

# Australasian Pelvic Floor Procedure Registry (The APFPR)

Consumer-Led Information session 6<sup>th</sup> 12 2022



Australasian  
Pelvic Floor  
Procedure  
Registry

[www.apfpr.org.au](http://www.apfpr.org.au)

Email us: [apfpr@monash.edu](mailto:apfpr@monash.edu)

Follow us on Twitter @APFPR\_AU



# Acknowledgement of Country



We acknowledge that we are meeting (virtually) on many lands. I, Pip Brennan am dialing in from the traditional country of the Whadjuk people of the Noongar Nation. We pay respect to Elders past and present and acknowledge that they have occupied and cared for this country over countless generations. We extend respect to all Aboriginal and Torres Strait Islanders and celebrate their continuing contribution to the life of this country we get to call home.

*Image courtesy of Narelle Henry*

# Recognition of Lived Experience

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- We recognise the importance of the Lived Experience voice to be at the health and medical research decision-making table
- We recognise the value consumers bring to how our health services and research initiatives are designed, delivered and evaluated.
- We thank those that have come before us to pave the way for the health consumer movement and all those who have shared personal stories and partnered to create positive change



# Our panel today

## Ms Pip Brennan

- Independent lived experience consultant
- APFPR Consumer Representative



## Dr Oliver Daly

- Urogynaecologist
- APFPR Clinical Data Lead



## Professor Helen O'Connell AO

- Urological Surgeon
- APFPR Urology lead



## Professor Susannah Ahern

- Medical Administration
- Previous Director Medical Services
- APFPR Chair



## Ms Kelly Tapley

- 20 years experience in health project management
- APFPR Project Manager



# APFPR Consumer-led information sessions

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Chaired by APFPR consumer representative/s

- Based on consumer demand, and preferred topics
- Topics covered in **Session #1**
  - Clinical overview
  - How and why the APFPR was established
  - Presentation available on the website under the Publications tab
    - [Australasian Pelvic Floor Procedure Registry \(The APFPR\) Information session 26th July 2022](#)
- Consumer questions/suggested topics for **Session #2**
  - Where to find more information on revision surgeries and implantation
  - What information can we expect to see from the APFPR in the future
  - How is the APFPR progressing
  - Why we need PROMs and what is their purpose
- We welcome your suggestions for **Session #3**, please email them to [apfpr@monash.edu](mailto:apfpr@monash.edu)

# What information do hospitals capture?

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Health Information  
(**hospital  
administrative  
data**) for funding,  
or reporting ✓

Health information

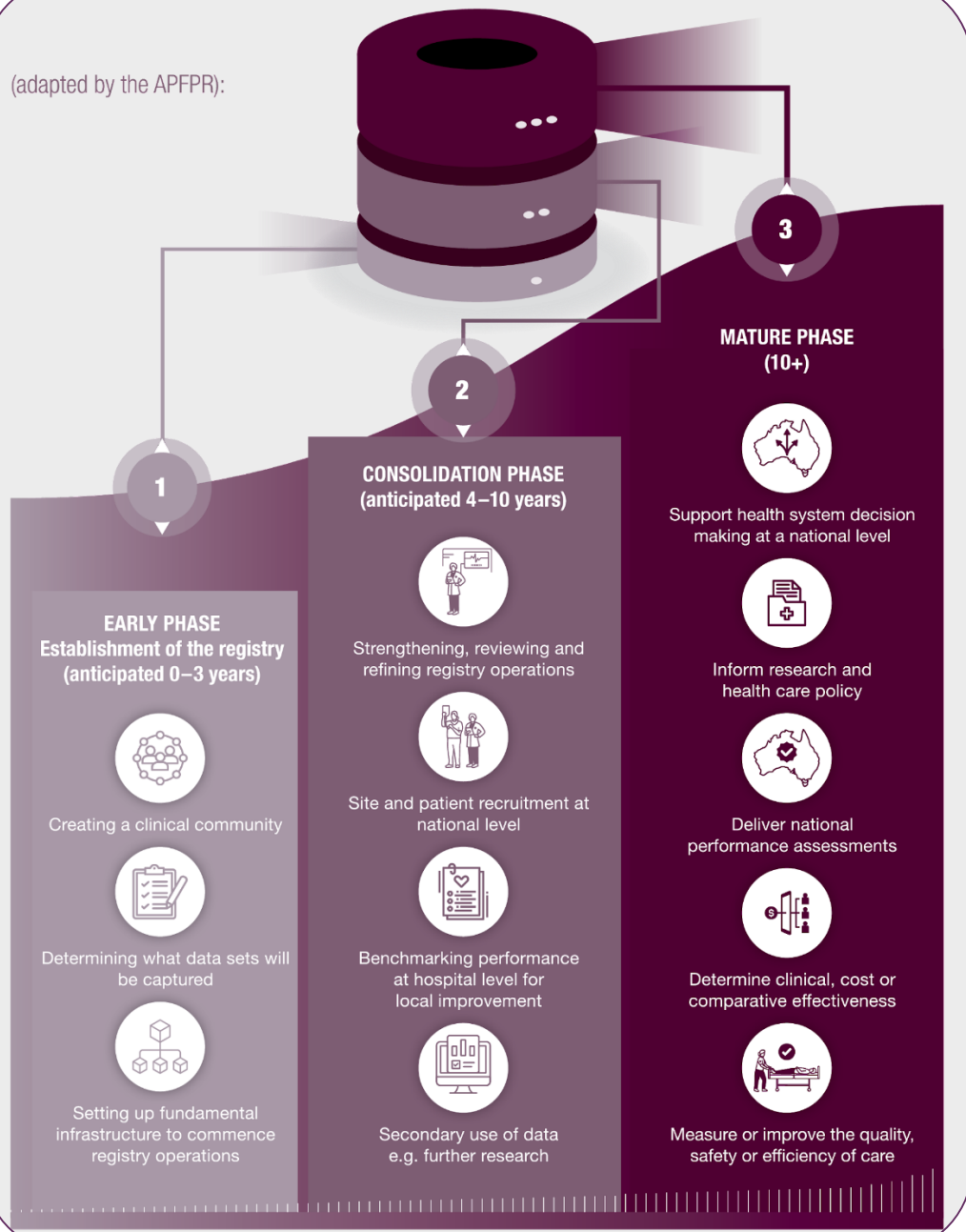
- **about  
the *quality of care*  
provided** ✗
- If treatment  
successful or led to  
harm ✗
- improvements to  
health conditions over  
time ✗
- whether patient  
outcomes meet the  
minimum standards  
of care ✗

- This more detailed information is captured by Clinical Quality Registries
- The combined data is useful to determine best practice
- CQR Participation is voluntary

# The potential of CQRs - examples from other registries

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(adapted by the APFPR):



# Clinical Quality Registry – Maturation Framework

- Long term observational studies
- A comprehensive set of critical data, patient demographics, programs of care provided over several years – resulting in reliable data that enables data driven health policy making
- *Marathons not sprints*

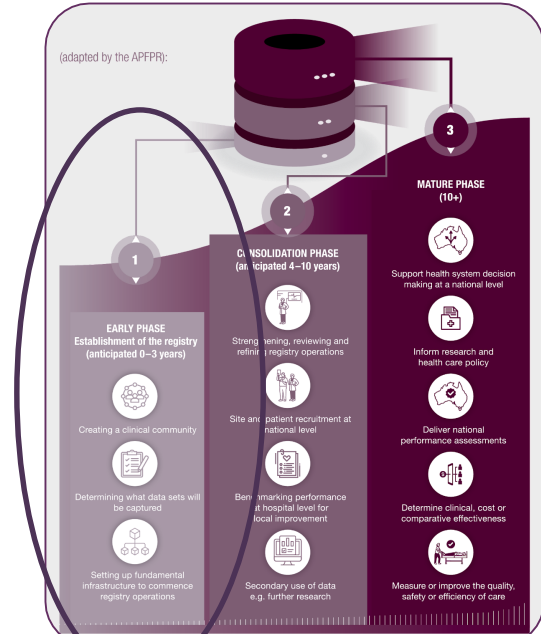
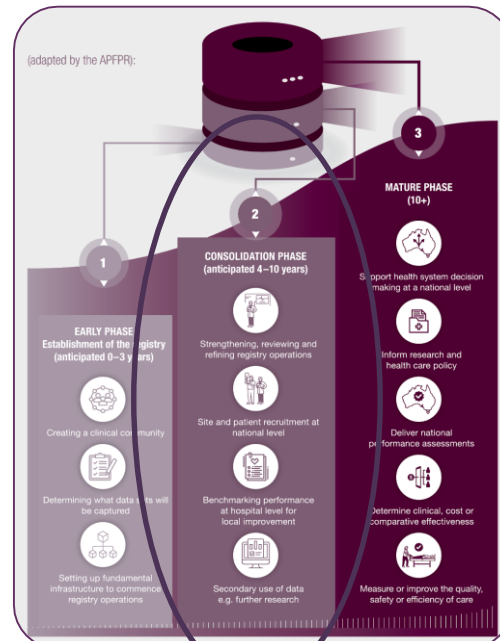
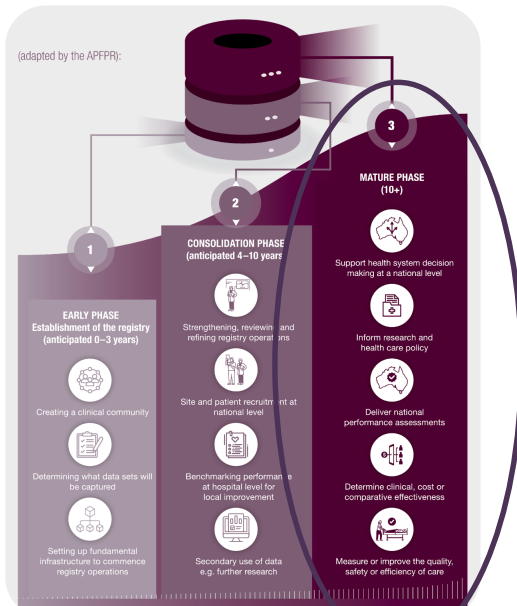


# Clinical Quality Registries at various stages of development

**Australian Cystic Fibrosis  
Data Registry**  
*Chronic disease registry  
since 1998*

**Australian Breast Device  
Registry**  
*Device safety registry since  
2015*

**Australian Pelvic Floor  
Procedure Registry**  
*Device/procedure registry  
since 2019*



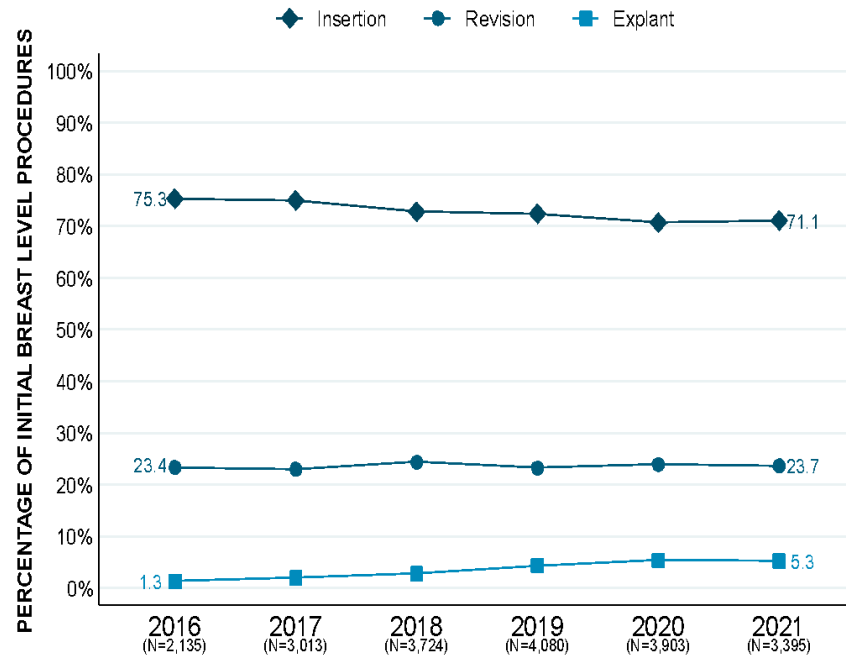
# The Australian Breast Device Registry



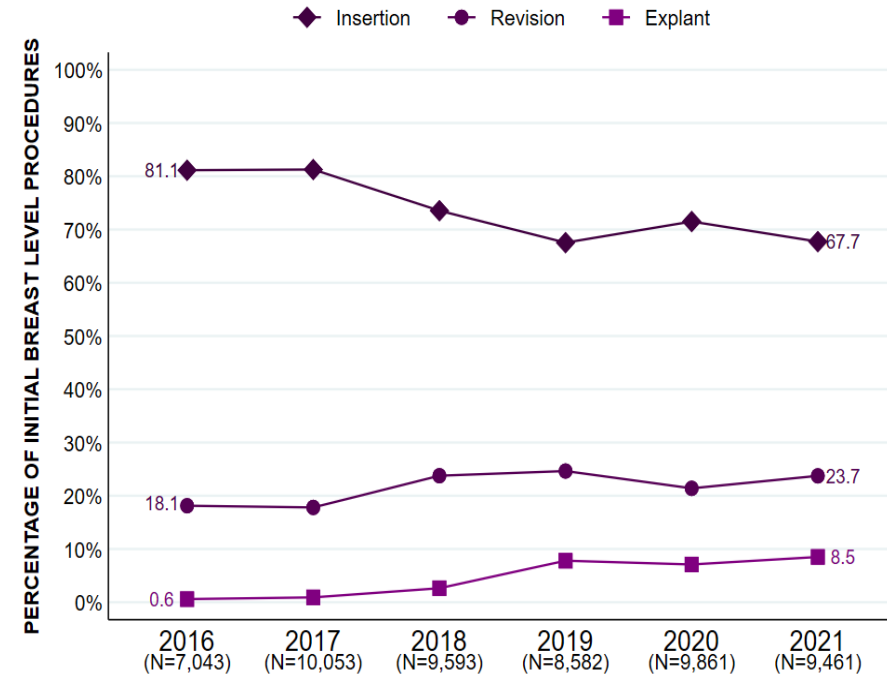
AUSTRALIAN  
Breast  
Device  
REGISTRY

- National rollout from 2015 with funding from the Australian Commonwealth Government Department of Health.
- Working in partnership with Australian patients, public and private healthcare sites, surgeons and clinical craft groups.

# The Australian Breast Device Registry

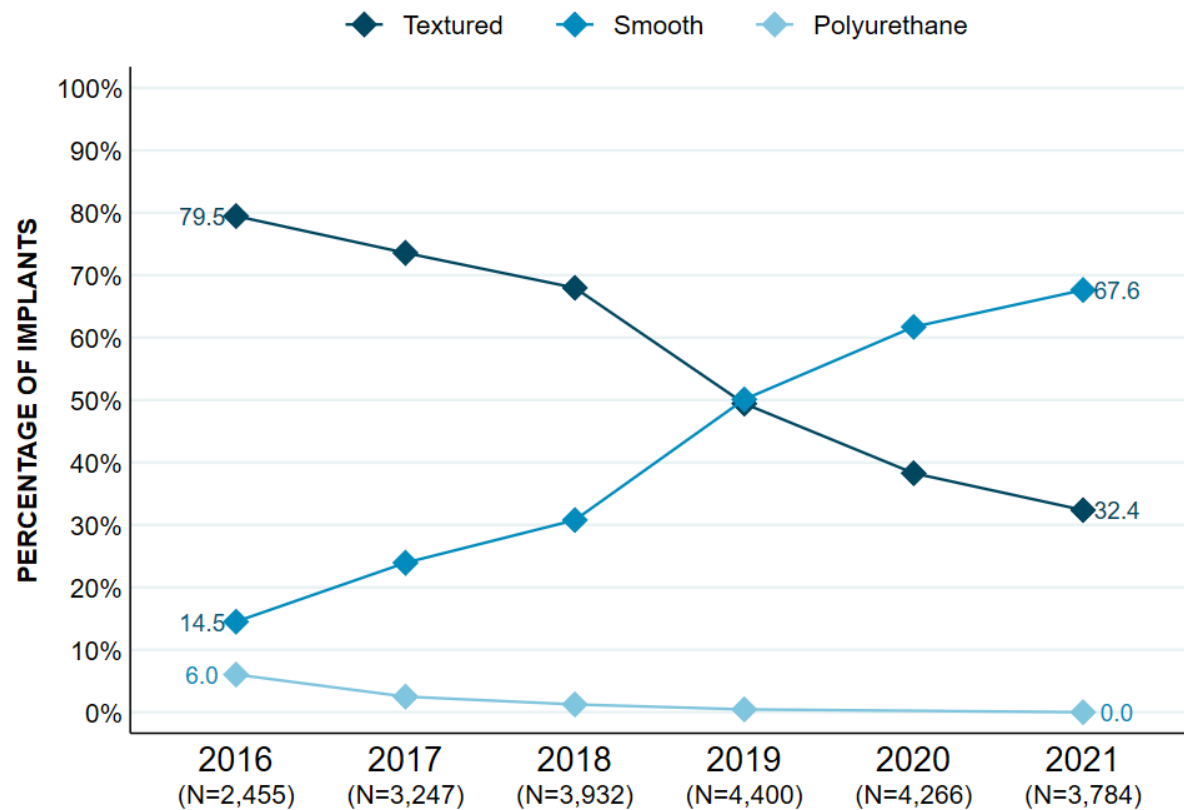


Notes: Data at the patient level for the first (initial) procedure captured by the registry. Procedures with unknown procedure type (insertion, revision or explant) have not been included. Procedural hierarchy, or primary reason for procedure determines indication.



Notes: Data at the breast level for the first (initial) procedure captured by the registry. Procedures with unknown procedure type (insertion, revision or explant) have not been included.

# The Australian Breast Device Registry



Notes: Device texture is reported for new implants during an insertion procedure or a replacement revision procedure. Implants with an unknown shell type have not been included.



# Australian Cystic Fibrosis Registry

FIGURE 6.3: ACFDR 2008-2020: MEDIAN SURVIVAL OF PEOPLE WITH CF IN AUSTRALIA (5-YEAR COHORTS)

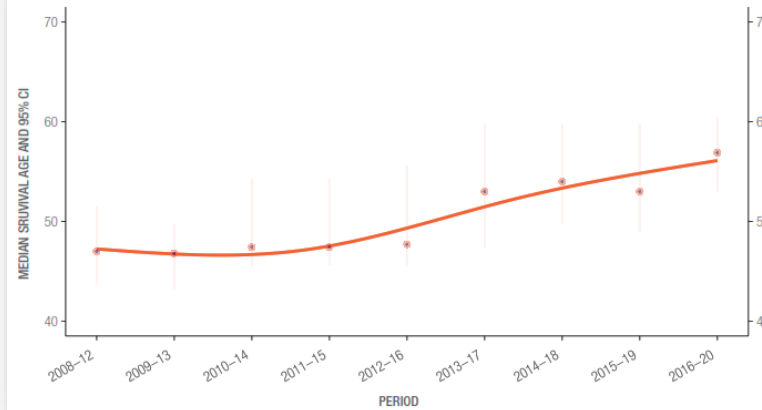


FIGURE 1.1: ACFDR 2021: PEOPLE WITH CF IN AUSTRALIA BY AGE

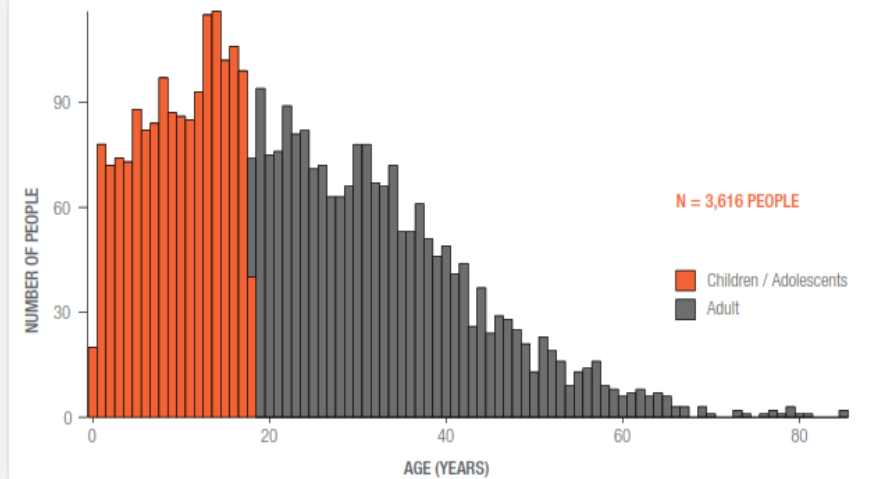
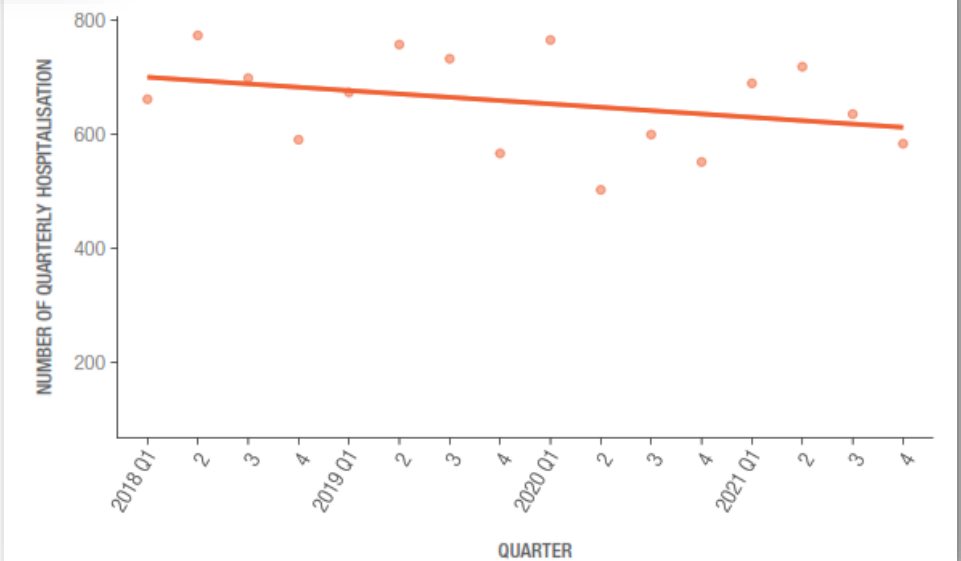


FIGURE 4.5 : ACFDR 2018-2021: NUMBER OF HOSPITALISATIONS PER QUARTER



This publication was produced with the support of Cystic Fibrosis Australia.

# Why we need the APFPR

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- High volume (000s) of pelvic floor procedures in Australia
- No reliable source of data to monitor their outcomes
- Routine administrative data collection of pelvic floor procedures does not necessarily distinguish native tissue from other implants
- No previous routine collection of clinical information to analyse and report on to improve quality of care

The APFPR is a Department of Health and Aged Care funded **quality improvement initiative** resulting from recommendations of the 2017-2018 Australian Senate inquiry into *Complications from procedures involving transvaginal mesh*

Monash University was contracted to set up The APFPR in mid 2019 to prospectively capture procedure data, has just completed its establishment activities, and is capturing patient and procedure data from several participating hospitals

# The APFPR's objectives



To **monitor safety and quality of care** in SUI and POP pelvic floor procedures involving prostheses, including revision and explantation.



To **align with and support health service implementation of the ACSQHC's Guidance for hospital credentialing of senior medical practitioners** to implant and remove transvaginal mesh.



To **address deficits in the systematic collection, analysis and reporting** of pelvic floor procedures, and to establish early warning systems.



To **create meaningful population-level prospective longitudinal health outcome information** to inform women considering or undergoing pelvic floor procedures regarding the risks and efficacy.



To **provide feedback to clinicians, hospitals and the public** on the effectiveness of pelvic floor interventions.

# What type of data the APFPR captures

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- **Demographic data**
- **Clinical history** (including comorbidities)
- Details relating to **the procedure**
  - Including other procedures that are carried out at the same time but for which outcomes are not captured
- Information relating to **any medical device used**
- **Clinical Quality Indicators** - Captured by the clinician
  - These are based on recommendations made by the Australian Commission on Safety and Quality in Health Care
- **Patient Reported Outcome Measures (PROMs)** - Reported by the patient)





**Recruitment (via  
surgeon)**



**Preoperative**



**Operative**



**Postoperative**

## **Baseline demographics**

- Name
- DOB
- Address
- Phone number
- Email address
- Language
- Planned surgery details



**Recruitment**



**Preoperative**



**Operative**



**Postoperative**

### **Clinical History/Diagnosis**

- Procedure type (SUI/POP)
  - Primary procedure/surgery for complication
  - Complication type
- POP diagnosis
  - POP-Q Assessment Tool

### **Pelvic Floor Status**

- Urinary incontinence type & assessment
- Prolapse symptoms
- Other symptoms e.g. dyspareunia, pain
- Recurrent UTIs
- Voiding dysfunction; catheter required
- Bowel symptoms
- Topical vaginal oestrogen

### **Risk factors/Comorbidities**

- Height/Weight/BMI
- Smoking
- Diabetes
- Post-menopausal/Hormone replacement



Recruitment



Preoperative



Operative



Postoperative

## Surgical details

- Surgery date
- Cystoscopy performed
- ASA score
- SUI /POP prosthesis details

## Category of Surgery

### SUI procedures

- Mid-urethral sling (mesh)
- Bulking agents
- Bulking agent removal
- Mesh revision/explantation

### POP procedures

- Sacrocolpopexy with mesh
- Sacrohysteropexy with mesh
- Anterior/Posterior repair with mesh
- POP mesh revision/explantation

### Concomitant procedures

- Other selected procedures

## Intraoperative complications

- Complication type
- MCCS complication code
- Reported to TGA



Recruitment



Preoperative



Operative



Postoperative

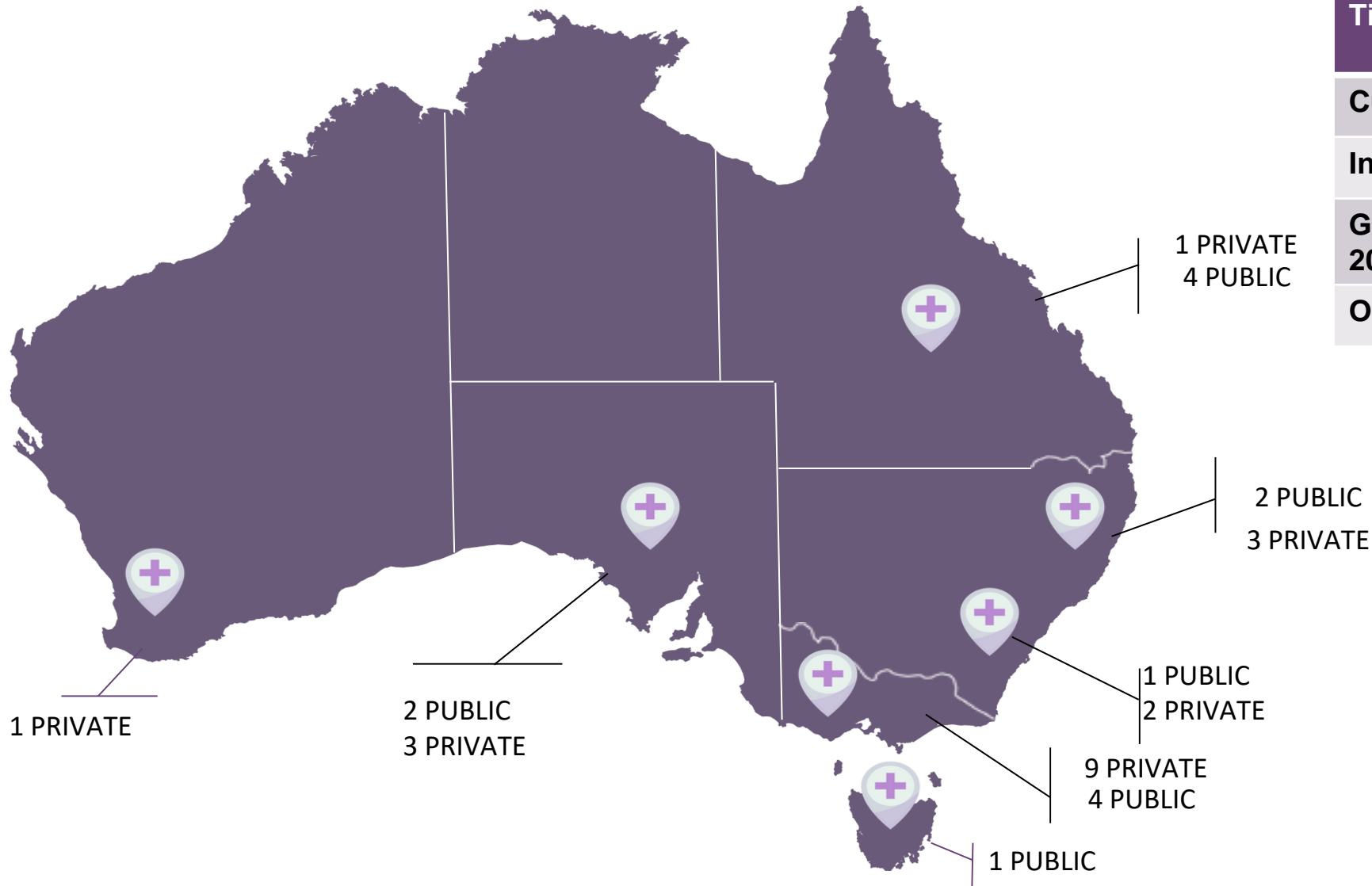
### **1<sup>st</sup> Postoperative Follow up visit (6 weeks)**

- Date
- SUI/POP outcome status
- Return to theatre
- Readmission to hospital
- Discharged requiring catheter
- Complications MCCS, blood loss >500ml, sepsis, voiding dysfunction, overactive, bladder, UTI, pain, mortality

### **2<sup>nd</sup> Postoperative Follow up visit (6-12 months)**

- Date
- SUI/POP outcome status
- Return to theatre
- Readmission to hospital
- Discharged requiring catheter
- Complications MCCS, blood loss >500ml, sepsis, voiding dysfunction, overactive, bladder, UTI, pain, mortality

# Site recruitment update

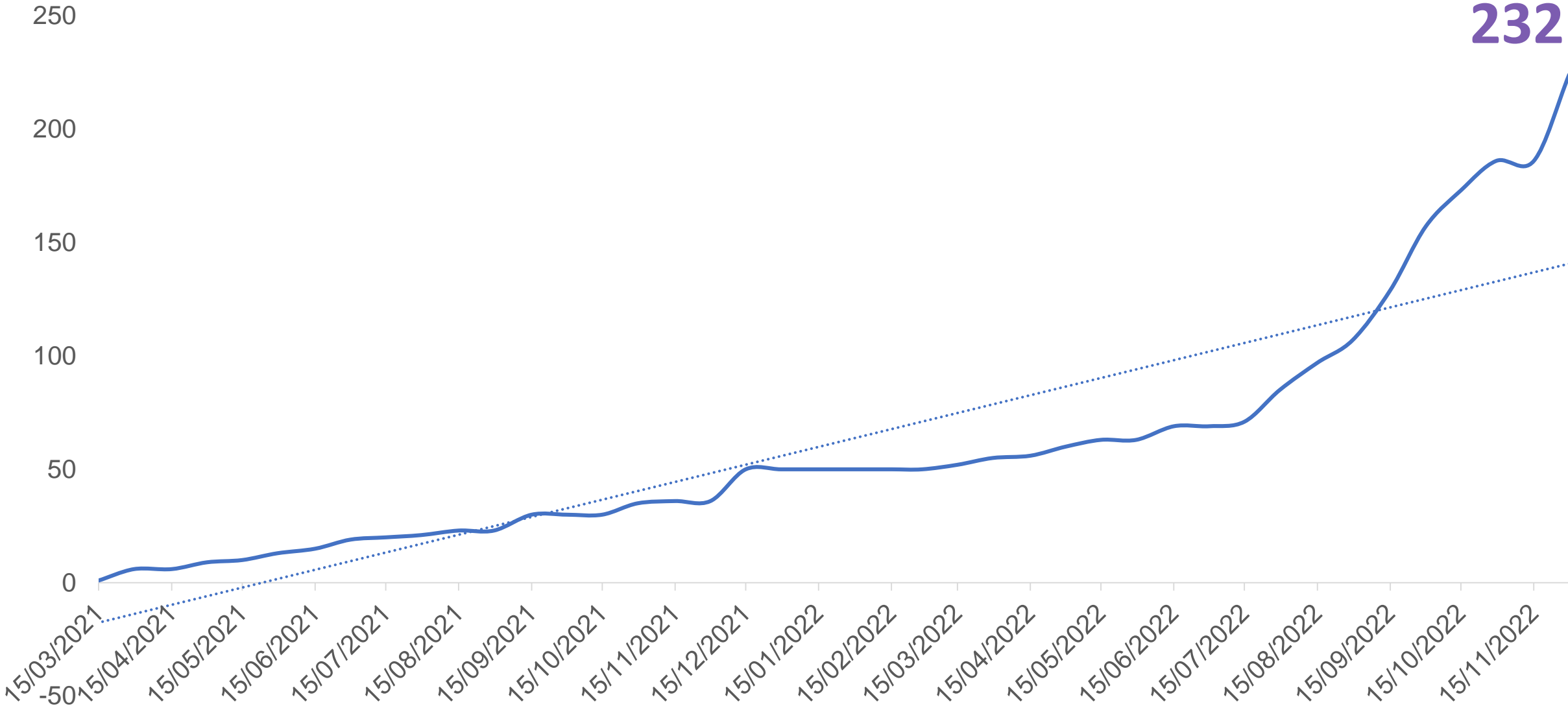


Timeline	Number of Sites
Current	32 approved
In progress	9
Goal for FY 2022/2023	40
Overall goal	81 sites

# APFPR Running Recruitment 2/12/2022

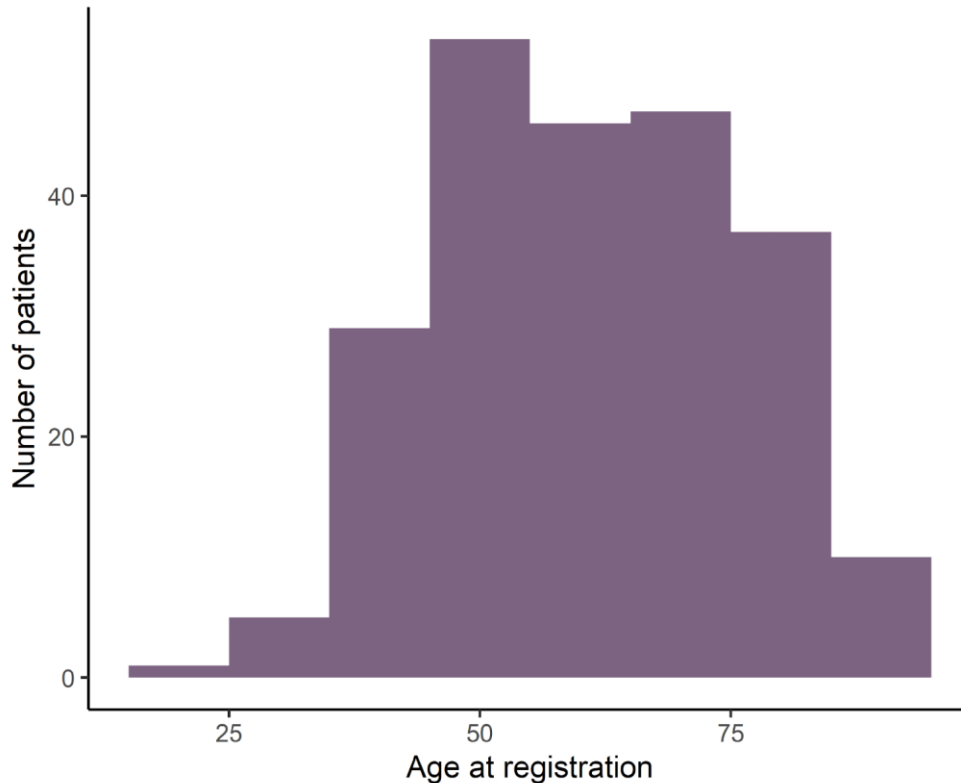


Australasian  
Pelvic Floor  
Procedure  
Registry



# PARTICIPANT DEMOGRAPHICS

## Participant age



Mean age = 61 years

7% have a LOTE

**75% had surgery planned for SUI\***

16% had surgery planned for SUI & POP

9% had surgery planned for POP only

100% had phone numbers provided

63% had email provided

# PARTICIPANT COHORTS (GROUPS)

	SUI only	POP only	SUI and POP*
	N (%)	N (%)	N (%)
<b>N participants</b>	<b>175</b>	<b>20</b>	<b>37</b>
Surgery performed	89 (50.9)	10 (50)	16 (43.2)
Attended first post-operative visit	65 (37.1)	7 (35)	11 (29.7)
Attended second post-operative visit	24 (13.7)	0 (0)	0 (0)
<b>Surgery indication (if performed)</b>	<b>89</b>	<b>10</b>	<b>16</b>
Primary (implantation)	<b>75</b> (84.3)	3 (30)	16 (100)
Legacy (complication/revision)	<b>13</b> (14.6)	6 (60)	0 (0)

Note: Analyses on following slides present data for cohorts with sufficient sample size



# CLINICAL ASSESSMENT – SUI GROUP

Clinical characteristics	Primary, N (%)	Legacy, N (%)
<b>N SUI surgery performed</b>	<b>75</b>	<b>13</b>
<b>Method of objective SUI assessment*</b>		
Cough stress test	20%	7.7%
Urodynamic studies	88%	46.2%
Pad test	1.3%	0%
<b>Pelvic floor status*</b>		
Recurrent UTIs	4%	7.7%
Dyspareunia	2.7%	30.8%
Pelvic pain	1.3%	23.1%
Voiding dysfunction	6.7%	7.7%
<b>Patient risk factors*</b>		
BMI median	27	24
Current smoker	12%	7.7%
Diabetes	12%	15.4%
Post-menopause	61.3%	76.9%

# PROCEDURE CHARACTERISTICS – SUI




Procedure characteristics	Primary N (%)	Legacy N (%)
<b>N SUI surgery performed</b>	<b>75</b>	<b>13</b>
<b>Category of surgery*</b>		
Prosthesis implantation	84%	15.4%
SUI Complication	0	69.2%
Asymptomatic SUI prosthesis removal (patient request)	0	1 (7.7%)
Native tissue	4.0%	0
Prolapse	10.7%	0
Hysterectomy	1 (1.3%)	0
Perineorrhaphy	1 (1.3%)	0
Additional POP procedure	2 (2.7%)	0
Bulking agent	12%	15.4%

Devices	Total N (%)
<b>SUI prosthesis type</b>	
CT021 Supris Retropubic Sling	2 (2.7)
JJ070 Gynecare TVT Single use device	52 (69.3)
MN039 Gynecare TVT ABBREVO Contenance System	3 (4.0)
SC001 BULKAMID Urethral Bulking System	2 (2.3)
Other	6 (6.8)
Not applicable	23 (37.5)
<b>Total</b>	<b>88</b>

# POSTOPERATIVE OUTCOMES (1<sup>st</sup> visit) – SUI cohort

Outcomes at first post-operative visit	Primary, N (%)
<b>N SUI post-operative visit attended</b>	<b>55</b>
Time to post-operative visit (days) median	42
<b>SUI outcome status</b>	
Improved	81.8%
Same	16.4%
Worse	1.8%
<b>Complications*</b>	
Return to theatre prior to discharge	0%
Readmission within 30 days of surgery	1.8%
Surgical treatment required	0%
Patient discharged requiring catheterisation	3.6%
SUI complication	0%

# PROMs Update

1. Evaluation of PROMs in Patients following SUI and POP Procedures - Acceptability study. March 2022   
Executed
1. Pilot of APFQ Questionnaire and methods of administration. Ends May 2023   
In progress
1. Development of a pain specific PROM questionnaire. Ends Feb 2024.   
In progress

# 1. PROMs Research - selection of questionnaire



To determine whether selected instruments were acceptable by assessing

- Relevance of questions
- Clarity of wording
- Ease of use
- Clinical applicability
- Validated in the Australian population
- Well accepted by patients and surgeons
- Result: the APFQ selected for a pilot
  - *APFQ integrates 4 domains to assess **bladder, bowel, prolapse & sexual symptoms**, their severity, bother & impact on QoL. It contains 43 questions asking patients to describe their experience during the last month.*

# 1. PROMs Tool - APFQ

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE		Patient's Name: _____	
		Date of Birth: _____	
		Date completed: _____	
<i>Please circle your most applicable answer. Consider your experience during the last month.</i>			
<b>BLADDER FUNCTION</b> ( ____ / 45)			
<b>Q1. How many times do you pass urine in a day?</b> 0 Up to 7 1 Between 8-10 2 Between 11-15 3 More than 15	<b>Q2. How many times do you get up at night to pass urine?</b> 0 0-1 1 2 2 3 3 More than 3 times	<b>Q3. Do you wet the bed before you wake up at night?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Always - every night	
<b>Q4. Do you need to rush/hurry to pass urine when you get the urge?</b> 0 Can hold on 1 Occasionally have to rush - less than once per week 2 Frequently have to rush - once or more per week 3 Daily	<b>Q5. Does urine leak when you rush or hurry to the toilet or can't you make it in time?</b> 0 Not at all 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q6. Do you leak with coughing, sneezing, laughing or exercising?</b> 0 Not at all 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	
<b>Q7. Is your urinary stream (urine flow) weak, prolonged or slow?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q8. Do you have a feeling of incomplete bladder emptying?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q9. Do you need to strain to empty your bladder?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	
<b>Q10. Do you have to wear pads because of urinary leakage?</b> 0 None - Never 1 As a precaution 2 When exercising / during a cold 3 Daily	<b>Q11. Do you limit your fluid intake to reduce urinary leakage?</b> 0 Never 1 Before going out 2 Moderately 3 Always	<b>Q12. Do you have frequent bladder infections?</b> 0 No 1 1-3 per year 2 4-12 per year 3 More than one per month	
<b>Q13. Do you have pain in your bladder or urethra when you empty your bladder?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q14. Does urine leakage affect your routine activities like recreation, socialising, sleeping, shopping etc?</b> 0 Not at all 1 Slightly 2 Moderately 3 Greatly	<b>Q15. How much does your bladder problem bother you?</b> 0 Not at all 1 Slightly 2 Moderately 3 Greatly	
Other symptoms (haematuria, pain etc.) _____			
<b>BOWEL FUNCTION</b> ( ____ / 34)			
<b>Q16. How often do you usually open your bowels?</b> 0 Ever other day or daily 1 Less than every 3 days 2 Less than once a week 3 More than once per day	<b>Q17. How is the consistency of your usual stool?</b> 0 Soft 1 Firm 2 Hard (pebbles) 3 Variable 4 Watery	<b>Q18. Do you have to strain to empty your bowels?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	
<b>Q19. Do you use laxatives to empty your bowels?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q20. Do you feel constipated?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q21. When you get wind or flatus, can you control it, or does wind leak?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE

AUSTRALIAN PELVIC FLOOR QUESTIONNAIRE		Patient's Name: _____	
		Date of Birth: _____	
		Date completed: _____	
<b>Q22. Do you get an overwhelming sense of urgency to empty bowels?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q23. Do you leak watery stool when you don't mean to?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q24. Do you leak normal stool when you don't mean to?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	
<b>Q25. Do you have a feeling of incomplete bowel emptying?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q26. Do you use finger pressure to help empty your bowel?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q27. How much does your bowel problem bother you?</b> 0 Not at all 1 Slightly 2 Moderately 3 Greatly	
<b>PROLAPSE SYMPTOMS</b> ( ____ / 15)			
<b>Q28. Do you have a sensation of tissue protrusion/lump/bulging in your vagina?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q29. Do you experience vaginal pressure, heaviness or a dragging sensation?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q30. Do you have to push back your prolapse in order to void?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	
<b>Q31. Do you have to push back your prolapse to empty your bowels?</b> 0 Never 1 Occasionally - less than once per week 2 Frequently - once or more per week 3 Daily	<b>Q32. How much does your prolapse bother you?</b> 0 Not at all 1 Slightly 2 Moderately 3 Greatly	<b>Other Symptoms:</b> (problems walking / sitting, pain, vaginal bleeding) _____ _____	
<b>SEXUAL FUNCTION</b> ( ____ / 21)			
<b>Q33. Are you sexually active?</b> <input type="checkbox"/> No <input type="checkbox"/> Less than once per week <input type="checkbox"/> Once or more per week <input type="checkbox"/> Daily or most days  <i>If you are not sexually active, please continue to answer questions 34 &amp; 42.</i>	<b>Q34. If you are not sexually active, please tell us why?</b> <input type="checkbox"/> Do not have a partner <input type="checkbox"/> I am not interested <input type="checkbox"/> My partner is unable <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Too painful <input type="checkbox"/> Embarrassment due to the prolapse/incontinence <input type="checkbox"/> Other reasons: _____	<b>Q35. Do you have sufficient vaginal lubrication during intercourse?</b> 0 Yes 1 No	
<b>Q36. During intercourse vaginal sensation is:</b> 0 Normal / pleasant 1 Minimal 2 Painful 3 None	<b>Q37. Do you feel that your vagina is too loose or lax?</b> 0 Never 1 Occasionally 2 Frequently 3 Always	<b>Q38. Do you feel that your vagina is too tight?</b> 0 Never 1 Occasionally 2 Frequently 3 Always	
<b>Q39. Do you experience pain with sexual intercourse?</b> 0 Never 1 Occasionally 2 Frequently 3 Always	<b>Q40. Where does the pain during intercourse occur?</b> 0 Not applicable, I do not have pain 1 At the entrance to the vagina 2 Deep inside, in the pelvis 3 Both at the entrance & in the pelvis	<b>Q41. Do you leak urine during sexual intercourse?</b> 0 Never 1 Occasionally 2 Frequently 3 Always	
<b>Q42. How much do these sexual issues bother you?</b> <input type="checkbox"/> Not applicable 0 Not at all 1 Slightly 2 Moderately 3 Greatly	<b>Q43. Other symptoms?</b> (fecal incontinence, vaginismus etc) _____		

References: 1 Baessler, Kaven, O'Neill, Sheila, Maher, Christopher, & Battistutta, Diana (2010) A validated self-administered female pelvic floor questionnaire. International Urogynecology Journal, 21(2), pp. 163-172. 2 Baessler, Kaven, O'Neill, Sheila, Maher, Christopher, & Battistutta, Diana (2009) Australian pelvic floor questionnaire: a validated interviewer administered pelvic floor questionnaire for routine clinic and research. International Urogynecology Journal, 20(2), pp. 149-158

## 2. PROMs Research – Administration



In progress



Australasian  
Pelvic Floor  
Procedure  
Registry

### **PROMs Pilot – Timing and Method of administration**

- Intention to collect responses to APFQ before surgery and 6 months after surgery
- Commenced in July 2022, ends May 2023
- SUI & POP included
- Patients who are enrolled in the registry are eligible
- Disseminated via email, mail or telephone
- Completed across several hospitals – public and private
- A study evaluation will be conducted at the end of the pilot to understand/compare response rates, barriers and enablers for survey completion, data entry; use for reporting.

# 3. PROMs Research – PAIN PROM



In progress



Australasian  
Pelvic Floor  
Procedure  
Registry

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## Pelvic Floor procedure PAIN PROM (Monash Uni)

- To assist with the development of a Pain specific PROM tool
- Researching a pain specific measure for women with a pelvic floor disorder
- This interview is designed to understand and obtain your perspective on what you think or feel is important and what you feel should be included in the new pain questionnaire.
- Project Title: Developing a new pain specific patient-reported outcome measure in women with a pelvic floor disorder. Project Number: 35901.

**To participate, please email:**

[sheymonti.hoque@monash.edu](mailto:sheymonti.hoque@monash.edu)



# Review of scope

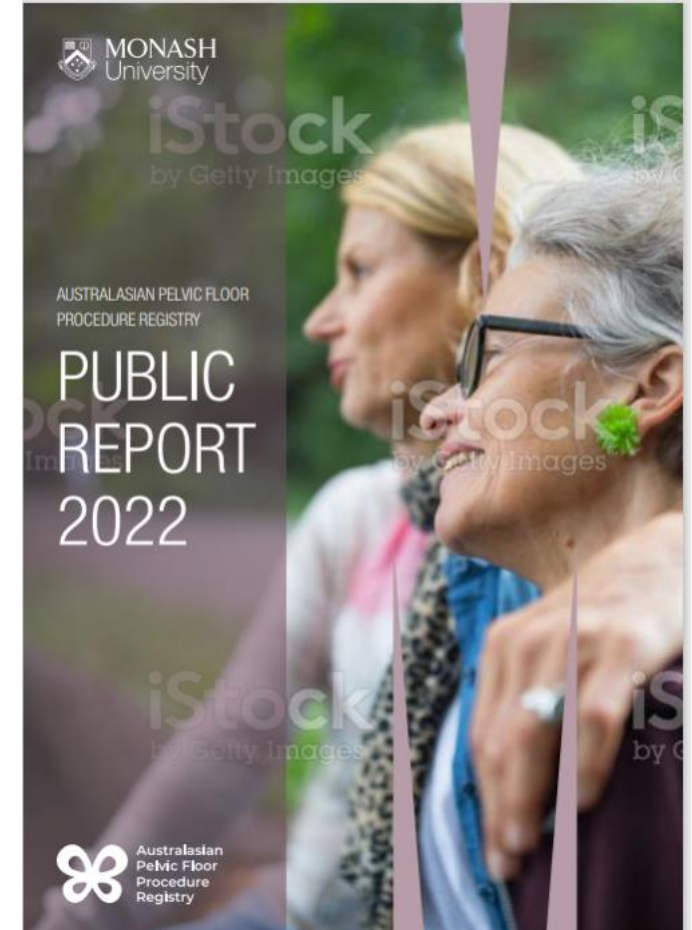
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**A review of which procedures the APFPR should capture going forward, informed by:**

1. Analysis of current clinical practice in Australia
2. Study of what international PFP registries collect
3. Survey of surgeons who perform these procedures
4. Consultation with the Steering Committee (including clinical leads & consumer rep)
5. Consultation with new APFPR Consumer Reference Group regarding outcomes
6. Consultation with the Medical Colleges/Societies (eg USANZ)

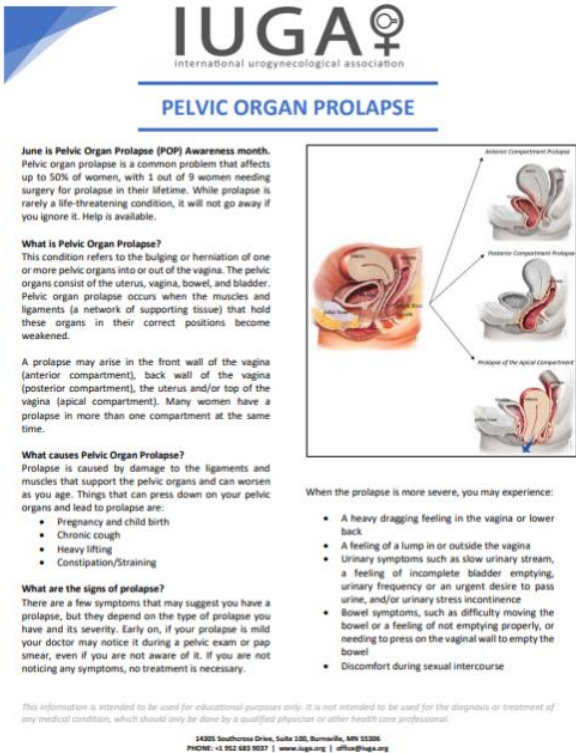
# What's next for the APFPR?

- **Public Report 2022**
  - Progress report of the APFPR activities since its establishment
- **Communique #5**
- **PROMS Pilot results** – due June 2023
- **Annual Report 2023**
- **1,000 patient milestone**, enabling individual hospital reports (benchmarked for improvement purposes)
- **More Consumer-led information sessions**



# Where to find more information about pelvic floor procedures

- International Urogynaecological Association
- Yourpelvicfloor.org (Patient information sheets)



**IUGA**  
International Urogynaecological Association

## PELVIC ORGAN PROLAPSE

June is Pelvic Organ Prolapse (POP) Awareness month. Pelvic organ prolapse is a common problem that affects up to 50% of women, with 1 out of 9 women needing surgery for prolapse in their lifetime. While prolapse is rarely a life-threatening condition, it will not go away if you ignore it. Help is available.

**What is Pelvic Organ Prolapse?**  
This condition refers to the bulging or herniation of one or more pelvic organs into or out of the vagina. The pelvic organs consist of the uterus, vagina, bowel, and bladder. Pelvic organ prolapse occurs when the muscles and ligaments (a network of supporting tissue) that hold these organs in their correct positions become weakened.

A prolapse may arise in the front wall of the vagina (anterior compartment), back wall of the vagina (posterior compartment), the uterus and/or top of the vagina (apical compartment). Many women have a prolapse in more than one compartment at the same time.

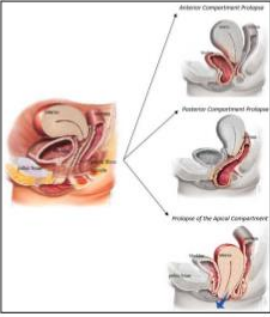
**What causes Pelvic Organ Prolapse?**  
Prolapse is caused by damage to the ligaments and muscles that support the pelvic organs and can worsen as you age. Things that can press down on your pelvic organs and lead to prolapse are:

- Pregnancy and child birth
- Chronic cough
- Heavy lifting
- Constipation/Straining

**What are the signs of prolapse?**  
There are a few symptoms that may suggest you have a prolapse, but they depend on the type of prolapse you have and its severity. Early on, if your prolapse is mild your doctor may notice it during a pelvic exam or pap smear, even if you are not aware of it. If you are not noticing any symptoms, no treatment is necessary.

**When the prolapse is more severe, you may experience:**

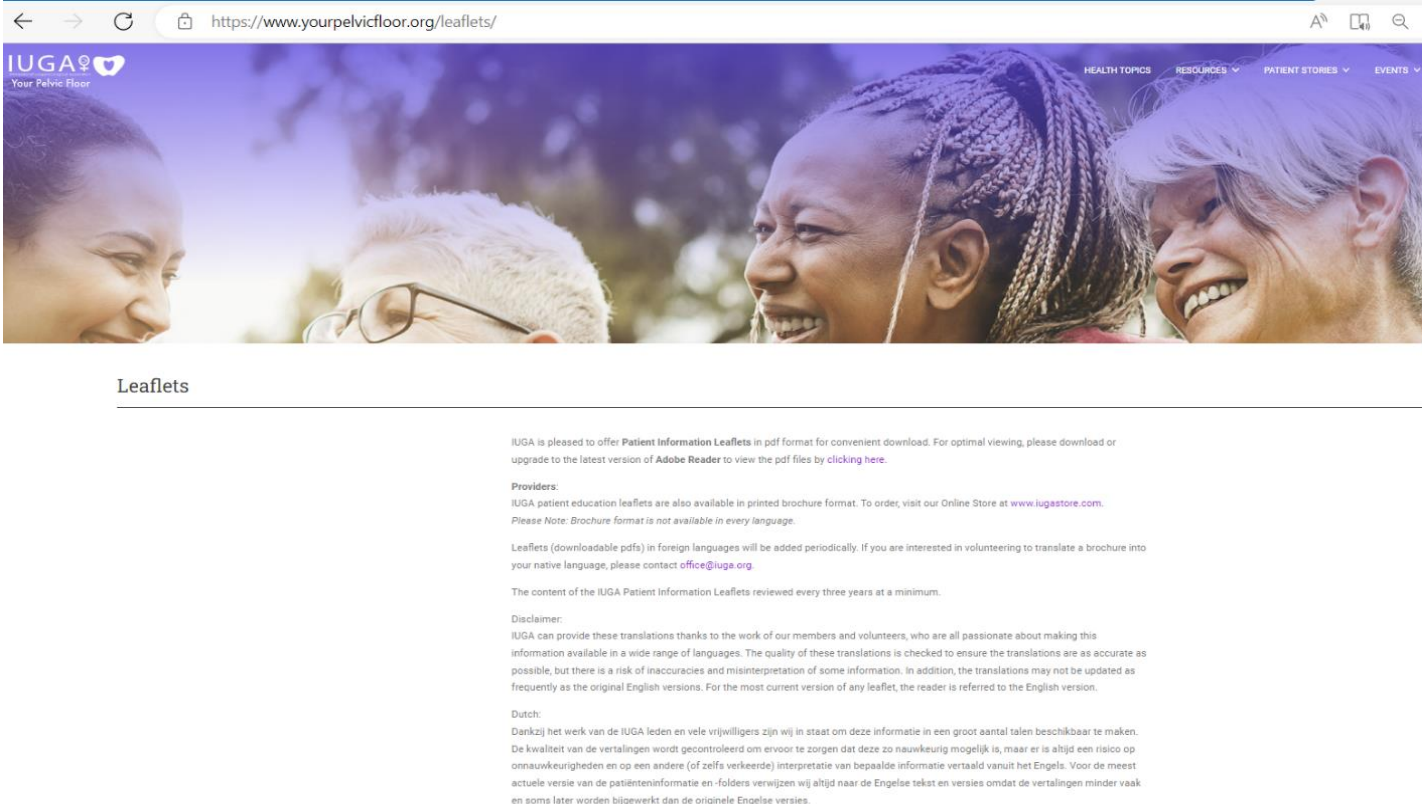
- A heavy dragging feeling in the vagina or lower back
- A feeling of a lump in or outside the vagina
- Urinary symptoms such as slow urinary stream, a feeling of incomplete bladder emptying, urinary frequency or an urgent desire to pass urine, and/or urinary stress incontinence
- Bowel symptoms, such as difficulty moving the bowel or a feeling of not emptying properly, or needing to press on the vaginal wall to empty the bowel
- Discomfort during sexual intercourse



**Anterior Compartment Prolapse**  
**Posterior Compartment Prolapse**  
**Prolapse of the Apical Compartment**

This information is intended to be used for educational purposes only. It is not intended to be used for the diagnosis or treatment of any medical condition, which should only be done by a qualified physician or other health care professional.

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## Leaflets

IUGA is pleased to offer Patient Information Leaflets in pdf format for convenient download. For optimal viewing, please download or upgrade to the latest version of Adobe Reader to view the pdf files by clicking [here](#).

**Providers:**  
IUGA patient education leaflets are also available in printed brochure format. To order, visit our Online Store at [www.iugastore.com](http://www.iugastore.com).  
*Please Note: Brochure format is not available in every language.*

Leaflets (downloadable pdfs) in foreign languages will be added periodically. If you are interested in volunteering to translate a brochure into your native language, please contact [office@iuga.org](mailto:office@iuga.org).

The content of the IUGA Patient Information Leaflets reviewed every three years at a minimum.

**Disclaimer:**  
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**Dutch:**  
Dankzij het werk van de IUGA leden en vele vrijwilligers zijn wij in staat om deze informatie in een groot aantal talen beschikbaar te maken. De kwaliteit van de vertalingen wordt gecontroleerd om ervoor te zorgen dat deze zo nauwkeurig mogelijk is, maar er is altijd een risico op onnauwkeurigheden en op een andere (of zelfs verkeerde) interpretatie van bepaalde informatie vertaald vanuit het Engels. Voor de meest actuele versie van de patiënteninformatie en -folders verwijzen wij altijd naar de Engelse tekst en versies omdat de vertalingen minder vaak en soms later worden bijgewerkt dan de originele Engelse versies.

# How do I know if my surgeon is credentialed?

- Each hospital responsible for credentialing surgeons
- Recommended credentialing requirements (Australian Commission on Safety and Quality in Health Care)
- RANZCOG – Sub-specialist Urogynaecologist / General Gynaecologist + Pelvic floor module + 1 year of audited practice OR
- RACS - Urologist + 1 year of female urology training including prolapse surgery / General Surgeon with 1 year in pelvic floor surgery (rectocele)
- Ongoing continuing professional development in mesh removal surgery and tracking of outcomes for at least 6 months, monitored through audit or registry.
- Access to multi-disciplinary expertise (Medical, Physio, Investigations, Pain management, Mental Health)

Based on [Guidance for Hospital Credentialing for the Removal of Transvaginal TV Mesh | Australian Commission on Safety and Quality in Health Care](#)

# How do I know if my surgeon is credentialed?

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- (i) familiarity with the clinical care pathways guidance issued by the Commission;
- (ii) the ability to diagnose and select patients who are appropriate to undergo the procedure;
- (iii) the ability to explain the procedure, potential outcomes and potential complications at the time of obtaining the patient's informed consent, including the ability to clearly and accurately explain and document the alternative treatments available;
- (iv) the knowledge of appropriate pelvic anatomy and potential areas of safety/risk associated with the procedure;
- (v) the ability to perform the actual procedure safely and efficiently; and
- (vi) the capacity to track outcomes and complications.

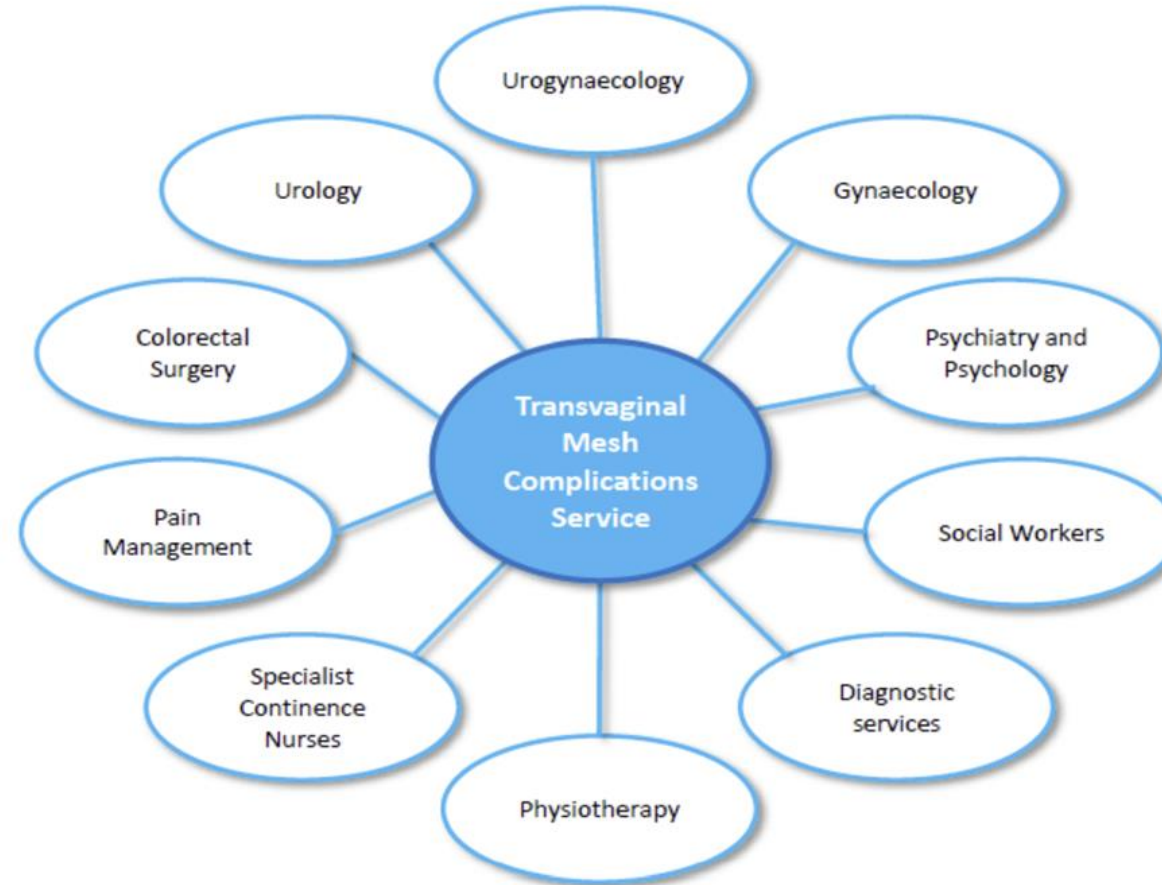
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# How do I know if my surgeon is credentialed?

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- (i) the results of post-operative monitoring of the patient over a minimum 6 month period including:
- Documentation of residual mesh erosion, extrusion or exposure and level of retained mesh
  - patient reported level of improvement and satisfaction
  - Persisting groin or pelvic pain.
- (ii) any of the following events, at whatever point they come to the medical practitioner's attention:
- Injury to the pelvic organs or major blood vessels
  - Injury to the gastro-intestinal tract
  - Blood loss > 500 ml for procedure
  - New or worsening vaginal, pelvic or groin pain
  - New onset or worsening dyspareunia
  - Persistent neurologic injury.
  - Readmission/re-operation for complications related to removal surgery
  - Sepsis
  - Death from any cause, with cause recorded.

Based on [Guidance for Hospital Credentialing for the Removal of Transvaginal TV Mesh | Australian Commission on Safety and Quality in Health Care](#)

# How do I know if my surgeon is credentialed?



Based on Guidance for Hospital Credentialing for the Removal of Transvaginal TV Mesh | Australian Commission on Safety and Quality in Health Care

# General questions to ask your surgeon

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## General questions:

1. Do I really need this procedure?
2. What are the risks?
3. Are there simpler, safer options?
4. What happens if I don't do anything?
5. What are the costs?

Based on [Guidance for Hospital Credentialing for the Removal of Transvaginal TV Mesh](#) |  
[Australian Commission on Safety and Quality in Health Care](#)




# Mesh revision questions to ask your surgeon

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- Is the surgeon credentialed to treat mesh complications?
- How likely are my problems to be fixed by surgical revision of the mesh?
- What kind of mesh do I have and where it is located?
- Which of my problems are likely to be related to the mesh?
- Is the aim to cut, partially or completely remove the mesh?
- What are the potential complications and side effects of mesh revision?
- Chance that pelvic floor problems (SUI/POP) will return?
- What are the non-surgical alternatives and how likely are these to work  
Who else will be involved in my care?
- How many mesh revision procedures like mine have you performed?
- How do you monitor and audit your outcomes e.g. APFPR
- What are the outcomes – success, persistent and new problems
  - Pain, Bladder, Bowel, Prolapse and sexual function

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