

Trends in Pelvic Floor Procedures in Australia

The Australasian Pelvic Floor Procedure Registry (APFPR) currently collects data regarding pelvic floor procedures for SUI and POP involving a prosthetic such as mesh.

This survey is designed to understand current pelvic floor procedures (PFPs) undertaken by Australian gynaecologists, urogynaecologists and urologists with the aim of documenting:

- Current surgical practice in PFPs, including procedures undertaken and whether their nature and volume has changed over time
- Whether there currently exists variation in PFPs across jurisdictions and sectors (public/private)
- Factors (clinician, consumer, device) relating to clinician selection of PFPs
- Potential clinician consequences of changing practice e.g. clinician upskilling, referral patterns
- Potential impact of changing practice on patient care and outcomes.

The results of this survey will be used to inform the future procedure scope of the APFPR. It may also be used to inform regulators such as the TGA of current practice.

Please note responses are anonymous and the estimated completion time is 5 minutes



Clinician Information

Please select your craft group

- General gynaecologist
- Urogynaecologist
- Urologist

Please select your practice type

- Private only
- Public only
- Mixed private/Public

Please select your jurisdiction

- Vic
- NSW
- SA
- Qld
- WA
- Tas
- ACT
- NT
- New Zealand

Please select your hospital setting

- Metropolitan
- Regional
- Rural

Please state your number of years as a specialist

- <5
- 5-10

- 11-20
- 21-30
- >30

Block 1

Regarding surgical procedures for Stress Urinary Incontinence (SUI), the following questions ask if your referral patterns have changed over the last 5 years.

Have you undertaken this procedure routinely in the past 5 years?

	Yes	No
Mesh sling	<input type="radio"/>	<input type="radio"/>
Autologous fascial sling	<input type="radio"/>	<input type="radio"/>
Burch Colposuspension	<input type="radio"/>	<input type="radio"/>
SUI mesh explantation	<input type="radio"/>	<input type="radio"/>
Urethral bulking agents (bladder neck injections)	<input type="radio"/>	<input type="radio"/>

Have your current GP referral patterns for this activity

	Increased	Decreased	Remained Similar
Mesh sling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autologous fascial sling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burch Colposuspension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUI mesh explantation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urethral bulking agents (bladder neck injections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the factors relating to change? *(Please select all that apply)*

	Covid surgery restrictions	Patient preference	Concern regarding litigation	ACSQHC PFP Credentialing guidelines	Mesh availability
Mesh sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autologous fascial sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burch Colposuspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral bulking agents (bladder neck injections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUI mesh explantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other factors not listed above relating to change *(please specify)*

How have you managed this change?

	Change to other procedures	Referral to others	Upskilling	Non-operative management	Nothing specific required
Mesh sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autologous fascial sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burch Colposuspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUI mesh explantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral bulking agents (bladder neck injections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons not listed above relating to how you have managed this change *(please specify)*

Block 2

Regarding surgical procedures for Pelvic Organ Prolapse (POP), the following questions ask if your referral patterns have changed over the last 5 years?

Have you undertaken this procedure routinely in the past 5 years?

	Yes	No
Sacrocolpopexy (with mesh)	<input type="radio"/>	<input type="radio"/>
Sacrocolpopexy (no mesh)	<input type="radio"/>	<input type="radio"/>
Sacrohysteropexy (with mesh)	<input type="radio"/>	<input type="radio"/>
Sacrohysteropexy (no mesh)	<input type="radio"/>	<input type="radio"/>
Anterior repair	<input type="radio"/>	<input type="radio"/>
Posterior repair	<input type="radio"/>	<input type="radio"/>
Sacrospinous ligament fixation	<input type="radio"/>	<input type="radio"/>
Uterosacral ligament suspension	<input type="radio"/>	<input type="radio"/>
Vaginal hysterectomy	<input type="radio"/>	<input type="radio"/>
Pop mesh explantation	<input type="radio"/>	<input type="radio"/>

Have your current GP referral patterns for this activity

	Increased	Decreased	Remained similar
Sacrocolpopexy (with mesh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrocolpopexy (no mesh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrohysteropexy (with mesh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrohysteropexy (no mesh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anterior repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posterior repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Increased	Decreased	Remained similar
Sacrospinous ligament fixation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterosacral ligament suspension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pop mesh explantation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the factors relating to change? (please select all that apply)

	Covid surgery restrictions	Patient preference	Concern regarding litigation	ACSQHC PFP Credentialing guidelines	Mesh availability
Sacrocolpopexy (with mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrocolpopexy (no mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrohysteropexy (with mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrohysteropexy (no mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anterior repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posterior repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrospinous ligament fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterosacral ligament suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop mesh explantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other factors not listed above relating to change (*please specify*)

How have you managed this change?

	Change to other procedures	Referral to others	Upskilling	Non-operative management	Nothing specific required
Sacrocolpopexy (with mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrocolpopexy (no mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrohysteropexy (with mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrohysteropexy (no mesh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anterior repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posterior repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrospinous ligament fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterosacral ligament suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop mesh explantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons not listed above relating to how you have managed this change (*please specify*)

Block 3

Australasian Pelvic Floor Procedure Registry

Based on your responses, which SUI procedures would you recommend be included in the Australian Pelvic Floor Procedure Registry? (*please select all that apply*)

SUI procedures

- | | |
|---|--------------------------|
| Mesh sling | <input type="checkbox"/> |
| Autologous fascial sling | <input type="checkbox"/> |
| Burch Colposuspension | <input type="checkbox"/> |
| SUI mesh explantation | <input type="checkbox"/> |
| Urethral bulking agents (bladder neck injections) | <input type="checkbox"/> |

Based on your responses, which POP procedures would you recommend be included in the APFPR? *(tick all that apply)*

POP procedures

- | | |
|---------------------------------|--------------------------|
| Sacrocolpopexy (with mesh) | <input type="checkbox"/> |
| Sacrocolpopexy (no mesh) | <input type="checkbox"/> |
| Sacrohysteropexy (with mesh) | <input type="checkbox"/> |
| Sacrohysteropexy (no mesh) | <input type="checkbox"/> |
| Anterior repair | <input type="checkbox"/> |
| Posterior repair | <input type="checkbox"/> |
| Sacrospinous ligament fixation | <input type="checkbox"/> |
| Uterosacral ligament suspension | <input type="checkbox"/> |
| Vaginal hysterectomy | <input type="checkbox"/> |
| Pop mesh explantation | <input type="checkbox"/> |

Block 4

Continuing Professional Development

Would participation in the APFPR assist you in meeting the new Medical Board of Australia or College/Society CPD requirements of 25 hours per year of reviewing performance and measuring outcomes? (MBA CPD standard).

- Yes
- Not sure
- No – I will meet these CPD requirements without the APFPR

ACSQHC Credentialing Requirements

Would participation in the APFPR assist you in complying with the ACSQHC Pelvic Floor Procedures Credentialing requirements?

- Yes
- Not sure
- No – I will meet these CPD requirements without the APFPR

Please feel free to make any other comments in the free text below.

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