

The Impact of Covid-19 on Urogynaecology Pessary Care for Woman.

Correspondence to: maria.crouch2@nhs.net

Dr Maria Crouch & Dr Yi Ling Chan
(ST6 Obstetrics & Gynaecology) (Consultant Obstetrics & Gynaecology)

INTRODUCTION (Why?)

- During COVID-19 patients with vaginal pessarys for management of prolapses had appointments delayed as advised by RCOG.
- We anticipated a large proportion of patients with vaginal pessarys were not being seen within the new proposed RCOG/BSUG guidance.
- We were concerned that there was an increase in reviewing patients with pessary issues through acute services.
- There was concern that harm was occurring to patients due to significant delays in pessary changes.

OBJECTIVES (What?)

Primary measure:

Did the trust follow the recommended BSUG/RCOG guidance on appointment delays for pessary changes and any causes for delays?

Secondary measures:

- Was there an increase in harm to patients due to delays in pessary changes?
- What was the frequency of acute admission during COVID-19 with pessary issues?
- Did the appointment validation system work during COVID-19?
- How many patient are offered self management of pessarys and number undertaking this option at CRH?

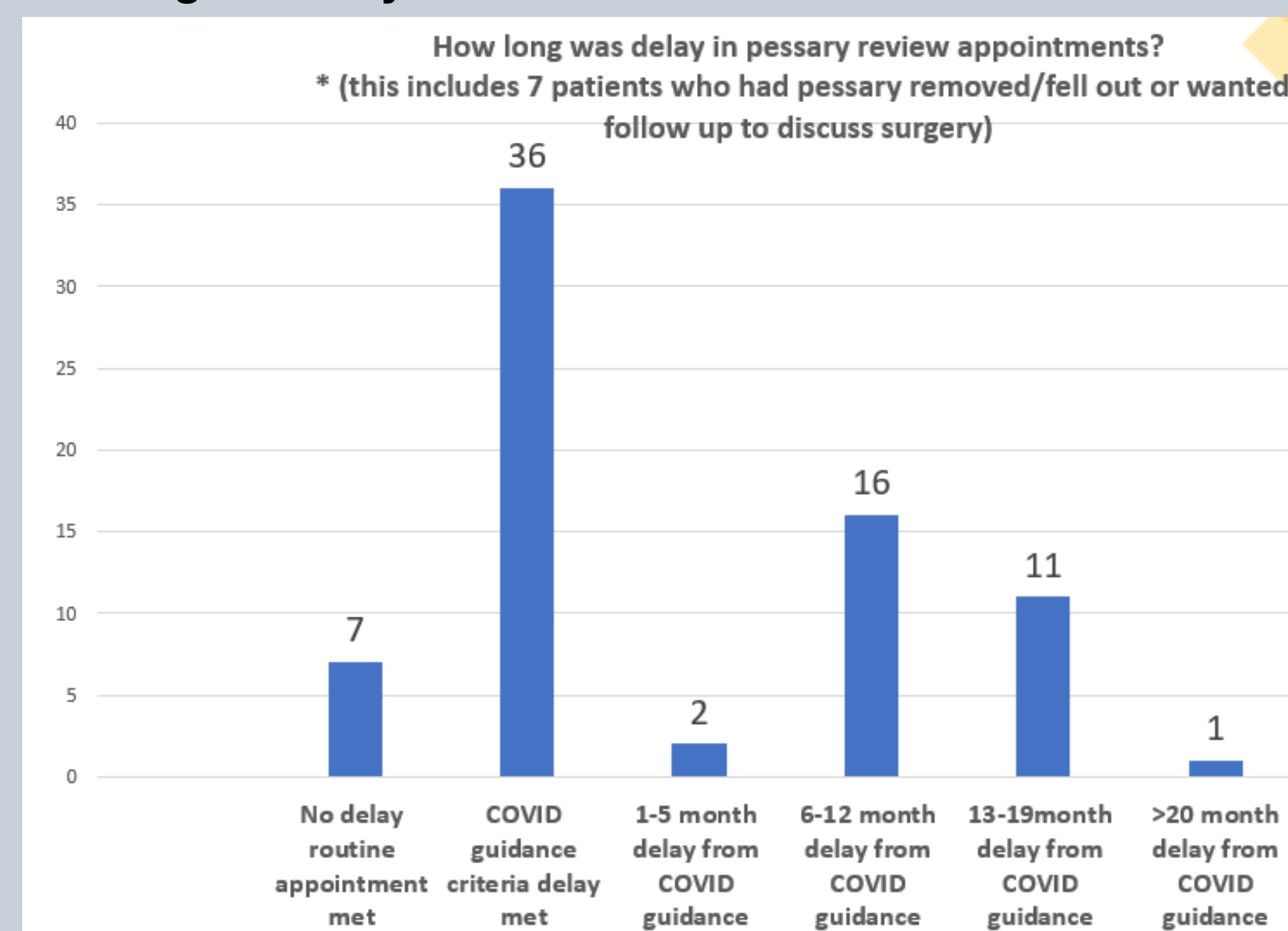
METHOD:

- Audit approval completed.
- Data coding team assisted with identifying relevant patient records.
- Random sample 73 cases selected from the patient list.
- Audit completed retrospectively initially then prospective.
- Data reviewed between 01/03/2020 to 16/09/2021
- Patient details pulled from electronic records.
- Data analysed through excel.

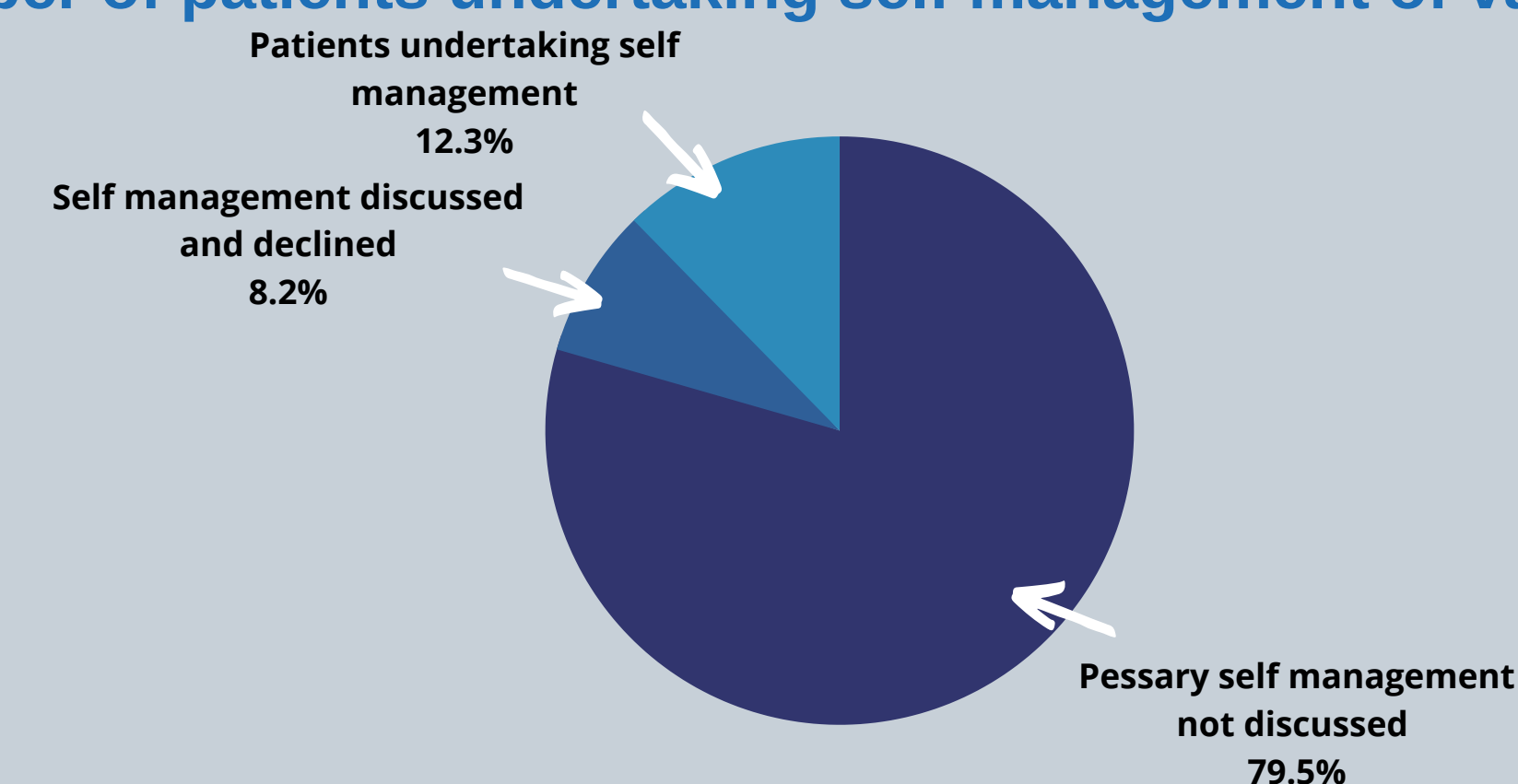
RESULTS

Delays in pessary changes outside RCOG/BSUG guidance:

- 7 (8%) patients had no delay in appointment
- 36 (49%) met the COVID guidance in delay
- Therefore total of 57% patients seen within advised time.
- 39% were not seen within the COVID guidance delay.
- This includes 14 (19%) patients who have not been seen for pessary change during this audit.
- The longest delay was 28 months.



Number of patients undertaking self management of vaginal pessary:



Appointment validation:

Appointments delayed during COVID-19 were triaged by consultants and given prioritisation value advising the time for appointment team to book the next appointment.

31% patients had multiple appointment validation reviews despite consultant prioritisation for appointment (P outcome) the patient did not receive an appointment.

Only 15% (8patients) met the appointment validation criteria during COVID-19.

Complication rates and Acute admissions due to pessary issues during COVID-19:

Reason for admission	Pre COVID	During COVID
Pain	4	4
Ulceration	9	7
Recurrent pessary fall out	7	6
Bleeding	2	3 (2 had 2 week PMB referral through GP)
Slipped pessary	3	0
Urinary retention	1	2
Vaginal discharge	0	1
Atrophy	2	0
Patient distress	0	1
Constipation	1	2
More than 1 problem reported	1	3
Total	28/73 (38%)	23/59 (39%)

- 39% of patients experienced complications during COVID-19 which was similar to 38% prior to COVID.
- 14 patients never received a pessary review/change during COVID-19 therefore no data regarding any complications.
- Despite delays in pessary changes this did not increase complication rates.
- Admissions to acute gynaecology services increased by 16% during COVID-19 increasing workload for acute team.

Factors influencing acute admissions:

- Delay in pessary change
- Lack of nurse lead pessary clinic or telephone advise (pessary nurse was redeployed).
- Reduced gyane clinics and incease in telephone clinics only.

Acute services accessed for pessary care	Number Pre COVID	Number during COVID
Gynae Assessment unit (GAU) appointment	1 (this patient seen 2x during COVID in GAU)	3
1d (Acute gynae unit)	0	3
8c Gynae ward	0	1
Urgent nurse pessary clinic	2	4
Urgent GOPD (doctor) clinic booked	1	2
2 week wait PMB but was bleeding from pessary	0	2
Total	4/73 (4.5%)	15/73 (20.5%) 3 patients seen more than once in GAU or 1d

RCOG/BSUG guidance in delays in pessary changes during COVID-19:

- Ring pessaries normally changed every 5-6months were delayed to 12months between changes.
- Gellhorn/shelf pessary normally changed every 4-5months delayed to 7-8 months between changes



RCOG/BSUG gudiance (1)

ACTIONS:

- Issues with appointment validation and redeployment of staff were significant factors contributing to delay in pessary changes for 39% of woman. **Immediate action was taken to address the issues with appointment validation and improve appointment booking validation system.**
- New pessary nurse has been hired and trained to assist with COVID-19 backlog in appointments.
- Creation of first trust pessary care guideline including appropriate delays in appointments during COVID-19 and when to access acute services.

NEXT STEPS:

- This small audit showed there was no increase in complications with longer delays. Further research is needed to evaluate if woman can have longer gaps between pessary changes.
- The TOPSY trial looking at improving self management of pessary care is underway and there is evidence from their initial QIP that **100 appointments can be freed up and moving 50patients to self management saves trust £5500 and £8400 for commissioners. 100% woman carrying out self management at 3months would continue (2).**
- Creation of educational resources for pessary self management and counselling templates within electronic notes to help increase rates at CRH to improve patient services and financial savings.
- Re-audit waiting times later this year.**
- Audit self management rates before and after implementation of educational resources.**

Reference:

- <https://www.rcog.org.uk/media/ud2lzedu/2021-01-21-joint-rcog-bsug-guidance-on-management-of-urogynaecological-conditions-and-vaginal-pessary-use-during-the-covid-19-pandemic.pdf>
- <https://www.bmj.com/content/372/bmj.n310.full>