NICE Clinical Guideline: Prevention and non-surgical treatment of pelvic floor failure

Stakeholder scoping workshop notes

14th May 2019

Presentations
N/A
Scope
General Comments
The group made the following general comments. Three specific issues were discussed and the stakeholders provided the following comments: • The term 'pelvic floor dysfunction' would be preferable to 'pelvic floor failure' because (1) there are negative connotations associated with the word failure and (2) pelvic floor failure is not the terminology used by clinicians or researchers • The word 'management would be preferable to 'treatment' since it suggests a more inclusive approach. 'Treatment' is something that is done to someone, and self-management may have an important role in this topic. • 'in women' ought to be added to the title to clarify that this guideline covers pelvic floor dysfunction associated with female pelvic organs.
Section 3
Groups that will be covered
Stakeholders agreed with the groups already identified, but raised some additional points: • Initially stakeholders queried the age range of 'young women aged 12 and older', but agreed after a discussion highlighting the issue of prevention of pelvic floor failure. • Stakeholders agreed that pregnancy was an important factor, but added that having a baby and women who had complications during labour would be another important group to add. • Stakeholders also decided that it would be important to consider the effectiveness of non-surgical treatment both before and after surgery for pelvic organ prolapse, which would be different groups of women.
Groups that will not be covered

- No change was suggested.

Key areas that will be covered

The group were broadly happy with the key areas to be covered, and suggested the following:

- Stakeholders agreed that the topics in the prevention were all important and relevant.
- In relation to 'public information' stakeholders queried whether this information should be restricted to 'prevention' and agreed that they would prefer it to also relate to 'non-surgical management'.
- In relation to 'non-surgical management' the stakeholders discussed the terminology related to the use of 'pessaries', and queried whether 'resistance or support device' was covering the whole spectrum of currently available pessary options. It was suggested that 'physical devices' would be a clearer term.

Draft Review questions

- Stakeholders raised again that information should not only be restricted to 'prevention' but ought to also cover 'non-surgical management' options.
- A stakeholder raised the issue that the impact of pelvic floor failure is not only restricted to the women, but could affect their partners or carers
- In the 'non-surgical management' section, it was raised that the word 'complications' is usually associated with 'treatment' rather than a condition and that this wording could potentially be confusing.
- There was some discussion around the topic of 'physical devices' (see above). A further point was raised about 'v brace' which is not commonly used in clinical settings and is only one of a number of available garments that could be used. The potential costs of such garments was also discussed.

Equalities

The group discussed the following:

- There was a concern that with the addition of 'in women' to the guideline title, transgender men with female pelvic organs would not see themselves included. Also transgender women may think that the guideline applies to them when it is directly related to the pelvic organs that they may not have. It was also discussed whether or not transgender surgery may or may not be associated with an impact on pelvic organs. However, given that these would be carried out in specialist centres it was felt that this may not be an area that could be addressed specifically in this guideline. They agreed that some of these considerations should be captured as equality issues.

Care settings

- No change was suggested

Main outcomes

The group agreed that the outcomes that were in the draft were the important ones, and suggested the following as a possible outcome that may have been missed:

- Non-surgical treatments often depend on good adherence to a treatment regime. Stakeholders thought that this should be captured.

GC composition
Included members
The group agreed with the draft committee composition, but made a few changes. The main comments were: • The focus of the guideline is community based / conservative treatment and therefore there should be good representation of generalists rather than specialists. This was related particularly to gynaecology and nursing. • It was queried whether the physiotherapist should be specialised in 'women's health' or in 'pelvic health' • The specialist nurse could be more specifically related to 'urogynaecology' rather than 'gynaecology'.
Members that should be co-opted
• The 'specialist continence nurse' could be a co-opted rather than a full member • Since there are increased rates of pelvic floor symptoms in older people it was suggested that 'care home' staff may also be relevant • Due to the suggested addition of a general gynaecologist as a full committee member, it was suggested that a urogynaecologist could feature as a co-opted rather than a full member.