

Descriptive Analysis of Recommendations from Pelvic Floor Meetings in a Large US Health System

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Introduction

Pelvic floor dysfunction encompasses a broad spectrum of structural and functional disorders, requiring management by a diverse group of specialists, including colorectal surgeons, urogynecologists, physical therapists, and radiologists. Multidisciplinary meetings are often held to discuss complex and challenging cases. However, there are no standardized guidelines, and limited data exist on the structure and decision-making processes of these meetings. This study provides a descriptive analysis of the recommendations made during these meetings within a large US healthcare system, offering valuable insights into the collaborative process and interactions among the different disciplines.

Methods

A retrospective review was conducted within a large healthcare system in central Florida, examining patients presented at pelvic floor multidisciplinary meetings across multiple campuses. Data collected included patient demographics, studies performed prior to presentation, and recommendations made during the conference. Descriptive statistical analysis was done.

Results

Between February 2021 and August 2024 (3.5 years), 730 presentations were conducted involving 691 patients, of whom 690 (99.86%) were female. The median age was 63.03 years (range: 18.79–94.05). Thirty-six patients (5.21%) were presented more than once, with a median of 2 presentations per patient (range: 2–4). Dynamic MRI or X-ray defecography was performed in 659 patients (94.9%), and 243 (33.2%) underwent anal manometry before presentation. In some cases, more than one recommendation was provided. Surgery as the first step was recommended in 368 cases (50.41%), with 289 (39.59%) receiving a recommendation for combined abdominal pelvic floor reconstruction, 45 (6.16%) for ventral mesh rectopexy (VMR), 5 (0.68%) for other types of rectopexy, and 17 (2.33%) for perineal repair. Fecal diversion was suggested in 12 cases (1.64%). Non-operative management was recommended in 183 cases (25.07%), including pelvic floor physical therapy in 123 cases (16.85%). Additional recommendations included sacral nerve stimulation (10 cases, 1.37%), Botox injections (15 cases, 2.05%), pessary use (12 cases, 1.64%), and further studies or review of previous studies in 11 cases (1.51%). In 47 cases (6.44%), no recommendation was documented, or the presentation was canceled.

Conclusions

Most cases reviewed at the pelvic floor multidisciplinary meetings resulted in recommendations for surgery, primarily involving combined pelvic floor reconstruction via the abdominal approach. Due to the diversity of this cohort, further analysis is necessary once more detailed pathology and imaging data are available. This information will provide an opportunity to better understand the meetings' processes and improve patient selection for presentation.

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