Audit: Patient satisfaction rates following midurethral sling procedures

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Introduction

Stress urinary incontinence (SUI) is a common condition that has negative impact on a women's quality of life, in particular their physical, sexual and psychological domains. The prevalence of urinary incontinence in adult women, based on Australian community-based studies is reported to be 19% prevalence rate of female aged 10-29, approximately 40% for women between the ages 30- 44, 50% for women aged 45-59, 30% for women aged 60-74 and 42% for women aged over 75 years. Risk factors for this condition are advanced age, higher parity, vaginal delivery, higher BMI and postmenopausal status. Many women with the condition are adviced lifestyle changes to help manage their incontinence, however many require surgical management for their persistent symptoms. Midurethral sling is the most widely employed procedure for managing SUI and have a good long-term success rate of 80-85%.

Objective

The primary objective of this audit is to identify improvement of bladder symptoms and patient satisfaction in women whom underwent rectopubic mid urethral sling procedures

Method

A retrospective clinical audit identified 71 procedures for inclusion between January 2017 and July 2017. However only 66 procedures were accounted for; 5 procedures were not available due to files not being able to be sourced. Subjects were assessed at baseline, 4 or 6 weeks, 6 months and one year. Pre-operative data including risk factors contributing to SUI were collated, including parity, postmenopausal state, age and BMI. The different types of conservative /non-invasive management were gathered to identify if these resulted in any changes/ improvement to patients' symptoms prior to surgery. Perioperative and post-operative data were reviewed to assess complication rates, patients' ongoing symptoms and satisfaction rate.

Results

A total of 66 subjects underwent urogynaecological procedures, of which 26 (39%) had undergone sling only procedures and 40 (61%) subjects had undergone a combination of sling and vaginal repair procedure for prolapse. Patient demographic such as BMI, higher parity, advanced age and postmenopausal status are demonstrated in table 1.

Patient characteristics	
Median age (Years)	55
Postmenopausal	34 (51%)
BMI	27 (19 – 45)
Parity	3 (0 – 12)

Table 1: Patient demographics

Pre-operatively, patients had trialled conservative management, however they continue to have ongoing SUI symptoms. A larger proportion had undergone physiotherapy (40, 60%), whereas some had trialled medication (3, 4%) or pessary (4, 7%). However, some patients had reported a combination of treatment (11, 16%) and remainder had not trialled any conservative treatment (9, 13%).

The overall surgical success was 57 (85%) with only 5 (8%) return to theatre for post operative complications and 4 (6%) readmission for failed trial of void. Patients were then followed up at either 4 or 6 weeks, 6 months and a year. During their review patients provided information of their ongoing symptoms and satisfaction of their procedure. Also these patients were recommended to continue with ongoing conservative management with (21, 32%) encouraged to have ongoing physiotherapy (PT) sessions, (4, 6%) was commenced on medications (e.g. Vesicare, Ditropan, oestrogen), some were recommended a combination of PT + medications (4, 6%), although (26, 39%) had nil further recommendations prior to discharge from services.

Most participants reported no further incontinence 45 (68%) or an improvement of their incontinence 9 (13%) after one year of follow up. Some patient reported no SUI but currently urge incontinence (UI) 9 (13%), whereas 3 (5%) reported a worsening of their symptoms. Overall 58 (87%) of the patients that underwent surgical procedure reported satisfaction of their overall results.

Conclusion

A high level of patient satisfaction was observed with more than 80% reported improvement of their symptoms or no longer experienced any incontinence.

Reference

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