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FACTORS INFLUENCING THE RATE OF LOST TO FOLLOW-UP AFTER SUB-URETHRAL SYNTHETIC SLING REMOVAL

Hypothesis / aims of study

To report on variables that could influence the rate of lost to follow-up (LTF) in women undergoing sub-urethral synthetic sling removal (SSR) for complications of mid-urethral slings (MUS).

Study design, materials and methods

Following Institutional Review Board Approval, a prospectively maintained database of consecutive non-neurogenic women who underwent one SSR only were reviewed. Data extracted by a third party investigator for the LTF group and the group with regular follow-ups included distance travelled for appointment, marital status, mode of transportation to come to follow-ups, employment status, whether the patient received primary care from the institution, whether the patient's last follow-up visit was routine or for on-going treatment, and type of insurance coverage, and Urogenital Distress Inventory Short Form (UDI-6) questionnaire to determine level of residual symptomatology after SSR. Women who did not reach a minimum follow-up length of 6 months were contacted via phone and interviewed using a standardized script. Information collected via phone included reasons for LTF and an updated UDI-6 questionnaire score.

Results

From 2005-2015, 129/150 women were followed with a mean follow-up of 25 months (6-114). Among 38 LTF women, 19 could not be reached, and there was one non-recoverable loss due to death. There was a significant increase in patients returning for follow-up if they had on-going treatment (p=.0035) (Table 1). Conversely, the most commonly reported reasons for LTF were distance to the care center (22%) and the patient being content with their post-operative outcome (22%). UDI-6 total score significantly decreased after SSR in the LTF population by an average of 4.2 points (p = 0.0337). Question 5 regarding emptying and question 6 regarding pain also decreased significantly, by an average of 1.2 (p=0.0271) and 1.6 points (p=0.0074) respectively. A ROC curve of patient distances found that sensitivity and specificity for LTF were equal at 62 miles (Figure 1).

Interpretation of results

Following patients after surgical procedures remains a challenge for physicians and few series have been able to report sufficient follow-up after sub-urethral sling removal [1,2]. Although there are reports on rates of LTF, [3] to date no series has examined the reasons why LTF patients fail to return to providers for follow-up care. By incorporating factors such as patient distance from facility and care at the same institution into study design, it may be possible for future studies to improve visit compliance post-operatively. In addition, phone interviews to reach LTF patients have the potential to fill in missing data in this important population.

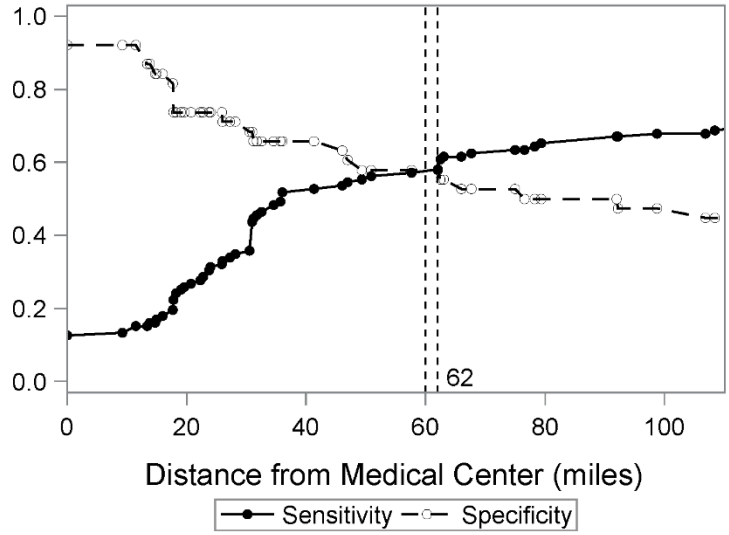
Concluding message

Geographical factors, care at the same institution or not, and satisfaction with the current outcome may explain the LTF in women referred for complications of MUS to a tertiary care center. However, other factors such as marital and employment status, and insurance coverage did not seem to influence patient's compliance with follow-up visits. These reasons for LTF should be considered in the design of MUS-related clinical research studies.

Table 1. Patient demographics by follow-up status

	Currently followed (n = 112)	**Lost to follow-up (n = 38)**	***p***
Median distance from Medical Center (IQR)	36.0 (19.3-136.7)	84.4 (17.8-278.5)	0.1333
Lives <75 miles from Medical Center	71 (63%)	17 (45%)	0.0566
Primary Care at Medical Center	33 (29%)	5 (13%)	0.0530
Ongoing treatment	78 (70%)	16 (42%)	**0.0035**
Married	79 (71%)	27 (71%)	1.00
Employed	62 (55%)	22 (58%)	0.85
Insurance Type			
Medicare	30 (27%)	10 (26%)	0.43
BCBS	37 (33%)	15 (39%)	
Other	43 (38%)	11 (29%)	
Uninsured	2 (2%)	2 (5%)	

Figure 1. ROC Curve of Patient Distances



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