A template for the comprehensive evaluation of Pelvic Organ Prolapse in a South African context

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Abstract: Pelvic organ prolapse is a prevalent condition affecting approximately half the population of parous women. Since the thorough assessment of this entity may be an intimidating and somewhat daunting task to both registrar and specialist alike, we identified the need for a multi-disciplinary template in its evaluation. We compiled the first, locally compiled guide to be used by general practitioners, registrars in training and by any physician who is presented with pelvic organ prolapse in the clinical context. The above proposed template had been drafted and approved by physicians representing the background disciplines of Urology, Obstetrics and Gynaecology and General Surgery, with affiliations of four leading medical schools in South Africa being embraced. A standardised practical template was constructed using a compartmental approach. Tick-boxes and scales were inserted for follow-up visits and post operative assessments.This template would serve to improve the overall management of the multitude of South African women who are affected by this debilitating condition. We also envisage this template's use as an educational tool and an invaluable aid in the field of pelvic floor disorders, which could be applied in any locality.

Key words: Template; Evaluation; Prolapse; Pelvic floor; Incontinence; South Africa.

INTRODUCTION

Pelvic organ prolapse is a prevalent condition affecting approximately half the population of parous women.[1] To date, a practical template in its evaluation has not yet been formulated for use in our setting. Since the entity of incontinence has been the most common documented symptom in the urogynaecology clinic,[2] we have incorporated it into the above template.

A systematic approach had been formulated in Italy (1996), for the evaluation of Pelvic Organ Prolapse in the clinical context. It had been constructed assessing 4 different domains in the pelvic floor (Incontinence, Pelvic floor and Prolapse, General factors and Handicap) and was thus named the "IPGH" system.[3] The original IPGH system was comprehensive but not entirely practical to implement in everyday practice. This inadequacy subsequently led to the development of the "Short-IPGH" system.[4] However, the corresponding abbreviations in the Short-IPGH system may still prove to be an intimidating milestone for the novice who is confronted with Pelvic Organ Prolapse in the clinic setting. Although these four domains are somewhat pivotal in the Pelvic Floor assessment, we attempted to incorporate the assessment into a simplified non-abbreviated system and thus began the construction of a template (appendix 1) using a more anatomically accepted, "compartmental" approach.

MATERIALS AND METHODS

The anterior, middle and posterior compartments are addressed separately in both the history and examination sections of the template. The Australian pelvic floor questionnaire[5] has been advocated for use along with this template, since it has been validated and subsequently proven to be constant whether self or clinician administered.[5] (Permission from the first author of the "Australian pelvic floor questionnaire"[5] had been obtained for its use in this context.) The above proposed template had been drafted, revised and approved by physicians representing the background disciplines of Urology, Obstetrics and Gynaecology and General Surgery, with affiliations of four different medical schools in the country being involved.

RESULTS

A standardised practical template was constructed using a "compartmental" approach. Tick-boxes and scales were inserted for follow-up visits and post operative assessments.

An assessment section was deemed to be an essential component for use in the referral process and follow-up of these patients.

DISCUSSION

We have thus constructed a clinical tool which could be implemented by both registrar and specialist alike. This template would serve to improve the overall management of the multitude of South African women who are affected by this debilitating condition.

We also envisage that a template of this sort could serve as an educational tool and an invaluable aid in the field of pelvic floor disorders, which could be applied in any setting.

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Conflict of interest / Financial support: None declared

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Appendix 1. – . The "compartmental" template for the evaluation of Pelvic Organ Prolapse.

Identity
Patient Name:
Date of Birth:
Age: Parity ☐ Gravidity ☐

History
Main Complaint:
History of complaint:
Previous Medical History:
Previous Surgical History:
Gynaecological History: Hormonal Status: Menopausal: Pre ☐ Post ☐ HRT: ☐ Yes ☐ No
Pap Smear.....

Obstetric History: Previous 3rd, 4th degree tear

Voiding diary:
Quality of life Questionnaire: The Australian Pelvic floor questionnaire[5] (*) Self Administered ☐ Clinician Administered ☐ SCORE:

Bladder:
Bowel:
Prolapse:
Sexual Function:
INTERPRETATION:
Sexual History: Frequency/week:
Reason for inactivity:
Dyspareunia:

Compartmental symptom Enquiry
If present, quantify using the (Visual analougue scale) VAS score, with 10 being the worst

Anterior Compartment:

Leak with cough/sneeze:	0	1	2	3	4	5	6	7	8	9	10
Urgency:	0	1	2	3	4	5	6	7	8	9	10
Urgency incontinence:	0	1	2	3	4	5	6	7	8	9	10

Frequency:	Yes ☐	No ☐	
Haematuria:	Yes ☐	No ☐	
Incomplete Emptying:	Yes ☐	No ☐	
Poor stream:	Yes ☐	No ☐	
Straining:	Yes ☐	No ☐	
Hesitancy:	Yes ☐	No ☐	
Double Voiding:	Yes ☐	No ☐	
Post micturition dribbling:	Yes ☐	No ☐	
Dysuria:	Yes ☐	No ☐	
Nocturia:	Yes ☐	No ☐	(frequency/Night) .....
Pad Use:	Yes ☐	No ☐	(frequency/24hrs) .....
Documented UTI:	Yes ☐	No ☐	
Recurrent UTI:	Yes ☐	No ☐	(frequency/year) .....

Mid Compartment:

Prolapse:	Yes ☐	No ☐
'Bulge':	Sensation ☐	Visualization ☐

Posterior Compartment:

Constipation:	Yes ☐	No ☐
Defaecatory difficulty:	Yes ☐	No ☐
Tenesmus:	Yes ☐	No ☐
Faecal urgency:	Yes ☐	No ☐
PR Bleeding:	Yes ☐	No ☐
Incontinence for solid stool:	Yes ☐	No ☐

Incontinence for liquid stool: Yes ☐ No ☐
Flatal incontinence: Yes ☐ No ☐
'Digitation': Yes ☐ No ☐
Splinting of Perineum: Yes ☐ No ☐

EXAMINATION
Weight:.....Kg Length:.....cm BMI:
General:
Neurological: S2,3,4 nerve root:
Perineal Sensation:
Patella Reflexes:

Pelvic
Inspection:
Vulva, Perineum: Atrophy ☐

Anterior Compartment:
Urethra: Masses
Stress Test: Neg ☐ Pos ☐
Q-Tip test >30' ☐ <30' ☐

Signs of stress incontinence with Unmasking : ☐ Method of Unmasking .....
Cystocele ☐ Lateral..... Central..... Combination.....
Cystocele: Grade 0 1 2 3 4
Urethrocele: Grade 0 1 2 3 4

Mid Compartment:
Vault: Atrophy: Neg ☐ Pos ☐
Length: ..... cm
Uterine/Vault: Grade 0 1 2 3 4
Cervix:
Uterus: Transvaginal ultrasound:

Posterior Compartment:
Perineal body: Length:..... cm
Anal sphincter: Tone: Normal ☐ Abnormal .....

Puborectalis: Intact: Yes ☐ No ☐
Contraction: out of 5
Enterocele: Grade 0 1 2 3 4
Rectocele: Grade 0 1 2 3 4
Perineum: Grade 0 1 2

Pelvic organ prolapse quantification score (POP-Q SCORE):

Aa	Ba	C
Gh	Pb	Tvl
Ap	Bp	D

Stage: 0 1 2 3 4

Investigations:
Urine Analysis:
Post void residual volume: ..... mL
Urodynamic study:
Cystoscopy:
Ultrasound:
Defaecogram:
EndoAnal Ultrasound:
MRI:

Assessment summary
Patient:
Age: P ☐ G ☐
Significant co-morbidity:
Previous pelvic surgery:
SINGLE Main Complaint:
Predominant compartment involved:
Grade:
Special investigations (positive findings):