



Potential Quality Indicators, Literature Review and Expert Panel: Improving Care for Women with Pelvic Organ Prolapse



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BACKGROUND

- Pelvic organ prolapse (POP) is a medical condition that occurs when the normal support of the vagina is lost, resulting in “sagging” or dropping of the bladder, urethra, cervix, and rectum.
- Current estimates suggest that varying degrees of POP are present in approximately half of all parous women
- POP has a significant impact in quality of life in its more advanced stages.
- Few guidelines are available to direct evaluation and management of POP.

OBJECTIVE

- To develop a set of quality-of-care indicators (QIs) that will allow for the measurement of care provided to women with POP.

METHODS

- Conducted semi-structured interviews with leading experts in the field of POP.
- Searched for national and international practice guidelines.
- Developed a set of potential QIs for POP based on the Assessing the Care of Vulnerable Elders (ACOVE) format.
- Performed a literature search using MEDLINE and the Cochrane database to identify articles between 1997 and 2010 that focused on evaluation, diagnosis and management of POP.
- Evaluated the levels of evidence for each QI.
- Presented QIs with literature review to expert panel.
- Eight members individually ranked the validity and feasibility of each QI (scale of 1-9) using the Rand Appropriateness Method.
- Accepted QIs if median score was 7 or greater.

Quality Indicator	Highest Level of Evidence	Comment
SCREENING/EVALUATION		
• Targeted history	Level III	Expert opinion, clinical guidelines
• Referral indications	Level III	Expert opinion
PHYSICAL EXAM		
• Focused exam	Level II	Prospective, observational
DIAGNOSTIC TESTS		
• (Cystography, defacography, US/MRI)	Level II	Prospective, observational, retrospective
NON-SURGICAL THERAPY		
• Pelvic floor muscle training (prevention and treatment)	Level I	Limited Randomized Control Trials (RCTs)
• Pessaries:		
> Effectiveness	Level I	Few RCTs, cohort & observational
> Management	Level III	Expert opinion
SURGICAL THERAPY		
• Abdominal/Vaginal sacral colpopexy	Level I	Multiple RCTs and systematic reviews

RESULTS

- The literature review identified 2253 titles, which were screened to find 278 relevant abstracts.
- Moderate to strong levels of evidence exist for surgical therapy for POP, as well as behavioral therapy and pessary use (see Table).
- 18 of the original QIs were ranked after the panel discussion and 11 of these QIs were deemed valid by the expert panel.

QUALITY INDICATORS ACCEPTED (median score ≥7)

SCREENING/DIAGNOSIS

1. Any woman who complains of a new or worsening vaginal bulge or protrusion should be examined for POP.

TREATMENT/MANAGEMENT WITH PESSARY

2. A woman who has symptoms of prolapse should be offered a pessary.
3. A woman who is being managed with a pessary should have a vaginal exam every six months.

SURGICAL MANAGEMENT

4. A woman who has asymptomatic POP of stage 1 or less should not be offered surgical intervention.
5. A woman who chooses surgical intervention for POP should be staged by pre-operative pelvic examination and specific prolapse components (anterior, posterior, apical) should be documented.
6. A woman with symptomatic prolapse who undergoes surgery should be counseled on the risks and benefits of abdominal and vaginal approaches.
7. A woman who undergoes hysterectomy for POP should undergo a vault suspension procedure.
8. A woman who elects to undergo an abdominal sacrocolpopexy (open, laparoscopic, or robotic) regardless of pre-operative stress testing with prolapse reduction, should be offered a Burch or other continence procedure as well.
9. Women undergoing surgical repair of anterior/apical POP should be counseled about the risk of post-op SUI.
10. When a woman undergoes surgery for anterior and/or apical vaginal prolapse, intra-operative cystoscopy to evaluate for bladder and ureteral integrity should be performed.
11. A woman over the age of 65 with advanced POP (stage 3 or greater) who plans to undergo surgical treatment of prolapse and no longer wishes to engage in sexual activity should be offered a colpopoiesis.

QUALITY INDICATORS REJECTED (median score <7)

SCREENING/DIAGNOSIS

1. A woman over 65 who is seen for a routine annual examination should be examined for POP.

SURGICAL MANAGEMENT

2. A stress continent woman with anterior POP who undergoes surgical intervention should be examined for SUI after prolapse reduction.
3. A woman with positive stress testing with POP reduction who chooses to undergo a vaginal POP repair should be offered a midurethral synthetic sling.
4. A woman who undergoes an abdominal sacrocolpopexy (either open, laparoscopic, or robotic) should have synthetic mesh instead of biologic graft material.
5. A woman who undergoes a rectocele repair with perineorrhaphy should be counseled pre-operatively about possible long-term complications of surgery, including dyspareunia resulting from the repair, as well as persistent defecatory dysfunction.
6. A woman who undergoes a rectocele repair with perineorrhaphy should undergo posterior colporrhaphy by a vaginal approach.
7. A woman older than 65 with an intact uterus who elects to undergo a partial colpopoiesis should have her endometrium evaluated.

CONCLUSIONS

- There is a paucity of data supporting specific screening and evaluation guidelines for POP.
- Eleven QIs were selected by the expert panel.
- A pilot study will be conducted to assess the feasibility of extracting the QIs from patient records.
- With the results from the pilot study, a large scale study to evaluate the quality of care being provided to women with POP and implement programs to improve areas in which adequate care is lacking.

