

TELEPHONE TRIAGE PELVIC FLOOR ASSESSMENT CLINIC

Hypothesis / aims of study

There is still a lack of an integrated continence service with colorectal, urology and urogynaecology working separately. Many patients referred to the colorectal service for faecal incontinence have combined faecal, urinary or prolapse symptoms. There is also an increasing demand for continence services due to a variety of factors.

In order to aid in the global assessment of patient symptoms and allow patients to be guided to appropriate investigations and treatment a triage assessment questionnaire was developed and a telephone triage assessment clinic (TTAC) was set up. This would then enable accurate patient assessment, direct patients to appropriate investigations and treatment efficiently as well as reduce patient visits to hospital. This study reviews the effectiveness of the TTAC.

Study design, materials and methods

A pelvic floor triage questionnaire was developed to identify patients with faecal, urinary and prolapse symptoms. Patients referred to the colorectal pelvic floor clinic were vetted into the TTAC if appropriate between April and December 2013. Investigations were then requested directly from the TTAC. The investigations and TTAC questionnaire were reviewed in the pelvic floor multidisciplinary meeting and patients were then referred to the biofeedback clinic for conservative treatment (for both bowel and bladder) or to a colorectal clinic, urology or urogynaecology clinic.

Results

201 patients were reviewed in the telephone triage clinic of which 71 were GP referrals and 130 were tertiary referrals from other hospitals.

108 (54%) patients were found to have combined faecal and urinary symptoms and 93 patients had only bowel symptoms.

On review of the triage questionnaire and any investigations in the pelvic floor multi-disciplinary meeting, 154 patients have been referred to the biofeedback clinic, 27 to biofeedback clinic and surgical clinic and 20 to surgical clinic. 6 patients were also referred directly to urogynaecology and 1 to urology before conservative treatment.

Of the 154 patients referred for conservative treatment, 80 have completed their treatment and have been discharged. The remainder have not completed their treatment.

The time taken from TTAC to biofeedback was 7 weeks.

There were good levels of patient satisfaction with the telephone triage clinic. 148 were very satisfied and 53 were satisfied with the telephone triage clinic appointment.

The wait for a new colorectal pelvic floor appointment before the TTAC was introduced was 4 months. The current wait for TTAC is 2 weeks and for a new colorectal appointment is 5 weeks.

Interpretation of results

Over 50% of patients referred for bowel symptoms to the pelvic floor clinic have combined urinary or prolapse symptoms as well. The TTAC allows for initial assessment and patients were satisfied with the service being able to perform the consultation at home or work.

The majority of patients initially were referred for conservative treatment with very few patients requiring surgical review initially. This has reduced waiting times for patients to be seen and start treatment.

Concluding message

The TTAC has led to a reduction in waiting times, an improvement in patient experience, efficient referral to appropriate treatment and is more cost effective as TTAC replaces new consultant appointments.

Disclosures

Funding: Nil **Clinical Trial:** No **Subjects:** NONE