ICS 2022 VIENNA

W21: Multidisciplinary Team (MDT) Approach to Pelvic Floor Disorders

Workshop Chair: Linda Ferrari, United Kingdom
10 September 2022 08:00 - 09:30

Start	End	Topic	Speakers
08:00	08:05	Introduction to the workshop	Linda Ferrari
08:05	08:20	Patients' pathway in a pelvic floor unit from referrals until treatment	Alison Hainsworth
08:20	08:35	Physiotherapists, nurses and clinical scientists: pilasters in clinical management of pelvic floor conditions	Paula Igualada Martinez
08:35	08:45	The key role of multidisciplinary meeting	Milena Weinstein
08:45	08:55	The importance of multidisciplinary pelvic floor clinic	Heidi Brown
08:55	09:05	Combined surgical procedures to correct multicompartment prolapse	Milena Weinstein
09:05	09:15	Expanded MDT service: role of dietician, pain team, radiologist, psychologist	Linda Ferrari
09:15	09:30	Discussion	Linda Ferrari Alison Hainsworth

Aims of Workshop

The aim of this course is to evaluate the importance of multidisciplinary approach for treatment of pelvic floor disorders and the importance of providing a complete service to patients affected by a variety of pelvic floor symptoms.

Principal aims are:

- Understanding the importance of different specialties involved in a pelvic floor unit
- Role of multidisciplinary pelvic floor clinic
- Multidisciplinary approach to the evaluation of concomitant multicompartment prolapse patients
- Role of combined surgical procedures
- Delineation of patients' pathway from referrals, to diagnostic tests to final management of patients with pelvic floor conditions

Educational Objectives

The educational value of this workshop is centred on the delineation of the concept of what constitutes a multidisciplinary approach to the evaluation of patients with pelvic floor disorders, and how this concept can be deployed in a clinical setting. Due to the complexity of the pelvic floor, most patients' have more than one complaint and more than one anatomical compartment involved. For this reason, these patients would benefit from a collaborative assessment and a concomitant treatment algorithm that does not incite new problems, or narrowly addresses complaints in isolation. Pelvic floor patients frequently benefit from treatments that address all complaints simultaneously, regardless of whether the anatomical pathology is localized in the anterior, middle and posterior compartment. A holistic approach that addresses the entire pelvic floor simultaneously improves patient quality of life and decreases the risk of the need for a revolving door of medical and surgical treatments. In this context, this session will discuss best pathways to offer these multidisciplinary assessments in a streamlined fashion.

Learning Objectives

Role of multidisciplinary pelvic floor clinic

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

1. Billecocq S, Bo K, Dumoulin C, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for the conservative and non-pharmacological management of female pelvic floor dysfunction. Prog Urol. 2019 Mar;29(4):183-208.
2. Nygaard I, Barber MD, Burgio KL. Prevalence of symptomatic pelvic floor disorders in US women. JAMA 2008 Sep 17;300(11):1311-6.
3. Mowat A, Maher D, Baessler K, et al. Surgery for women with posterior compartment prolapse. Cochrane Database Syst Rev. 2018 Mar 5;3(3):CD012975.
4. NICE Guidance - Urinary incontinence and pelvic organ prolapse in women: management: © NICE (2019) Urinary incontinence and pelvic organ prolapse in women: management. BJU Int. 2019 May;123(5):777-803.

5. Bunn F, Byrne G, Kendall S. The effects of telephone consultation and triage on healthcare use and patient satisfaction: a systematic review. Br J Gen Pract. 2005 Dec;55(521):956-61.
6. Holt TA, Fletcher E, Warren F, Telephone triage systems in UK general practice: analysis of consultation duration during the index day in a pragmatic randomised controlled trial. Br J Gen Pract. 2016 Mar;66(644):e214-8.
7. Bunn F, Byrne G, Kendall S. Telephone consultation and triage: effects on health care use and patient satisfaction. Cochrane Database Syst Rev. 2004 Oct 18;(4):CD004180. Review.
8. Berghmans B, Nieman F, Leue C,et al. Prevalence and triage of first-contact complaints on pelvic floor dysfunctions in female patients at a Pelvic Care Centre. Neurourol Urodyn. 2016 Apr;35(4):503-8.
9. Berghmans B, Nieman F, Leue C, et al. Prevalence and triage of first contact pelvic floor dysfunction complaints in male patients referred to a Pelvic Care Centre. Neurourol Urodyn. 2016 Apr;35(4):487-91.
10. Igbedioh C, Williams AB, Schizas A. Introducing a pelvic floor telephone assessment service. Journal of Community Nursing, 2014, 28(4):59-65
11. Bordeianou LG, Anger JT, Boutros M, Birnbaum E, Carmichael JC, Connell KA, De EJB, Mellgren A, Staller K, Vogler SA, Weinstein MM, Yafi FA, Hull TL; MEMBERS OF THE PELVIC FLOOR DISORDERS CONSORTIUM WORKING GROUPS ON PATIENT-REPORTED OUTCOMES. Measuring Pelvic Floor Disorder Symptoms Using Patient-Reported Instruments: Proceedings of the Consensus Meeting of the Pelvic Floor Consortium of the American Society of Colon and Rectal Surgeons, the International Continence Society, the American Urogynecologic Society, and the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction. Dis Colon Rectum. 2020 Jan;63(1):6-23.
12. https://thepelvicfloorsociety.co.uk/
13. Pandeva I, Biers S, Pradhan A et al. The impact of pelvic floor multidisciplinary team on patient management: the experience of a tertiary unit. J Multidiscip Healthc. 2019 Mar 14;12:205-210.
14. Kapoor DS, Sultan AH, Thakar R, et al. Management of complex pelvic floor disorders in a multidisciplinary pelvic floor clinic. Colorectal Dis. 2008 Feb;10(2):118-23.
15. O'Leary BD, Agnew GJ, Fitzpatrick M, Hanly AM. Patient satisfaction with a multidisciplinary colorectal and urogynaecology service. Ir J Med Sci. 2019 Nov;188(4):1275-1278.
16. Brown HW, Barnes HC , Lim A. Better together: multidisciplinary approach improves adherence to pelvic floor physical therapy. Int Urogynecol J 2020 May;31(5):887-893.
17. Jalland K, Gurland B. Multidisciplinary Approach to the Treatment of Concomitant Rectal and Vaginal Prolapse. Clin Colon Rectal Surg, 2016 Jun;29(2):101-5.
18. Jallad K, Ridgeway B, Paraiso MFR, et al. Long-Term Outcomes After Ventral Rectopexy With Sacrocolpo- or Hysteropexy for the Treatment of Concurrent Rectal and Pelvic Organ Prolapse. Female Pelvic Med Reconstr Surg. 2018 Sep/Oct;24(5):336-340.
19. Wallace SL, Syan R, Enemchukwu EA, et al. Surgical approach, complications, and reoperation rates of combined rectal and pelvic organ prolapse surgery. Int Urogynecol J. 2020 Oct;31(10):2101-2108.
20. Wallace SL, Syan R, Enemchukwu EA, et al. Surgical approach, complications, and reoperation rates of combined rectal and pelvic organ prolapse surgery. Int Urogynecol J. 2020 Oct;31(10):2101-2108.