

Clinical profile of patients referred to the Pelvic Floor Dysfunction Nursing Clinic at a University Hospital



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Introduction

The Pelvic Floor Dysfunctions nursing clinic receives patients referred by the Gynecology, Urology, and Coloproctology hospital service, with symptoms of Pelvic Floor Dysfunctions, for conservative treatment.

In 2019, more than 800 patients were on the waiting list at this clinic. The service had capacity to attend up to 40 new patients per month. Therefore, people would wait around 20 months for initial assessment.

As a strategic approach to prioritize severe cases and offer general recommendations for treatment, the team organized a joint effort, by inviting the first 50 patients in the waiting list to participate in a three hour activity.

People received orientation about behavior measures and pelvic floor muscle training, which could improve their symptoms while they were on the waiting list. They also filled out a form in order for the service to identify severe cases and prioritize appointment.

Aim

To analyze the clinical profile of patients referred to the Pelvic Floor Dysfunctions nursing clinic at a University Hospital

Method

Cross-sectional study.

Quantitative approach.

The data presented consists of descriptive statistics based on the tabulation and analysis of the self-administered symptom's form, filled out by two groups of the joint effort.

Results

One hundred and ten patients participated in two days of the joint effort. They were 12 men and 98 women. Patients were between 32 and 80 years old, with a predominance between 50 and 70 (61%).

Pelvic Floor Dysfunction	n.	%
Urge Urinary Incontinence	04	3.6%
Stress Urinary Incontinence	42	38%
Mixed Urinary Incontinence	51	47%
Incomplete voiding symptoms	53	48%
Urinary Tract Infection		64%
Pelvic Organ Prolapse (> 2)	42	38%
Urinary Tract Infection		60%
Constipation (ROMA Criteria)	54	49%
Fecal Incontinence	45	40%
Constipation + IF	23	

Concluding Message

Analyzing the clinical profile presented by the patients referred for nursing clinic we concluded that: In order to work in this scenario, nurses need to have knowledge of Pelvic Floor Muscle Training Protocols, Behavior Modification Protocols (focused on risk factors control), managing incomplete bladder emptying (including Clean Intermittent Catheterization) and patient training for managing of vaginal pessary.

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