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BRIEF REPORT

# Patient satisfaction with a multidisciplinary colorectal and urogynaecology service

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## Abstract

**Introduction** Traditionally, the pelvic floor has been described as three separate compartments and problems in each compartment were managed separately. A more contemporary approach is to identify the entire pelvic floor as a single dynamic compartment. Multidisciplinary pelvic floor clinics such as ours with the support of physiotherapy, clinical nurse specialists, urodynamics, and endo-anal ultrasound are uncommon. The aim of this study was to assess patient satisfaction with a joint colorectal and urogynaecology clinic.

**Method** All women who attended our service in 2015 were identified. Women who saw both a colorectal surgeon and urogynaecologist at the same clinic were included. The Satisfaction with Outpatient Services questionnaire, a multidimensional outpatient survey, was mailed to all women.

**Results** A total of 364 new women attended our service in 2015. One hundred thirty-six (35.2%) saw both a colorectal surgeon and urogynaecologist at the same visit. There was a 64% (87/136) response rate to the questionnaire.

Overall, all questions regarding their attendance were responded to positively by 94% (82/87) of women. Confidence and trust in the doctor examining and treating them was reported by all women. Seeing multiple specialists was of benefit to 97% (84/87) of women and 94% (82/87) would recommend the Pelvic Floor Centre.

**Conclusion** There is a high level of satisfaction amongst women attending our outpatient service. Being seen by multiple specialities at a single clinic was felt to be of benefit by the majority of women and all expressed physician confidence. Our multidisciplinary service may reduce waiting times, increase satisfaction, and is likely cost-effective.

**Keywords** Multidisciplinary care · Patient satisfaction · Pelvic floor dysfunction · Urogynaecology

## Introduction

Pelvic floor dysfunction is a global term used to describe conditions such as pelvic organ prolapse and faecal or urinary incontinence [1]. The pelvic floor traditionally has been described as three separate compartments and problems in each compartment were managed separately and largely without communication. Conventionally, disorders of the bladder and uterus were managed by urogynaecologists, whilst disorders of the rectum were dealt with by colorectal surgeons. A more contemporary approach is to identify the entire pelvic floor and its organs as a single dynamic compartment. Each element is inextricably linked and requires a multidisciplinary approach to diagnosis and management.

Pelvic floor dysfunction affects up to 25% of women in the USA [1–3] and becomes more prevalent with advancing age [2, 3]. Healthcare costs are on the rise worldwide [4] and given our ageing population [5], the contribution of pelvic floor dysfunction to our hospital workload is likely to increase dramatically [3, 6]. Given the multifactorial nature of pelvic floor dysfunction, multidisciplinary involvement at an early stage may reduce the number of attendances—and possibly procedures—a woman will undergo.

The aim of this study was to evaluate patient satisfaction with a joint colorectal and urogynaecology clinic in Dublin, Ireland.

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## Methods

The Pelvic Floor Centre is a multidisciplinary unit for the treatment of pelvic floor dysfunction. The unit comprises specialist urogynaecologists, colorectal surgeons, nurse specialists, physiotherapists, and endo-anal ultrasound. The Pelvic Floor Centre is a tertiary referral centre which primarily serves the Ireland East Hospital Group but also accepts referrals from the rest of Ireland.

All women who attended the Pelvic Floor Centre between 1st of January 2015 and 31st of December 2015 were identified from clinic attendance records. Women who saw both a colorectal surgeon and urogynaecologist at the same attendance were included. The Satisfaction with Outpatient Services (SWOPS) questionnaire is a multi-dimensional outpatient survey, which was developed and validated for use in the Irish outpatient setting [7]. An anonymous SWOPS questionnaire was mailed to all women. A cover letter was included with each questionnaire which explained the study, and that returning the questionnaire constituted consent. There was no follow-up of non-returned questionnaires.

This was a service evaluation using an anonymous survey. There was no collection of identifiable data and no charts were accessed, thus, the study was deemed exempt from ethical review by our hospital ethics committee. Data were analysed using Microsoft Excel (Microsoft, CA, USA).

## Results

A total of 364 new women attended the Pelvic Floor Centre between 1st of January and 31st of December 2015. One hundred thirty-six (35.2%) saw both a colorectal surgeon and urogynaecologist at the same visit. There was a 64% (87/136) response rate to the SWOPS questionnaire.

Overall, 94% (82/87) of all questions regarding their attendance at the pelvic floor clinic were responded to positively by women, see Table 1. Sufficient time to discuss their medical problems and a clear explanation of their diagnosis were reported by all women in the study. Confidence and trust in the doctor examining and treating them were expressed by 100% (87/87) of the women. Sufficient knowledge of their past medical history by the doctor treating them was reported by 78% (68/87) of women. On leaving the clinic, a definite understanding of their treatment plan was expressed by 61% of women (53/87). A feeling of involvement in their care was reported by 93% (81/87) of women.

When asked to rate the care they received at the Pelvic Floor Centre, 'Good' or 'Very Good' was reported by 91% (79/87) of women, see Table 2. Similarly, a benefit in seeing multiple specialists was felt by 94% (82/87) of women. The clinic would be recommended to family and friends by almost all women (97% [84/87]). A breakdown of all questions and responses in the SWOPS questionnaire can be seen in Table 1 and Table 2.

**Table 1** Questions regarding Pelvic Floor Centre clinic visit

| Question | *n* | (%) |
|---|---|---|
| Did you have enough time to discuss your health or medical problem with the doctor? | | |
| Yes, definitely | 65 | (74.7%) |
| Yes, to some extent | 22 | (25.3%) |
| No | 0 | (0.0%) |
| Did the doctor explain the reasons for any treatment or action in a way you could understand? | | |
| Yes, definitely | 72 | (82.8%) |
| Yes, to some extent | 15 | (17.2%) |
| No | 0 | (0.0%) |
| I did not need an explanation | 0 | (0.0%) |
| No treatment or action was needed | 0 | (0.0%) |
| Did the doctor listen to what you had to say? | | |
| Yes, definitely | 73 | (83.9%) |
| Yes, to some extent | 12 | (13.8%) |
| No | 2 | (2.3%) |
| If you had an important question to ask the doctor, did you get the answers that you could understand? | | |
| Yes, definitely | 62 | (71.3%) |
| Yes, to some extent | 19 | (21.8%) |
| No | 2 | (2.3%) |
| I did not need to ask | 4 | (4.6%) |
| I did not have the opportunity to ask | 0 | (0.0%) |
| Did you have confidence and trust in the doctor examining and treating you? | | |
| Yes, definitely | 79 | (90.8%) |
| Yes, to some extent | 8 | (9.2%) |
| No | 0 | (0.0%) |
| Did the doctor seem aware of your medical history? | | |
| They knew enough | 68 | (78.2%) |
| They knew something, but not enough | 15 | (17.2%) |
| They knew little or nothing | 2 | (2.3%) |
| do not know or cannot say | 2 | (2.3%) |
| Were you involved as much as you wanted to be in the decisions made about your care and treatment? | | |
| Yes, definitely | 68 | (78.2%) |
| Yes, to some extent | 13 | (14.9%) |
| No | 6 | (6.9%) |

## Discussion

A high level of satisfaction amongst women attending our joint colorectal-urogynaecology outpatient service has been demonstrated by this study. Greater than 90% of women

**Table 2** General questions regarding the Pelvic Floor Centre

| Question | *n* | (%) |
|---|---|---|
| Overall, how would you rate the care that you received in the Pelvic Floor Centre? | | |
| Very good | 68 | (78.2%) |
| Good | 11 | (12.6%) |
| Fair | 8 | (9.2%) |
| Poor | 0 | (0.0%) |
| Very poor | 0 | (0.0%) |
| Would you recommend the Pelvic Floor Centre to your family and friends? | | |
| Yes, definitely | 71 | (81.6%) |
| Yes, to some extent | 13 | (14.9%) |
| No | 3 | (3.4%) |
| When you left the clinic did you know exactly what was going to happen next and when? | | |
| Yes, definitely | 53 | (60.9%) |
| Yes, to some extent | 28 | (32.2%) |
| No | 6 | (6.9%) |
| Did you feel that seeing specialists from surgery, gynaecology, and physiotherapy at the same clinic was of benefit to you? | | |
| Yes, definitely | 76 | (87.4%) |
| Yes, to some extent | 6 | (6.9%) |
| No | 5 | (5.7%) |

responded positively to all questions, and there was a substantial response rate to the questionnaire.

Pelvic floor dysfunction has become a large public health issue in high-income countries, with pelvic organ prolapse alone projected to increase by up to 45% over the next 30 years [1–3, 6]. Healthcare administrators need to be cognisant of this when planning future service provision, with joint clinics perhaps available as an economical option. The decision to localise these services to 'centres of excellence', or deployed countrywide requires further study.

With an increasingly ageing population [8], suitability for surgery is a concern. Undergoing multiple surgeries is disadvantageous for women, and for hospitals on a cost basis. The maxim of 'the right operation, on the right patient, at the right time' should be adhered to, and if surgeries can be combined it may help to reduce inpatient admissions. Healthcare-associated costs are rising worldwide [4], and there may be a cost-benefit to a dual colorectal-urogynaecology clinic when compared with individual clinics. Formal cost analyses of joint clinics would be useful but are outside the scope of this study.

Existing research into patient satisfaction following surgery has highlighted patient expectation as an important predictor of postoperative satisfaction [8, 9]. Preoperative patient education is, therefore, an opportunity to set realistic expectations for their postoperative course. Involvement of multiple disciplines at this point may aid in achieving appropriate expectation, especially in a group with multiple issues, such as the patient cohort in this study. Notably, almost two-thirds (61%) of women in the study felt they had a definite understanding of their treatment plan, though this remains an area for improvement in the Pelvic Floor Centre.

Whilst our research has shown that patient satisfaction is high in our unit, it lacks a comparison with single-discipline clinics. Surgical outcomes were not measured in the present analysis and future work involving comparison with single-discipline units would be useful. Long-term follow-up of women who undergo surgery is necessary to establish if success rates are higher than those in single-discipline units. A randomised trial is likely to be impractical, however, individual unit-to-unit comparison could be useful. The current study looked at women seeing a colorectal surgeon and urogynaecologist at the same visit. Other women may have seen specialists from both disciplines over time, but not at the same visit and so would have been excluded from our sample. Further research could be expanded to all women in the clinic, comparing their satisfaction with those seeing both specialists.

One of the strengths of this study is the use of a validated survey tool. The SWOPS questionnaire was developed by the Royal College of Surgeons in Ireland for use in Irish hospital outpatient clinics [7]. The questionnaire has a high test-retest reliability and is internally consistent [7]. Our response rate was 64%, which compares well with international standards and should reduce non-responder bias [10]. Responder bias is possible, however, as questionnaires are more likely to be returned by those women with either a high or low level of satisfaction.

To the author's knowledge, this is the only study published examining patient satisfaction in a joint colorectal-urogynaecology setting. A multidisciplinary approach has been shown to improve patient satisfaction in other gynaecological clinics, such as oncology [11] and endometriosis [12]. Meeting preoperative expectation has been shown to influence patient satisfaction [8]. Appropriate preoperative counselling is therefore essential, and this may be better facilitated in a multidisciplinary setting.

## Conclusion

Whilst a smaller study, the present analysis has demonstrated that a high level of patient satisfaction can be achieved in a multidisciplinary unit, and may offer an opportunity to reduce the financial burden of pelvic floor dysfunction on hospitals.

### Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

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