The Australasian Pelvic Floor Procedure Registry: monitoring pelvic floor procedure outcomes

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Introduction: The Australasian Pelvic Floor Procedure Registry (APFPR) is a national clinical quality registry funded by the Australian Department of Health and Aged Care that aims to monitor the safety and quality of care related to Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP) procedures that involve pelvic prostheses. Established in 2019 following the Senate Inquiry into transvaginal mesh complications, the APFPR systematically collects, analyses and reports clinical outcomes related to pelvic floor procedures (PFP) with the potential for secondary use of data for research.

Annual data from the Australian Classification of Health Interventions and Medicare Benefits Schedule has confirmed a significant reduction in pelvic floor procedures nationally; the consequences of which can be monitored prospectively via the APFPR.

Objective: To provide an update on the scope, methods and progress of the APFPR and present initial findings.

Methods: The APFPR is governed by a Steering Committee comprising surgeons, consumers and government departments. An opt-out consent approach is used to recruit patients. Currently, thirty health services contribute data to the APFPR across Australia.

The original APFPR dataset collected pre-operative, operative, and post-operative clinical data for women undergoing SUI and POP procedures involving a prosthesis. In 2023 following a national survey, it was agreed to streamline the minimum data set but include the collection of native tissue SUI procedures to commence in 2024. Patient-reported outcome measures (PROMs) were also piloted for the registry in 2022-23, and the Australian Pelvic Floor Questionnaire, the Patient's Global Impression of Improvement and the EQ-5D-5L surveys are currently being collected at 6, 12 and 24 months following surgery.

Clinical Quality Indicators (CQIs) based on clinical guidelines and credentialing recommendations have been developed to highlight performance in relation to important processes and outcomes. Benchmarked reports to health services were developed in 2023, providing the first comparative information regarding patient and procedure characteristics and outcomes. Procedures reported are stratified by primary (initial surgery) and subsequent procedures (eg revisions or complication management/mesh explantation).

Results: As of 28 November 2023, there were 813 patients recruited into the APFPR, with an opt-out rate of 2.9%. Forty-seven percent of these patients underwent procedures at public hospitals. Data relating to 500 pelvic floor procedures have accrued in the database with 13% of these procedures having been undertaken in relation to mesh complications.

CQIs are reported for (1) SUI, and (2) POP (+/- SUI) procedures, and are presented below:

The proportion of primary patient procedures (SUI/POP) with:

- Objective clinical assessments completed (89.5/88.4%)
- Intraoperative cystoscopy performed (99.1/98.9%)
- Improved patient outcomes (82.7/95.3%)

The proportion of primary/subsequent patient procedures for SUI and POP with:

- A return to theatre (0.3/0%)
- Readmission within 30 days (3.3/1.7%)
- Catheterisation on discharge (4.6/0%)

The response rate for PROMs at 6 months post-surgery is approximately 70%. Updated clinical and PROM results will be presented at the meeting.

Conclusions: The APFPR is collecting high-quality, standardised clinical data relating to pelvic floor procedures undertaken in Australia. Initial data shows its usefulness as a quality assurance tool for monitoring these procedures.