

AUSTRALIAN PESSARY MANAGEMENT PRACTICES FOR PELVIC ORGAN PROLAPSE: A CROSS-SECTIONAL STUDY

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Background

Vaginal support pessaries are an effective management option for pelvic organ prolapse (POP)(1) with traditional provision by medical professionals and nurses, and more recently physiotherapists(2). Several recent studies have described multidisciplinary pessary management (PM) practices in the UK(2, 3) and France(4) but little is known about Australia. Therefore, we aimed to identify the pessary providers in Australia and associated service characteristics.

Methods

Using a cross-sectional study design, a self-reported electronic survey was developed and distributed to Australian health care practitioners (HCPs) providing PM for POP, between June and August 2022. Curtin University HREC provided ethical approval and recruitment targeted known pessary providers, including urogynaecologists, gynaecologists, urologists, general practitioners, nurses and physiotherapists, as well as healthcare facilities providing PM and relevant professional organisations. Data were cleaned and exported into Jamovi 2.3 for analysis. Responses were analysed using descriptive statistics and key variables reported using frequencies (numbers and percentages).

Results

There were 536 respondents, including 324 (60%) physiotherapists, 148 (28%) specialists, 33 (6%) general practitioners and 31 (6%) nurses. Most worked in private settings (n=418, 85%), 153 (46%) worked publicly, and 85 (17%) across both. Sixty-four percent (n=332) worked within metropolitan regions. Nurses fitted the largest variety of pessaries, followed by physiotherapists. Ring pessaries were most commonly fitted with 10% (n=50) of HCPs only fitted one pessary type, and 32% (n=153) only two. HCPs reported variable training and experience, most (n=336, 69%) reported workplaces with no mandatory competency standard and 324 (67%) wanted further training.

Conclusions

Doctors, nurses, and physiotherapists provided PM in Australia with the majority wanting further training. HCPs had variable training and experience in PM, and requirement to demonstrate competence were not consistent. This is the first known study on PM in Australia and highlights the need for standardised, competency-based training in best practice PM for Australian HCPs.

References

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