International Urogynecological Association (IUGA) 2009-10 Observership Grant

Final Report

Observership Grant Recipient:

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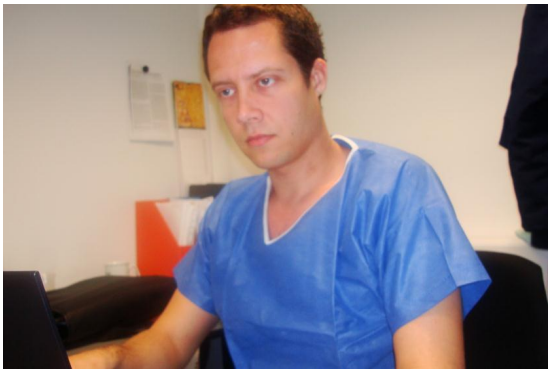

Observership location:

King's College Hospital – London – United Kingdom

Host:

Professor Linda Cardozo

Background

The opportunity to observe and work at Professor Linda Cardozo's UroGynaecology Unit at King's College Hospital (KCH) – London, was granted by the International UroGynaecological Assotiation (IUGA) at its annual congress held in June 2009, in Como – Italy. The main aim of this grant is to provide a deeper knowledge on a specific area of interest, and to observe different and more advanced ways of approaching patients with urogynaecological disorders. The applicant is expected to observe and learn from this visit and provide a written report of their experience. This report details my experience of the 4 week observation at KCH.

Review

Introduction

There are a large number of women who are troubled by urogynaecological conditions and for many the underlying cause may not be known. In the majority of cases, these conditions are not life threatening , but they do have a strong impact on the quality of life of affected women. This impairment in the quality of life is regarded as the most important factor determining the need for treatment.

The Team at Kings College Hospital

The value of multidisciplinary collaborative work is often endorsed, but in many care settings this principle is neglected. In healthcare strong communication and relationships within the work team enables them to focus on the entire patient, increasing efficiency and the effectiveness of the care delivered to patients and ensuring a holistic approach.

This is probably the best way to describe the type of work at the Urogynaecology Unit at Kings College Hospital. Physicians, specialist nurses, and physiotherapists work in network, so that the care provided to the patients can be related to all these different areas of expertise with a different cohesive multi task approach. The staff at KCH has three medical consultants, one locum consultant, a sub speciality trainee, two research fellows, three nurse specialists, a physiotherapist, and a health care assistant.

The Clinic

On average 320 patients are seen in the outpatient clinic's each month, and approximately 100 more patients are seen in nurse led clinics, providing general reviews , clarifying treatment options and offering further dietary and lifestyle advice and bladder retraining . The outpatient clinics are scheduled on a Monday and Thursday mornings. General medical and urogynaecological history and examination are performed during the consultation. The need for further studies or treatment can also be assessed and booked during this appointment, as well as referral to other member of staff (physiotherapy, nurse led clinic,). Patients who are booked for physiotherapy sessions will have the opportunity to work with a women's health specialist physiotherapist in and will benefit from a range of exercises (Pelvic Floor re-training) or biofeedback, whenever the condition is considered to benefit from this approach.

Investigation

Urodynamic investigation is a functional assessment of the lower urinary tract, which is performed to provide an objective pathophysiological explanation of urinary tract dysfunction symptoms. This series of tests can provide further useful information in an attempt to clarify the aetiological basis of the underlying dysfunction. All of the patients seen at clinic, are requested to provide a voiding diary prior to the urodynamics investigation. At this unit the use of video urodynamics is performed on about 1200 patients per year, and a further 100 patients undergo ambulatory urodynamics whenever this examination is necessary. Further additional investigations can also be performed at this unit, such as cystoscopies (generally in day surgery unit), or flexible cystoscospies (about 6 per month).

In current urogynaecological practice, urodynamics are routinely performed before considering surgical treatment. This strategy is recommended in both gynaecological and urological guidelines. Recent studies have shown that the sensitivity of urodynamics is far from perfect, especially in women with mixed urinary incontinence . On the other hand, detrusor overactivity (DO) is a risk factor for failure and it may carry a worse prognosis. Therefore, routine use of pre-operative urodynamics in all women with an indication for surgical treatment is debatable.

Since my experience with urodynamic studies was very limited prior to my 4 weeks experience at KCH, I was pleased to notice that this Unit has a strict policy regarding the investigation of urinary incontinence, and patients are given the full workout study prior to any procedure is taken. This way, patient safety is highly regarded, and the best treatment offered, based on

the full knowledge of the underlying condition. A complete quality of life questionnaire is also taken prior to any procedure in order to enable future assessment and comparisons.

Surgery and Operating Theatre

Urogynaecology, gynaecological surgery or female urology is probably as old as medicine itself. The ancient Egyptians, who laid the foundations of medical knowledge, appreciated the close relationship between diseases of the female genitals and urinary symptoms. At KCH, about 35 surgeries per month are performed on a day surgery basis. These surgeries include mainly minor, ambulatory cases that will not need a hospital stay, such as cystoscopies with bladder biopsy, surgery for the treatment of stress incontinence, labiaplasty's and other minor procedures. About 40 patients per month are seen on a hospital stay basis to have their surgery. These mainly include patients in need of pelvic floor reconstructive surgery. There are two day surgery lists (one on Monday morning and another on alternating Friday afternoon's). The major operating theatre lists are on Tuesday (one full day list) and on Fridays (one full day list and a half a day list on alternating weeks with the day surgery list).

The lifetime incidence of pelvic organ prolapse is high, but the prevalence varies widely. In a Swedish study, 31% of women aged 20 to 59 years had prolapse. However, half of them had a mild, clinically insignificant prolapse, and only 2% had a symptomatic prolapse. Even though severe morbidity from pelvic organ prolapse is rare, the condition commonly impairs a woman's quality of life as the result of a protruding mass from the vagina, dyspareunia, low back pain, pelvic pressure, or difficulty with bladder and bowel evacuation.

Despite actual trend, some controversy has been raised concerning the use of mesh in the treatment of pelvic floor repair. New upcoming data is suggesting a trend on long term side effects on the use of mesh, and concern regarding the use of such is raised within the experts. The challenge in any pelvic reconstructive procedure is to provide a supporting structure while the normal anatomic condition of the surrounding structures is restored. Even though there are several materials which could provide that support, few have the necessary properties to restore the qualities of the living tissue. More randomized prospective clinical trials, preferably multicenter, are needed before recommending the utilization of implants in daily practice.

At KCH, once again the issue of patient safety is highly regarded and therefore, the use of mesh is limited. I was able to witness within this 4 weeks at KCH the use of conservative procedures in pelvic floor repair, and a few surgeries concerning previously placed mesh

complications. Many techniques have been described in the literature for repairing pelvic floor prolapsed, and this 4 week training at KCH provided me material to learn some of the described techniques.

Research

Research in Urogynaecology is aimed at acquiring knowledge to improve the outcome of the women treated. Confucius in 479 BC said that the essence of knowledge is having it, to apply it. Since KCH is an University tertiary center, the need for research is clear and obvious. At The UrogynaecologyUnit this is taken very seriously since this is one of the worlds reference in this area of expertise, and the unit accounts for two research fellows at the present moment. Most of the studies are still ongoing, such as the investigators initiated studies in association with the Institute of Psychciatry about Body dysmorphia and Labiaplasty surgery, and in co-ordination with University College of London the study about Hypermobility amongst women with Pelvic Organ Prolapse and Urinary Incontinence. There are other studies ongoing related to the major present controversial topics such as the ones related to sexual function on women treated with anti-cholinergic drugs, and patient satisfaction after urodynamics studies. The team at KCH is also involved in some multicentre studies, such as Safina, Shrink, Tetra and Taurus studies.

Overall

The main focus in this report is multidisciplinarity. The team at KCH works in a multi task, multi force, multiple view on the approach of the urogynaecology patient that is referred to this unit. In view of such every Tuesday afternoon a Video Review meeting is held with all the team at KCH and clinical cases and Urodynamics video's are reviewed in full detail. Also there is a scheduled monthly based meeting held with all Pelvic Surgeons, which includes the Urogynaecological team as well as the General Surgery and Urology's units as well. This is a tertiary centre, and therefore all major problems and complications are referred to this team in order to provide an enlightened and more specific approach.

Comments

It is extremely difficult to put down in words an experience such as the one provided by IUGA and Professor Linda Cardozo's Team, and I hope that my input trying to clarify the way that this team works may have been of some help in order to understand the view from someone that was an observer for such a short period of time.

The main grasp and final evaluation of this experience is obviously positive. Especially because the Team at King's never left me to feel like an observer but tried their best to make me feel a part of their own team.

And for that there is not enough acknowledgement that one can provide.

Acknowledgements

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To all the UroGynaecology Team at King's College Hospital , for all the warm welcome and for making me feel part of the unit.

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To all the remaing team who made my stay so pleasant and from whom I learned so much: Mr. Dudley Robinson (UroGynaecology Consultant), Mr. John Bidmead (UroGynaecology Consultant), Ms. Sushma Srikrishna (Locumm Consultant), Ms. Monika Vij (Research Fellow), Ms. Maria Vella (Sub-specialty Trainee), Ms. Angie Rantell (Urogynaecology Nurse Specialist), Mrs. Irene Karrouze (Urogynaecology NurseSpecialist), Mrs. Eileen Sullivan (Urogynaecology Clinical Nurse), Ms. Riette Vosloo (Specialist Physiotherapist) and Ms. Marva Thomas (Health Care Assistant).

Conflicts of Interest

None reported by the author.

Renato Martins