Reconstructive Pelvic Surgery: The Quality of Life One Year Later

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Objectives: To assess health-related quality of life (HRQOL) and symptom experience in women who have undergone reconstructive pelvic surgery for pelvic organ prolapse and/or urinary incontinence using a broad range of generic- and condition-specific measures.

Study design: Following IRB approval, we conducted standardized HRQOL telephone interviews with women who had undergone reconstructive pelvic surgery and reinterviewed them two weeks later. The interview included a number of condition-specific measures including the Pelvic Floor Distress Inventory (PFDI), the Pelvic Floor Impact Questionnaire (PFIQ), the POP/UI Sexual Questionnaire (PISQ), Hunskaar Severity Measure, and the Medical, Epidemiological and Social Aspects of Aging (MESA). Generic measures used included the SF-36, the Life Orientation Test – Revised (LOT-R) and a single Health Utility Item. Clinical variables were abstracted from medical records.

Results: Eighty-eight women (mean age 65.7 $\pm$ 11.6 yrs) were interviewed approximately one year following an index prolapse/incontinence surgery. Pre-operatively, most women had a primary diagnosis of prolapse (97%) and approximately half (53%) also had pre-operative documentation of urinary incontinence. Prior to the index surgery of this study, 83% had undergone at least one prior prolapse repair. A variety of procedures were performed as the index surgery, including sacrospinous ligament suspension, sacrocolpopexy, suburethral sling, Burch urethropexy, and hysterectomy. The surgeon characterized 19% of the participants as "incontinent" while only 4% of the surgical population has post-operative Stage III/IV prolapse.

Most of the measures (i.e., PFDI, PFIQ, SF-36, health utility item, satisfaction items and LOT-R) demonstrated good test-retest reliability with correlation coefficients >0.60 or kappa scores approaching 0.6 or better. The MESA demonstrated good agreement (kappa 0.63) when the instrument was reduced to only two levels (continent v. incontinent). Similarly, the Hunskaar measure yielded good agreement (kappa 0.73) when divided into two levels (continent/slight incontinence vs. moderate to severe incontinence).

Most of the measures also demonstrate appropriate internal consistency reliability. The validity of the condition-specific measures was demonstrated with significant correlations between the urinary subscales of the PFDI and PFIQ with urinary continence as determined by the MESA and Hunskaar Severity measure (all $p<.001$). The comparisons between the physician's clinical diagnosis and the PFDI, PFIQ, Hunskaar, and MESA demonstrated generally weak agreement.

Conclusions: The battery of QOL measures administered to this sample of women treated for prolapse and urinary incontinence demonstrated appropriate psychometric

properties. The reliability and validity of condition-specific health-related quality of life measures for female pelvic floor disorders was demonstrated in this study using correlations with related measures and also with clinical endpoints. However, , there was evidence that clinical assessments and patients' perceptions of their condition and its impact on their daily lives are not well correlated. This may have occurred in this study because the clinical and HRQOL did not occur at precisely the same time. Consequently, physicians and researchers should strongly consider collecting multidimensional quality of life data as important adjuncts to standard clinical indicators of condition severity and treatment success. Taken together, these two sources of data can be used to meaningfully evaluate the care of women with prolapse and/or incontinence.