

# THE PELVIC FLOOR DISORDERS CONSORTIUM MEETING

## SPOTLIGHT ON: Evaluation and Treatment of Multicompartment Prolapse.

Friday, June 5  
7:30 AM – 5.00 PM

### EXECUTIVE SUMMARY

Approximately one quarter of all women suffer from at least one pelvic floor disorder in their lifetime. Urinary incontinence is the most common, with a prevalence of 15-17%, whereas fecal incontinence affects approximately 9% of adult women. Pelvic organ prolapse has an estimated prevalence of 3-8%, and 20% of women undergo stress urinary incontinence or prolapse repair surgery by the age of 80. As the aging population grows, the number of women with pelvic floor dysfunction will increase substantially and the demand for care of these disorders will continue to grow.

### NEEDS ASSESSMENT

There is dire need for a common language and common algorithms of care in the approach to the patients with multicompartment prolapse. Common diagnostic algorithms and treatment pathways are needed to facilitate rational care for these patients, and this requires conversations across traditional professional silos to share knowledge and expertise and teach each other best practices.

### GAP ANALYSIS

**What is:** Pelvic floor disorders common and cause life altering symptoms. As the population ages, there will be growing demand for evaluation and treatment of these disorders. Despite the development of several successful new testing techniques, surgical techniques and imaging modalities, patients commonly receive disjointed care amongst several subspecialists and the care algorithms are not unified.

**What should be:** The opportunity for collaboration amongst specialists will improve patient outcomes through multidisciplinary medical and surgical treatment plans and assure that patients will receive equal high-quality care regardless of whom they see and in what region of the country or the world.

### OBJECTIVES

Attendants will review the systematic literature reviews and recommendations generated by the consortium workgroups on:

1. Physical exam for patients with multicompartment prolapse
2. Baseline radiological evaluation for patients with multicompartment prolapse
3. Baseline testing by symptoms for patients with multicompartment prolapse
4. Role and timing of physical therapy for patients with multicompartment prolapse
5. Surgical principles for patients with multicompartment prolapse

At the conclusion of this event, participants should be able to understand relevance of and reach consensus (70 % agreement) on a : baseline physical exam for all patients with multicompartment

prolapse (regardless of which specialist sees them first); baseline radiologic evaluation for patients multicompartement prolapse based on their presenting symptoms; baseline minimum testing of pelvic floor physiology based on patient symptoms, role and timing of PT based on identified complaints and the best approach to tackling multicompartement prolapse at surgery. These discussions will be based on the literature reported by workgroup leaders and the expertise of participants. Final recommendations will be recorded and documented in a consensus document of the proceedings.

## AGENDA

*\*This is a working meeting, time for section may move up or down based on intensity of debates and extent of agreement or disagreement on a topic, please plan your attendance accordingly*

7:30 am            Multidisciplinary collaboration across subspecialties is the new normal.  
Greetings from ASCRS, ICS, AUGS and SUFU formal auditors to consortium proceedings.

7:45 am            Explanation of process and voting rules

8:00 am            Standardized evaluation of common pelvic floor complaints with patient reported  
questionnaires: status of PFDC consensus efforts to date

### **SECTION 1:    PHYSICAL EXAM IN PATIENTS WITH MULTICOMPARTMENT PROLAPSE**

8:15-8:45            Common physical exam maneuvers and supporting data for their relevance: A report  
from the *Physical Exam* workgroup.  
Workgroup Chairs: Deborah Keller, Cara Grimes and Madhulika Varma

8:45-9:30            Discussion of recommendations and voting

### **SECTION 2    BASELINE RADIOLOGICAL EVALUATION IN PATIENTS WITH MULTICOMPARTMENT PROLAPSE**

9:30-9:45            Standardizing the Imaging of Pelvic Floor Pathology technique and definitions: status  
of PFDC consensus efforts to date

9:45-10:10:15    Relevance and timing of radiologic imaging in patients with pelvic floor disorders: A  
report from the *Baseline Radiological Imaging* workgroup  
Workgroup Chairs: Gaurav Khatri, Milena Weinstein and Joseph Carmichael

10:15-10:45        Discussion of recommendations and voting

10:45 -11:00        Break

### **SECTION 3:    BASELINE TESTING BY SYMTOMS IN PATIENTS WITH MULTICOMPARTMENT RECTAL PROLAPSE**

11:00-12:00        Report from the *Testing by Symptoms* workgroup: review of relevant literature and

current controversies

Workgroup Chairs: *Leila Neshatian . Ian Paquette and Isuzu Meyer*

12:00-1:00 Discussion of recommendations and voting

1:00-2:00 LUNCH

#### **SECTION 4: SURGICAL PRINCIPLES**

2:00 -3:00 Report from the *Surgical Principles* workgroup: review of relevant literature and current controversies

Workgroup Chairs: *Sarah Vogler and Lee Ann Richter*

3:00-3:30 Discussion of recommendations and voting

#### **SECTION 5: TIMING AND ROLE OF PHYSICAL THERAPY**

3:30-4:00 Report from the *Physical therapy* workgroup: review of relevant literature and current controversies

Workgroup Chairs: *Lucia Oliveira, Lieba Savitt and Holly Brown*

4:00-4:30 Discussion of recommendations and voting

4:30 Future Directions

5:00pm Adjourn

## **REFERENCES**

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6. C. O. Diagnostic testing for fecal incontinence. *Clinics in colon and rectal surgery* 2014;27:85-90.

