

AUSTRALASIAN PELVIC FLOOR PROCEDURE REGISTRY UPDATE

Governance

The Steering Committee (SC) composition and leadership have evolved to increase the probability of registry success. It was critical to find a way through dissent between craft groups as past experience has shown registries can otherwise fail. The Chair of the Steering Committee is the data custodian and Head of Registry Science at Monash, Professor Susannah Ahern. Representation on the committee has increased for General Gynaecology and Urogynaecology.

Aims

Tracking and early identification of mesh devices that result in unfavourable patient outcomes, providing an early detection system for investigation

1. Monitoring the safety of patients undergoing SUI and POP pelvic floor procedures
2. Monitoring the quality (effectiveness) of patients undergoing SUI and POP pelvic floor procedures
3. Identifying variability in clinical outcomes amongst individuals (predominantly women) undergoing pelvic floor procedures
4. Providing feedback to clinicians regarding their process and outcomes through confidential surgeon and/or hospital level reports to drive local practice change
5. Improving knowledge and treatment generally by: Determining the clinical effectiveness of treatments in a 'real world' setting, providing information to assist in the credentialing of clinicians in these procedures, providing information to patients about the risks and benefits of specific approaches to pelvic floor procedures, providing an infrastructure on which intervention or other studies can be established in the future

Project Plan

A detailed project plan has been developed and many stages are complete. The clinician survey has been completed and analysed. This indicated wide support for participation among the craft groups particularly if data entry is restricted to maximum 1-2 mins per case.

The literature review to inform about suitable patient reported outcome measures (PROMS) and registry design is complete. A sample of clinicians and patients will be surveyed further to refine choice of PROMS aiming for the minimum dataset whilst still permitting risk adjustment and adequate safety indicators.

There will be several modules and the sequence has been developed using survey data and SC discussion. The priority modules are: new cases of SUI mesh, and all cases where mesh is explanted. Native tissue repairs and pelvic organ prolapse mesh implantation will be rolled out later. There is the potential for male pelvic procedures (mesh slings) and mesh anterior rectopexy to be included subsequently. There is also scope to allow for participation of NZ centres and the NZ Chief Medical Officer is a member of the SC.

The plan is to run pilot studies in high volume centres. Please contact myself or Dr Jessica Yin (also on SC) if your centre would be a suitable site.

<https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/ajo.13030>

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