Pelvic floor dysfunction service following treatment for primary pelvic malignancies

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Objective: Service review of the clinical presentation and symptom bother of the first 65 patients through a newly developed and Australian first, multidisciplinary team (MDT) clinic to improve cancer survivorship, quality of life and symptoms of bladder, bowel, and sexual function, following treatment for pelvic malignancy. Clinicians involved in the Pelvic dysfunction service (PDS) team include a nurse specialist, colorectal surgeon, pelvic floor physiotherapist, dietitian, psychologist and social worker. The goal of the service is to improve the quality of life and symptom burden of those referred, and a reduction in occasions of care on the specialist tumour streams within the public hospital system. The main focus of cancer care is on the acute or active treatment phase and is aimed at curing or prolonging life. Many survivors are discharged with ongoing issues as a result of these treatments, and these ongoing symptoms are inadequately addressed in the current cancer care setting.

A study completed by Andreyev in 2007 [1] reported 50% of patients receiving pelvic radiotherapy treatment had gastrointestinal symptoms impacting their quality of life, higher (60%) in those completing radiotherapy and surgery combined as part of their oncological treatment.

Methods: Inclusion criteria into the pelvic dysfunction service MDT clinic is any adult (>18 years old), that is a patient of West Metro Health service precinct in Melbourne, experiencing primary cancer treatment related bowel, bladder, or sexual dysfunction. On medical referral into the clinic, patients complete baseline assessments using the IMPACT Questionnaire with questions on bowel function in men and women, prolapse and urinary symptoms in women, urinary function in men and sexual function. The PROMIS-29 quality of life measure is also completed. Patient demographic and clinical data RE site of primary malignancy, oncological treatment regimen and baseline questionnaires are captured via REDcap. A hard copy can be provided for any patient with access issues to online questionnaires.

A triage assessment is completed by the nurse specialist and/or pelvic health physiotherapist, with explanation of the service, general advice and booking appointments made with the appropriate members of the treating team.

Findings: There were >100 referrals into the service since March 2023, 65 have completed the baseline questionnaires, an initial triage assessment and booking appointment with a member of the MDT. 64.9% of patient's referred into the clinic have received pelvic radiotherapy as part of their cancer treatment, 62% of patients referred have had rectal cancer resection surgery. 11% of referrals have had a primary gynaecological malignancy.

31.6% of patients referred report weekly bowel incontinence, 36.8% reporting daily bowel incontinence. 78.9% of patients referred into the PDS clinic report their bowel symptoms are extremely bothersome (52.6%), or very bothersome (26.3%).

36-44% of patients referred into the service are experiencing bladder dysfunction symptoms of either urgency, frequency, or incontinence.

55.2% of those questioned have had no sexual activity in the prior 4 weeks with their sexual partner.

Conclusion: With ongoing treatment, and further referrals into the service, follow up questionnaire data will be collected at 3-6 months after initial contact, which will provide data on the effectiveness of the clinic model and treatment modalities used.

References

1. Andreyev HJ. Gastrointestinal problems after pelvic radiotherapy: the past, the present and the future. Clin Oncol (R Coll Radiol). 2007;19(10):790-9. doi: 10.1016/j.clon.2007.08.011.