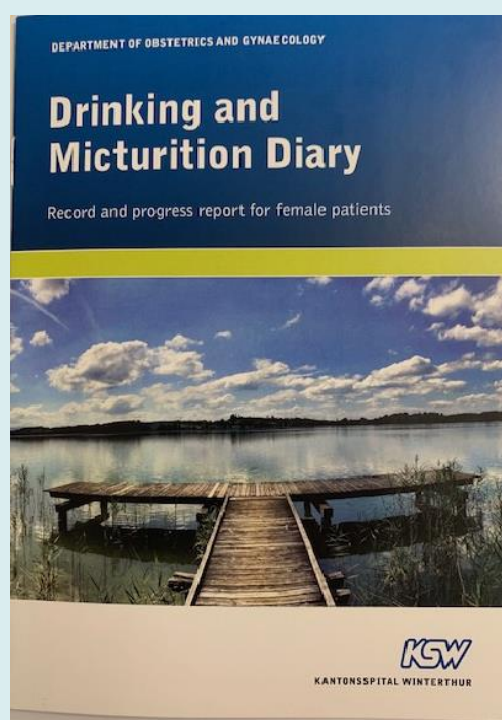
Geissbühler ¹⁾ V., Werner ¹⁾ M., Berner ¹⁾ R., Forst ¹⁾ S.

¹⁾ Department of Obstetrics and Gynecology, Cantonal Hospital Winterthur, Switzerland

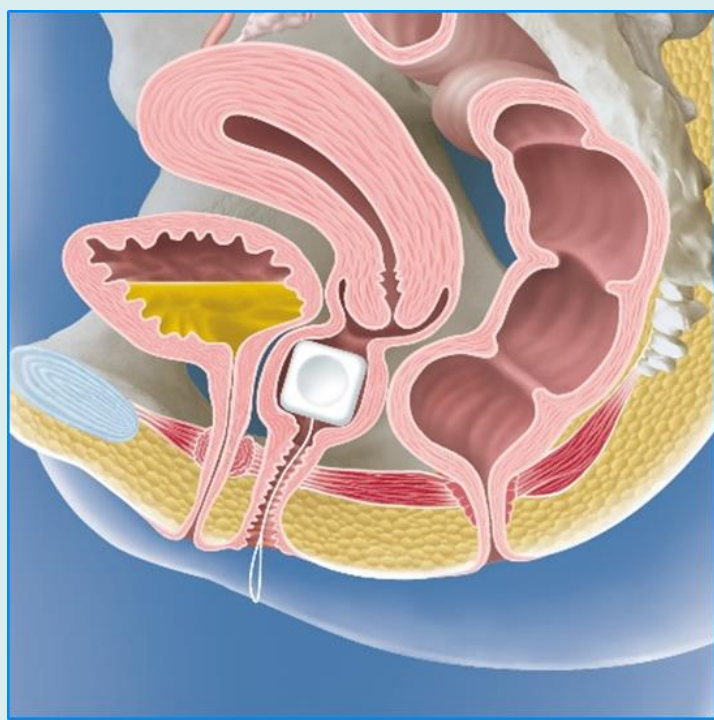
Aim of study: With increasing age of the female population, the number of patients with pelvic floor disorders (PFD) like overactive bladder syndrome, urinary stress incontinence, pelvic organ prolapse and fecal incontinence grows as well. These often chronic disorders cause significant morbidity, leading to a greater burden and costs on healthcare systems. The affected patients are mostly elderly and need more assessment time for care and therapy. To support the urogynecologists a general nurse in the outpatient clinic has undergone further training in urotherapy. The consultations by the urotherapist were established as a new service. The work of the urotherapist focuses on counselling, instructions and conservative therapies. **Aim of this study is to evaluate the workload and activities of the urotherapist.**

Study design: Prospective observational study: From July 2016 to June 2018 the workload of the urotherapist was evaluated. For collecting patient data concerning diagnosis, treatment, consultation time of urogynecologist and the urotherapist and patient satisfaction a research project was set up. The project was approved by the local Ethic Committee (BASEC 2016-00211). Included were female patients who consulted the urogynecologists and needed advanced counselling. Excluded were patients with comprehensive difficulties (language) or decline to complete the questionnaires. For data collection, we used questionnaires and hospital information systems.

Activities of the urotherapist: counselling and conservative therapies (examples)



Guidance for lifestyle and behavioral modifications, such as fluid management



Instruction and control of pessary use/size
Therapy: pTNS, percutaneous Tibial Nerve Stimulation with Neuromodulation

Take home message: As people are getting older the frequency of chronic diseases is on the rise.

To meet these new needs the concept of interprofessional teamwork was established. In urogynecology this can be implemented by integrating an urotherapist in the clinic of urogynecology.

Results: Between July 2016 and June 2018 the urotherapist had contact with 514 patients. The following diagnosis were made: 215 cases (37%) with overactive bladder syndrome, chronic pelvic pain, recurrent urinary-tract infections, 157 cases (27%) with pelvic organ prolapse, 94 cases (16%) with urinary stress incontinence, 17 women (3%) with fecal incontinence/stool outlet syndrome and 100 cases (17%) with mixed disorders (not strictly urogynecological cases).

The number of consultations with the urotherapist varied from 1 to more than 20 (Fig. 1).

The total number of consultations was overall 1555, splitted into counselling, therapies, urinary catheter management and administrative support (Fig. 2).

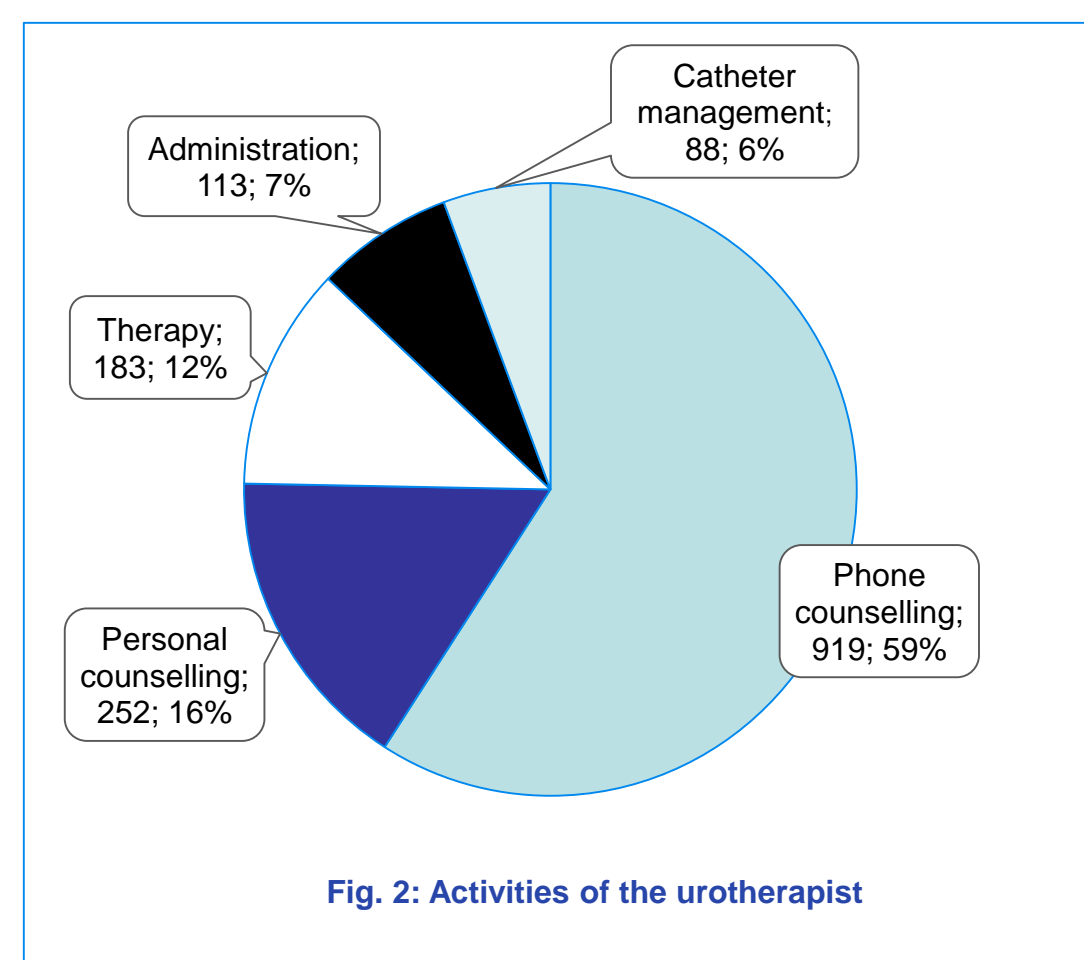
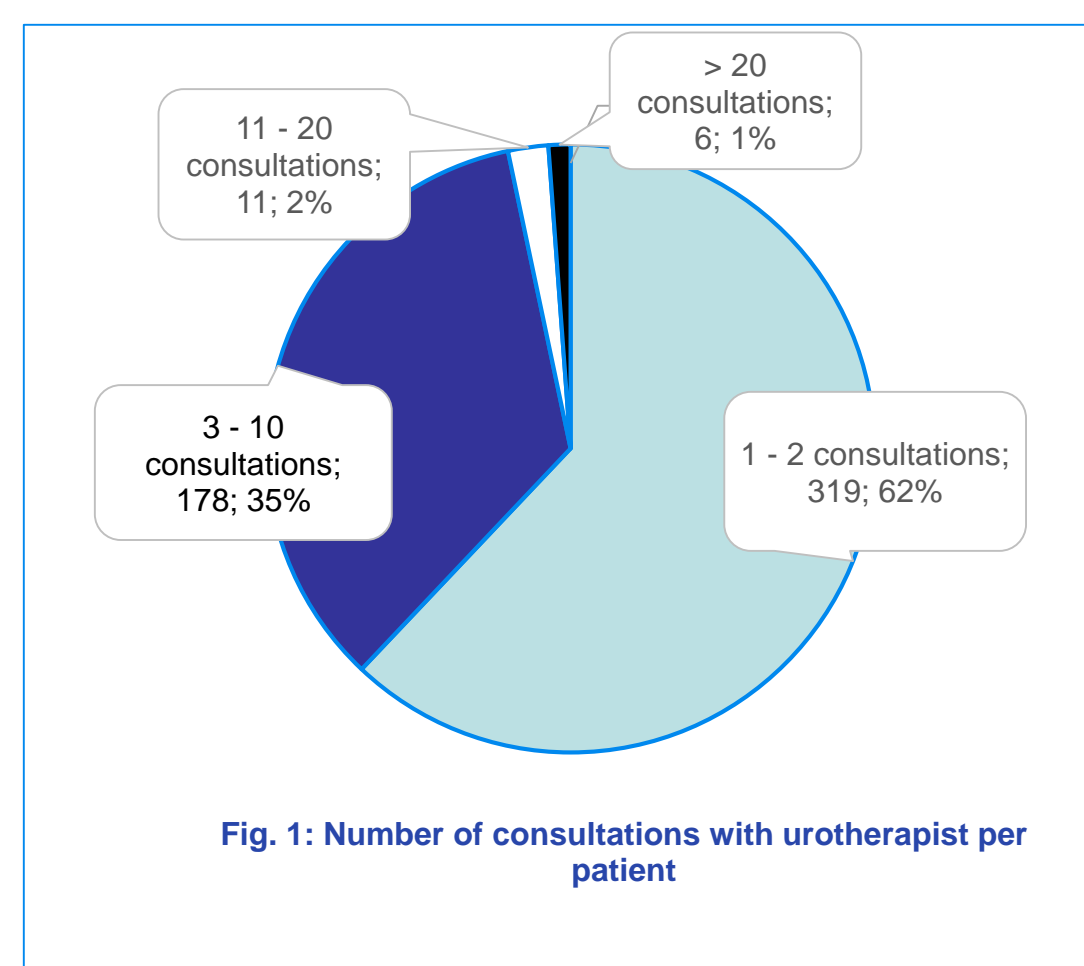
38/514 urogynecological patients consented to participate in the whole prospective observational study and provided detailed information by filling in all the questionnaires. The diagnosis of these 38 patients were as follows: overactive bladder in 33 (57%) cases, pelvic organ prolapse, POP, in 9 (16%), urinary stress incontinence, USI, in 10 (17%), and fecal incontinence, FI, in 6 (10%) cases. Multiple diagnosis were possible.

The mean age of the study population was 72 (14) years.

The mean consultation time of the urotherapist was 5.7 hours (0.5 – 35.8 hours), of the urogynecologist 2.6 hours (0.5 – 10.8 hours).

From a total of 215 consultation hours the urotherapist had 189 (88%) hours of personal contact with the patients and 27 (12%) hours contact mostly by phone. A personal consultation took 47 min on average, a consultation by phone 27 min on average.

Patients' satisfaction with their therapy was good to very good in most cases, most of them would recommend the urotherapeutic service. 33/38 (87%) returned the questionnaire.



Interpretation of results: PFD can be co-managed and co-treated by the urotherapist. Personal counselling, giving instructions and conservative treatments are time-consuming activities. Counselling by phone is the most common activity of the urotherapist. Patients with PFD show different levels of personal requirements. Individual care can vary from one consultation about incontinence pads to several therapy sessions over weeks. The effort of the urotherapist is highly appreciated by the patients. Urogynecologists are relieved in their workload. The study enabled us to further enlarge the schedule for the urotherapist. In addition, the results are a good basis to negotiate with the health insurances for covering, at least partly, the costs.