

O17

AN ASSESSMENT OF DECISIONAL CONFLICT IN WOMEN USING THE NICE PATIENT DECISION AID FOR SURGICAL TREATMENT OF MESH COMPLICATIONS

R. Bugeja, A. Rahman, S. Jha

Introduction:

The use of vaginal mesh for treatment of urinary incontinence and pelvic organ prolapse was relatively common, prior to the national pause in its use in the UK in 2018. The National Institute for Health and Care Excellence (NICE) developed a patient decision aid (PDA) for women who are referred to specialist mesh centres and considering surgery for mesh complications.

Objectives:

The evidence for use of the NICE PDAs for mesh complication surgery is limited. In this study, we aim to determine whether the use of the PDA reduces the decision conflict in patients considering surgical treatment for complications arising from mesh inserted for stress urinary incontinence or pelvic organ prolapse.

Method:

This is a prospective cohort study. Patients who attended the specialist mesh clinic and were considering surgical treatment for mesh complications were asked to complete a questionnaire, which included a decision conflict score. A small cohort of patients who had already received surgical treatment and had completed the PDA prior to surgery, were also invited to complete the questionnaire retrospectively.

Results:

Patients were grouped according to the management option chosen after they completed the PDA. The SURE test was used to assess decisional conflict. Scores were calculated for each patient, and if the total score was less than 4, this indicated a probability that the patient experienced clinically significant decisional conflict. The range and mode for each patient group dependent on their choice of management was calculated. Current analysis shows that the decisional conflict amongst patient groups is minimal, however, further analysis is still ongoing.

Conclusion:

Current analysis supports the use of the PDA in patients considering surgical management for mesh complications. Free text analysis has also provided common themes amongst the patient groups which would aid shared decision making for surgical treatment.

Reference

Boland et al. (2019) Sure test accuracy for decisional conflict screening among parents making decisions for their child, *Medical Decision Making*, 39(8), pp. 1010-1018