

## ACCREDITATION OF PELVIC FLOOR UNITS : SUGGESTIONS FOR SURROGATE MARKERS OF MDT FUNCTION

### Hypothesis / aims of study

To present our data and based on this put forward outcome measures that may be considered for Pelvic Floor Unit MDT accreditation. Pelvic Floor Disease is now established as a speciality in itself. Team variations exist in units but MDT structure should mirror that of GI cancer MDTs. Symptomatic relief from surgery has been achieved in several units [1,2] but there is no clear consensus of what constitutes successful MDT outcome

### Study design, materials and methods

Between 2011-2016 all patients discussed in our Pelvic Floor MDT were prospectively entered onto a database. Presenting symptoms, investigation results [both MR and defaecating proctography were undertaken], intervention and outcomes were recorded. In the case of Pelvic Floor Therapy [PFT] recognised QOL scores [ICIQ-SF, BOWEL SS, POP-SS, ICIQ-OAB] were used to assess outcome. PTNS and Electro-Acupuncture are offered in our unit for Urinary & Faecal Incontinence [UI & FI]. Robotic/ Laparoscopic Ventral Mesh Rectopexy [VMR] and Stapled Trans-anal Rectal Resection [STARR] were the 2 preferred colorectal surgeries performed in our unit

### Results

241 patient episodes were discussed [5 Male]; median age 56 yrs, [range 25-79 yrs]. Symptoms were a combination of ODS, UI, FI and/ or gynae prolapse. In 16% of cases MR demonstrated significant other pathology [3]. Sixty one % of patients were referred for Biofeedback or pelvic floor therapy. There were significant improvements in QOL scores in UI & FI [n= 100; 45-90 % improvement ICIQ-SF/ OAB ODS [n=39; BOWEL-SS improvement in QOL 92%] and gynae prolapse [n=36; 89% improvement POP-SS]. Using these techniques there was a potential saving of over £120K as patients were discharged following PFT. Overall 11% of patients underwent surgery [n=22 Lap/Robotic VMR, n=4 STARR (n=1 combined with laparoscopy to control an enterocoele), a variety of gynae procedures were offered; the commonest of which was sacro-spinous fixation +/- posterior vaginal repair. At a median of 10 months post VMR follow up 18/22 patients [82%] were asymptomatic from the point of view of their presenting symptoms

### Interpretation of results

This body of work demonstrates the achievable clinical outcomes and potential cost savings of establishing a formal pelvic floor MDT. The population base is broadly representative of most average sized hospitals and so may be used as a template globally

### Concluding message

Our results demonstrate sensible MDT decision making with substantial QOL improvement with PFT. Additionally, relatively few patients went on to surgery. We propose that this indicates appropriate patient selection with resultant good outcomes of surgery. We believe that our units' results may be used to inform the discussion around pelvic floor unit accreditation

### References

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### Disclosures

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