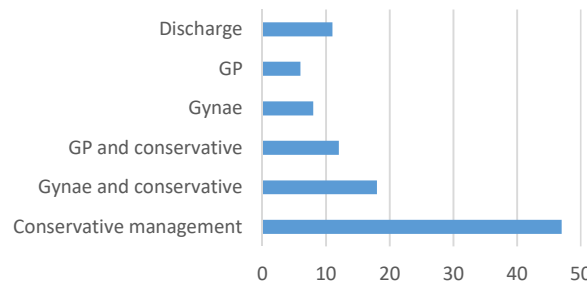


# Advanced Practice Women’s Health Service increases access to conservative management for continence and prolapse

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Graph 1: Outcomes of initial assessment

**Results:** From August 2015 until March 2016 (7 months) ninety-two new patients were assessed, of which 46 required conservative management only. Eighteen were managed in conjunction with the gynaecology team, and 12 in conjunction with their local doctor. In total, 298 appointments were offered in the clinic. The average wait time from referral to assessment decreased from 518 days to 60 days over the period of the grant. Of patients sent to the gynaecology team, 77% went on to surgical intervention, indicating high levels of agreement between the medical and physiotherapy clinicians. All patients surveyed were extremely satisfied with their management in the advanced practice physiotherapy clinic.

**Background:** Physiotherapy for incontinence and prolapse is highly evidence based and is recommended as a first line treatment. In 2015 the waiting list at Northern Health to see a gynaecologist was approximately 2 years, with many patients requiring conservative management. In addition, access to conservative management for continence and prolapse was difficult due to oversubscribed services within Northern Health and limited access within other services or privately.

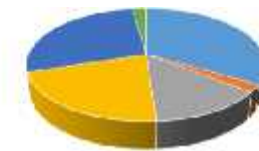
**Purpose:** To evaluate the effects of introducing an Advanced Practice Women’s Health Clinic on the gynaecology waiting list, patient satisfaction and conversion to surgery rates.

**Methods:** A pilot project was established assessing women on the Gynaecology waiting list with incontinence and prolapse conditions for suitability for a trial of conservative management. The Physiotherapist provided ongoing management for patients where appropriate. Outcomes of each appointment including discharge or onward referral and subsequent management were recorded for the period of the trial. Patient satisfaction surveys were given to a sample of convenience.

**Conclusions:** The Physiotherapy-Led Women’s Health and Continence clinic decreased waiting times to appointment and provided timely, evidence-based conservative management for patients on the gynaecology waiting list. Patients and staff were highly satisfied with the service.

**Implications:** Physiotherapy-led women’s health and continence clinics are an important, cost-effective and highly evidence-based method of managing demand for gynaecology services. There are also opportunities to expand the scope of Advanced Practice Women’s Health Physiotherapists further to include areas such as pessary management.

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■ Prolapse ■ Prolapse/SUI ■ U/UI  
■ SUI ■ Mixed Incontinence ■ Other

Graph 2: Conditions assessed.  
SUI – Stress urinary incontinence, U/UI – Urge/urinary incontinence