

GYNAECOLOGY & OBSTETRICS UPDATE

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Team**

M Malak, A Grimston,
J Andrews, N Lawton,
A Spirou, W Fletcher

Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (1ry & recurrent), frequency, urgency and recurrent cystitis

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Patients' expectations from Pelvic Organ Prolapse (POP) Surgery

The outcome of pelvic floor surgery for POP can be assessed by evaluating the degree of anatomical correction and the impact of surgery on the quality of life and on the pelvic organs function. However these methods may not fully assess patients' expectations from the surgery. **Patients measure the success of the surgery on how much of their own expectations are achieved.**

The earliest questionnaires I used to audit the outcome of pelvic floor surgery were anonymous and provided a space for "other expectations/comments". This encouraged the majority of patients to freely express their opinion. This highlighted a great diversity of the patients' expectations from POP surgery. Some of these expectations are mostly unachievable e.g. improvement of "stomach pain", "indigestion", "tiredness" or "headaches". A common expectation is the improvement of bowel symptoms e.g. "constipation", "bloating", "difficulty to empty the bowel", and "faecal/wind incontinence". POP surgery may improve some bowel symptoms but there is no evidence that it improves incontinence or every case of difficult emptying. Urinary frequency and urgency are also improved in some but not all patients. Another common expectation is improvement of orgasm. Using Sexual Function Index (FSFI) questionnaires; it has been reported that POP surgery has a positive impact on some aspects of sexual function but not on orgasm. The simplest way to understand the patients' expectations is by direct questioning. This has been a routine assessment for all patients attending our Urogynaecology unit. The patients are given enough uninterrupted time to mention all their expectations before starting detailed discussion about which expectations could be achieved and the associated success rate. This may be an opportunity for the patient to reassess the need for surgery if her own expectations cannot be met. The objective evaluation of the surgical outcome and subjective questionnaires are good in assessing the comparative success of different surgical procedures and the comparative performance of surgeons.

Assessing the patients' own expectations and achieving the agreed ones are the best way to ensure patient satisfaction and they are also a true measurement of the success of the overall clinical management. *By Mark Malak*

By Mark Malak



The Author has been elected to present Britain (BSUG; British Society of Urogynaecology) in the Publication Committee of **IUGA International Urogynaecological Association** since 2008

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