

PATIENT INITIATED FOLLOW-UP IN GYNAECOLOGY: A SYSTEMATIC REVIEW

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Research Aim

- Systematic review of the literature relating to PIFU in Obstetrics and Gynaecology
- To identify evidence-based indications for PIFU

Patient Initiated Follow-Up (PIFU)

- Allows patients to make appointments based on their own perception of need
- Aims to provide an alternative to traditional hospital instigated follow-up
- Gives patients autonomy in their care

PIFU in Healthcare

- Substantial increase in hospital outpatient demand
- NHS Long Term plan cites PIFU as method to address backlog
- PIFU shown to increase patient satisfaction and potentially reduce diagnostic delay
- PIFU successfully implemented in other specialties, such as rheumatology and oncology

Methodology

- Project registered on Prospero
- Literature search conducted on OVID, using MEDLINE, AMED, and EMBASE platforms

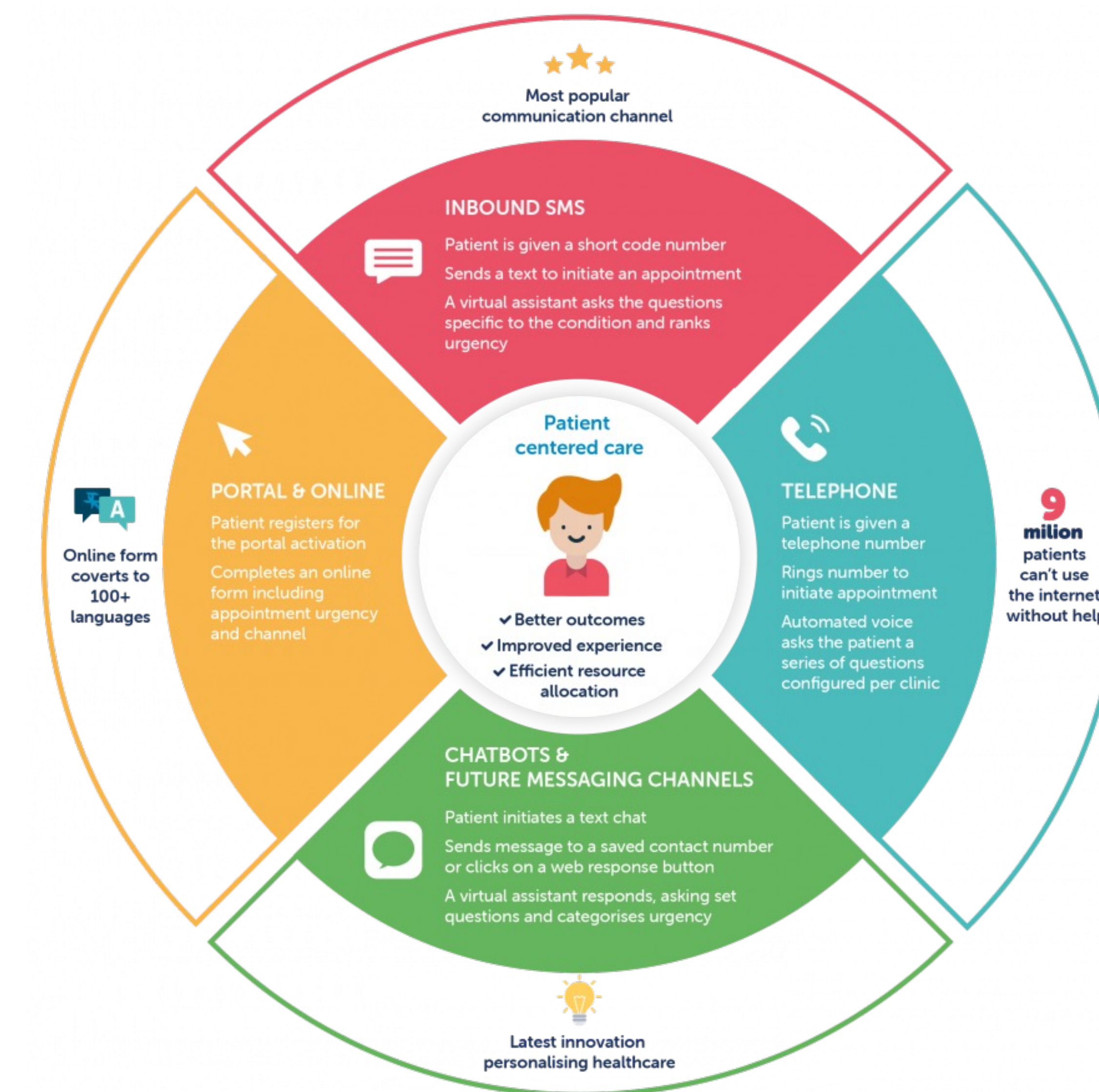
Study Selection

Population: Patients under gynaecology follow-up

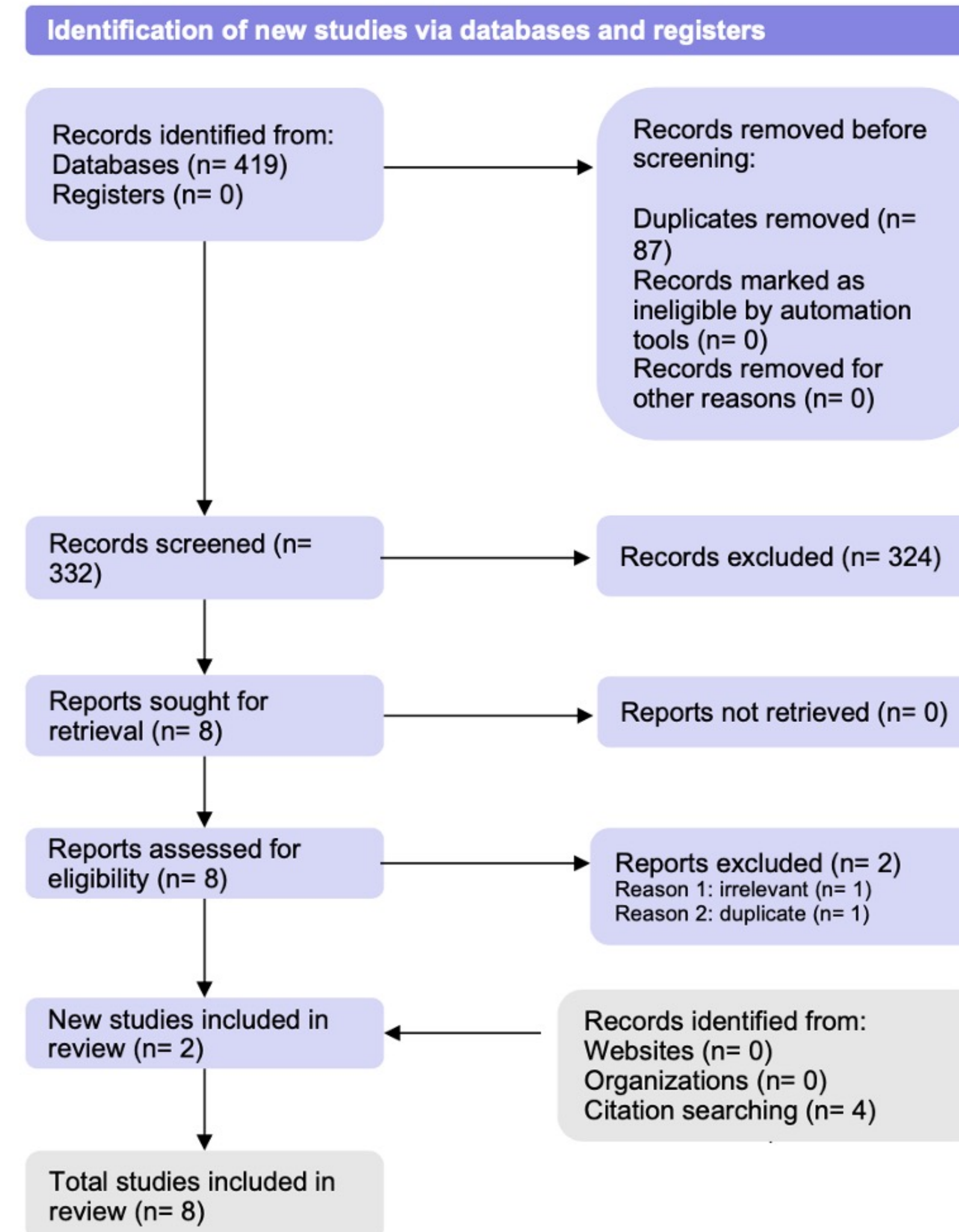
Intervention: Patient initiated follow-up

Comparator: Standard hospital mediated follow-up

Outcome: Evaluation of patient-initiated follow-up



PRISMA Flow Diagram

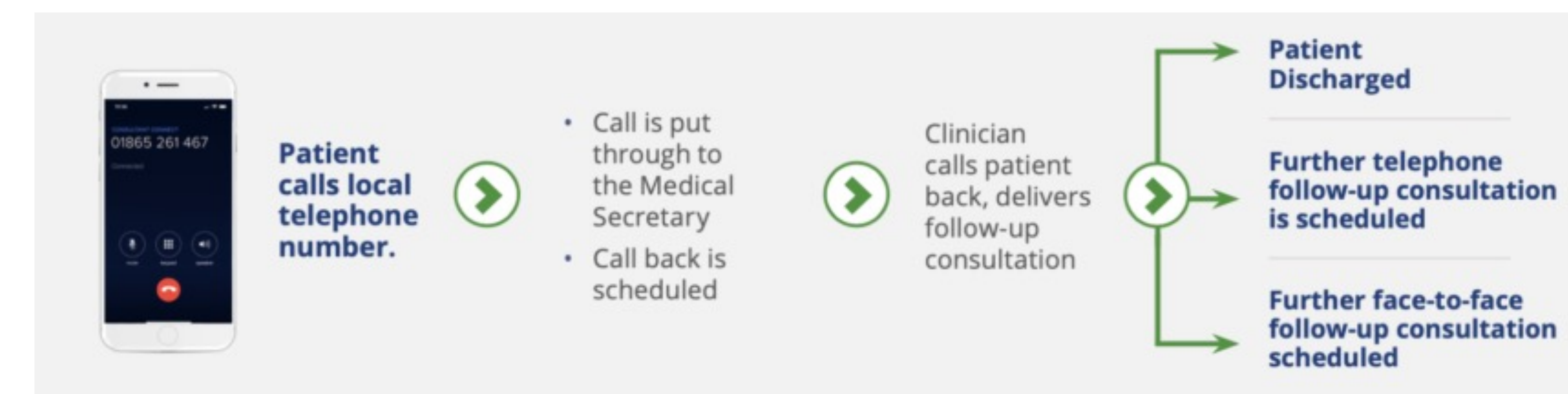


Data Extraction

- Quality assessed using Newcastle-Ottawa scale
- Characteristics of each paper were then extracted for comparison

Main Findings

- 8 papers identified (2 RCTs, 3 prospective cohort, 3 retrospective cohort)
- Majority good quality (score 6 or higher)
- 5 of 8 evaluated PIFU in gynaecology oncology, 2 obstetrics, 1 urogynaecology
- 7 of 8 studies found an increase in patient satisfaction with PIFU
- 4 of 8 studies evaluated cost effectiveness and all found PIFU to be cost-beneficial for both patients and service



Conclusions

- Limited evidence available suggests PIFU is a safe alternative to traditional follow-up in gynaecology
- Shown to greatly increase patient satisfaction without compromising on the quality of care received
- Patient selection paramount; success dependent on patient engagement and ability to self-monitor
- Future research should evaluate PIFU in benign gynaecology before widespread implementation

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