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Assessment of patient satisfaction following major gynaecological surgery

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Abstract

Pre-operative education has been shown to enhance recovery after gynaecological surgery. A questionnaire was given to all women who underwent pelvic floor surgery at a tertiary hospital in order to evaluate the information received by patients pre-operatively. Satisfaction with pre-operative information and adherence with pelvic floor muscle exercises (PFMEs) were assessed. Overall, the participants believed that the information that they received pre-operatively was of high quality (Likert scale score = 4.4/5). Areas for improvement that were identified by the survey included the provision of more information on what patients can do to enhance their recovery, and when they may resume general exercise, driving and sexual activity. Forty-eight per cent of the participants reported performing PFMEs at least once a day post-operatively.

Keywords: assessment, gynaecological surgery, patient satisfaction, pre-operative education, questionnaire.

Introduction

The reported lifetime risk of a woman undergoing an operation to treat prolapse or incontinence is 11.1%, and 29.2% of such cases require further surgery (Olsen *et al.* 1997). There is evidence that pre-operative physiotherapy may improve surgical outcomes (Jarvis *et al.* 2005). In a recent feasibility study, 57 patients were randomized to one pre-operative and six post-operative pelvic floor muscle exercise (PFME) sessions, or a control group prescribed usual care (McClurg *et al.* 2014). The PFME group exhibited fewer prolapse symptoms at 12 months after surgery. Another team reported enhanced recovery in women undergoing vaginal hysterectomy when pre-operative classes were routine (Yoong *et al.* 2014). In this study, patients attended a formal pre-operative education session conducted by anaesthetists, gynaecologists, nurses and physiotherapists. The pre-operative education reduced the length of their hospital stay by more than 50%, increased 24-h discharges five-fold, and no adverse effects on emergency department attendance or readmission rates were reported.

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McClurg *et al.* (2008) conducted a survey of members of the then Association of Chartered Physiotherapists in Women's Health (now Pelvic, Obstetric and Gynaecological Physiotherapy). They reported a wide variety of physiotherapy interventions for women undergoing prolapse surgery. When available, physiotherapy is often provided post-operatively in a one-to-one or small class environment. The latter option has its limitations because it is time-consuming and repetitive. It is also unknown how much information a patient is able to absorb in the small class setting.

Currently, there is not a set protocol with respect to whether or not women receive pre- or post-operative physiotherapy at King's College Hospital National Health Service (NHS) Trust (KCHNHSFT), London, UK. Only minimal women's health physiotherapy cover is funded on the gynaecology ward; access to physiotherapy is mainly provided for patients with respiratory and mobility problems. Surgery is also carried out at two different hospitals, one of which does not have a women's health physiotherapy service on site.

With this background in mind, the present authors sought to explore patients' perceptions of

and general satisfaction with the information that they were given before and after continence or pelvic organ prolapse (POP) surgery. The participants were also asked if they thought that there was any additional information that it would have been beneficial to receive. The patients' adherence to performing PFMEs in the early post-operative period was also assessed.

Participants and methods

A draft questionnaire was devised within the tertiary urogynaecology multidisciplinary environment, and circulated to women's health physiotherapists, urogynaecology doctors and specialist nurses for comment. Following this process, a pilot version was tested on a focus group of 50 patients. On the basis of their feedback, the questionnaire was amended and approved by the multidisciplinary team. After this final stage, the King's Post-operative Gynaecology Questionnaire (KPGQ) was created. This process ensured content validity.

The stages of the service evaluation are shown in Figure 1.

Participants were recruited from the urogynaecology department of a single tertiary referral NHS teaching hospital. This was done when they attended a routine post-operative appointment. All women who were over the age of 18 years, literate in the English language and able to provide informed verbal consent were invited to take part.

The participants were given the questionnaire to complete prior to or during their post-operative appointment, and returned the completed form to their clinician/nurse or the receptionist. No information that would allow them to be identified was recorded on the form.

The KPGQ is summarized in Box 1. The

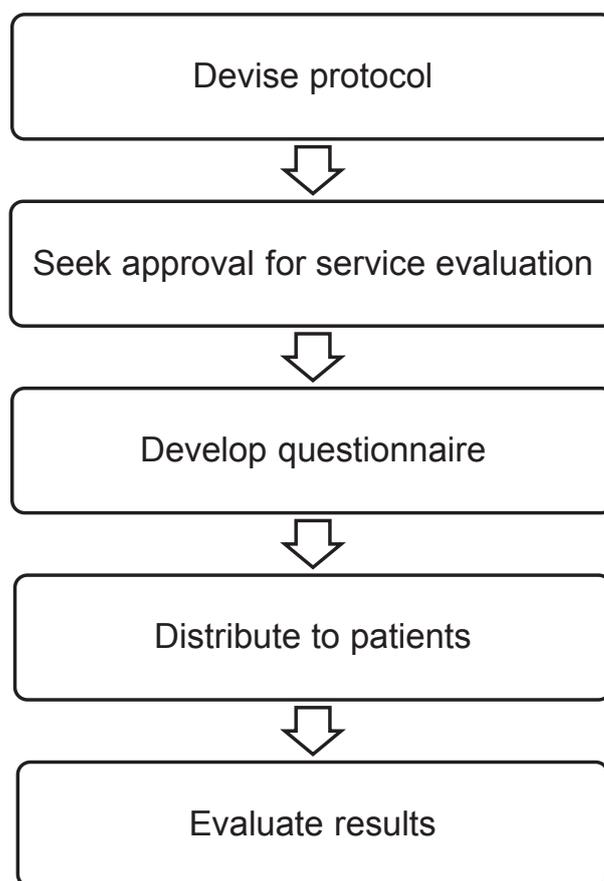


Figure 1. Stages of the service evaluation.

questionnaire covers the following general areas:

- specific questions ask about the information that the patients received prior to surgery;
- assessment of how beneficial the information was thought to be was carried out using a five-point Likert scale [(1) not useful; (5) extremely useful)]; and
- if they did not receive certain information, patients were asked if they would have been more satisfied had this been provided.

Box 1. Summary of questions: (PFMEs) pelvic floor muscle exercises

- (1) I received information on how to prepare for my surgery: yes/no?
- (2) I received information on how long it will take to recover from my surgery: yes/no?
- (3) I received information on what day-to-day activities (e.g. housework) I can do after my surgery: yes/no?
- (4) I received information on what I can do to help with my recovery (e.g. PFMEs): yes/no?
- (5) I received information on when I can return to work: yes/no?
- (6) I received information on when I can resume sexual activity: yes/no?
- (7) I received information on when I can drive again: yes/no?
- (8) I received information on when I can start general exercise or sport after my surgery: yes/no?
- (9) In general, is there any other information that you received that was useful?
- (10) Is there any other information that you would like to have received?
- (11) Are you performing PFMEs at home?
- (12) Overall, how would you rate the usefulness of the information that you received?
- (13) Any other comments?

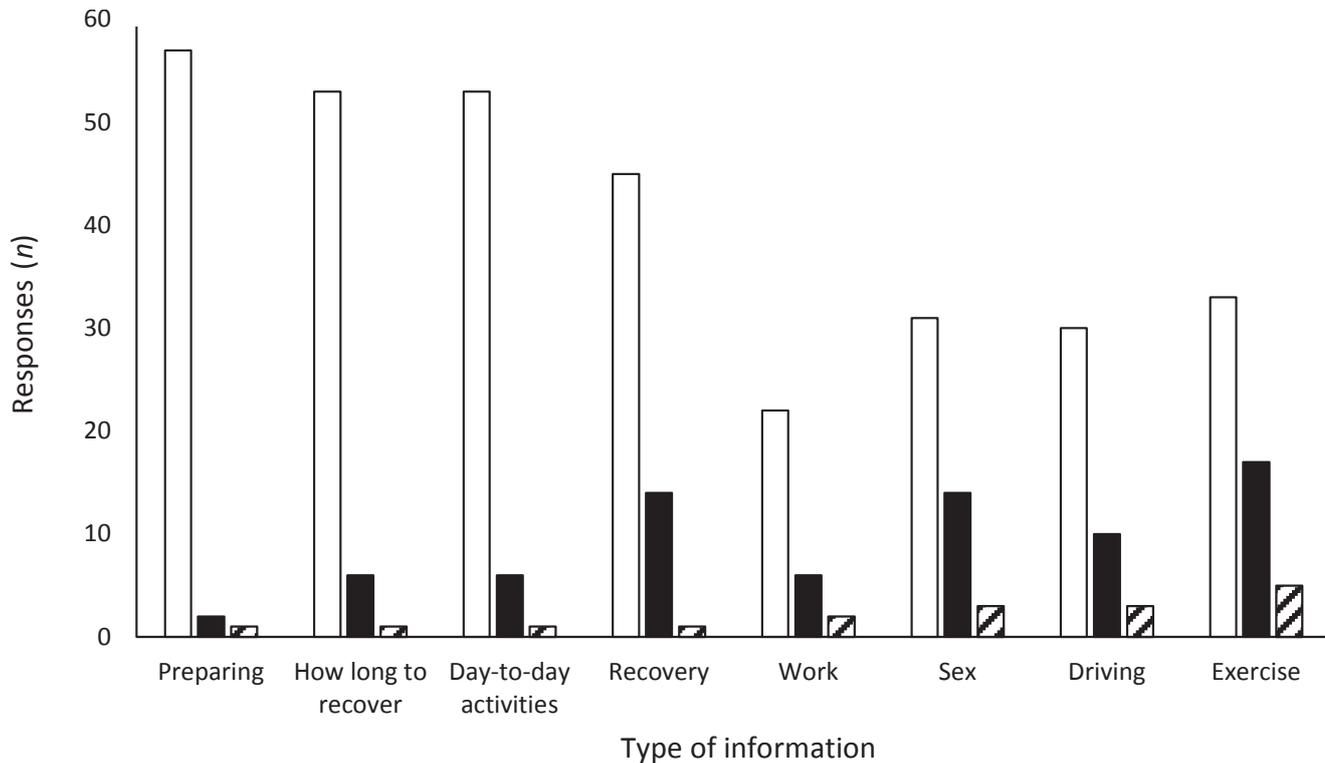


Figure 2. Information received by patients? Key: (□) yes; (■) no; and (▨) not applicable.

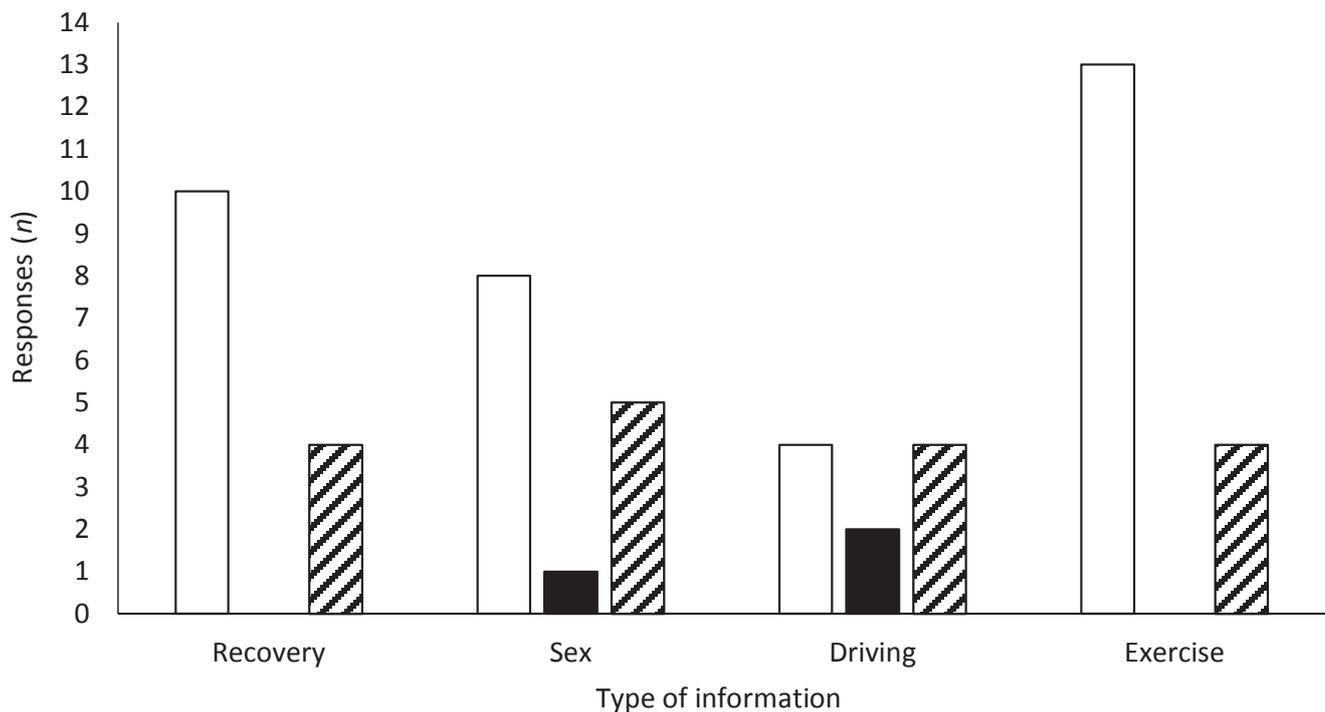


Figure 3. Responses to the question, “If you did not receive this information, would you have liked to?” Key: (□) yes; (■) no; and (▨) no answer.

Results

A total of 60 questionnaires were completed and returned by the participants between July 2014 and April 2015. Fifty-two of the women reported undergoing prolapse surgery, i.e. pelvic floor repair with or without sacrospinous ligament

fixation. Twenty-six stated that they had had a vaginal or abdominal hysterectomy. Nine patients had undergone a continence procedure, i.e. tension-free vaginal tape or colposuspension. The average time to follow-up was 7.6 weeks, and the range was 4–22 weeks.

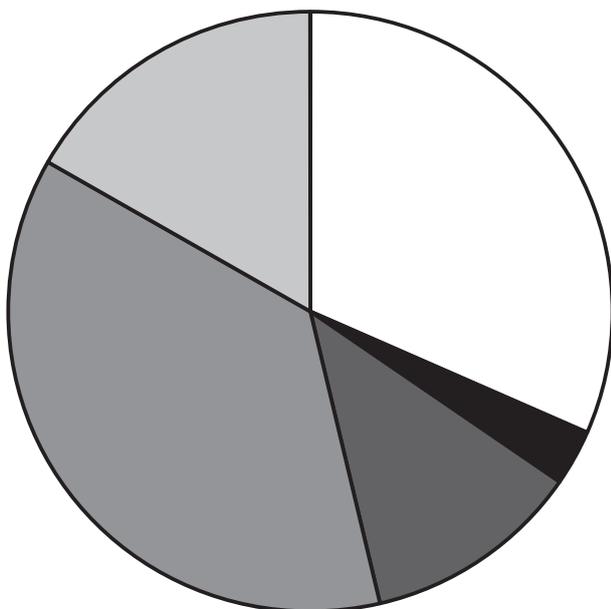


Figure 4. Percentage of patients performing pelvic floor muscle exercises: (□) none (31.6%); (■) three times a week (3%); (■) once a day (11.7%); (■) two to three times a day (37%); and (□) not answered (16.7%).

Figure 2 presents a summary of the information received by the patients pre-operatively. At least 85% of the participants reported being given details of: what they could do to prepare for surgery; how long it would take to recover from the operation; what day-to-day activities they could perform after surgery; and when they could return to work.

More than 15% of patients reported not receiving information on: when they could resume general exercise or sport (30%); what they could do to aid their recovery (23%); when they could resume sexual activity (23%); and when they could drive again (17%).

The participants rated the overall usefulness of the information that they received as 4.4 out of 5 on the Likert scale.

Where more than 15% of patients reported that they had not received certain information (i.e. when they could resume general exercise or sport, what they could do to aid their recovery, when they could resume sexual activity, and when they could drive again), the majority stated that they would have liked to have been given this (Fig. 3).

Figure 4 illustrates that only about one-third of the women were adhering to the post-operative PFMEs that they had been prescribed, and that a similar percentage were not performing these exercises at all.

Discussion

Incontinence and urogenital prolapse may recur following surgery, and up to one-third of women require at least one further operation. The available evidence suggests that pre-operative physiotherapy may help to improve surgical outcomes.

The aim of the present service evaluation was to explore patients' perceptions of the information that they had received before undergoing continence or POP surgery, and to identify whether there were any areas where appropriate information was not being provided. The acceptable limit for patients not receiving a specific piece of information was arbitrarily set at 15%. There were four main areas that did not achieve this threshold: when they could return to general exercise or sport; what they could do to aid their recovery; when they could resume sexual activity; and when they could drive again. The majority of the participants reported that they did want to receive more information about these four issues. Therefore, this was identified as an area for potential improvement.

With regard to the patients' satisfaction with the quality or usefulness of the information that they received, the average score was 4.4 out of 5 on the Likert scale, which represents a high level of approval.

In the early post-operative period, 48% of participants reported performing PFMEs on a daily basis. It is recommended that all patients perform PFMEs as soon as possible after their surgery, as long as these do not cause them pain or discomfort. Therefore, this was definitely an area where an improvement could be made. It is hoped that providing pre-operative information regarding the importance of PFMEs, and how and when to perform them may improve patient compliance.

Potential criticisms of the present study are that the sample size of 60 participants was rather small, and that there was potential self-selection bias from those women who chose to return the questionnaire. Because the study was anonymous, few demographic data were available for these patients (e.g. age, weight and any previous surgery), and it was not possible to determine who had undergone pre-operative pelvic floor physiotherapy. The authors were reliant on patients self-reporting adherence to PFMEs, and were not able to establish whether they were doing these correctly or the intensity of the programme being performed.

It is now planned to introduce a pre-operative physiotherapy class for all patients who are on

the waiting lists for continence or prolapse surgery. Patients will then be able to opt in or out of a one-to-one physiotherapy follow-up appointment to review their PFMEs and address any additional concerns. The KPGQ will then be repeated with a sample of these women in order to evaluate the effect of introducing these changes to the service.

Conclusions

The present service evaluation demonstrated that the overall quality of the information given to patients pre-operatively was high, and that they found it to be useful. However, a large proportion of the participants reported that they did not receive certain pieces of information, and that other facts could also have been included. It is hoped that the introduction of a pre-operative physiotherapy class may improve patient satisfaction with the information that they receive, and improve their adherence to PFMEs. This may help to expedite the patients' post-operative recovery, improve their overall experience and reduce the recurrence rate for surgery.

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