Development of a Pelvic Health Service at the Manchester Adult Cystic Fibrosis Centre

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Introduction

A higher prevalence of incontinence is recognised in people with cystic fibrosis.[1] New modulator therapies have improved health, fertility and life expectancy for people with cystic fibrosis (CF) therefore more may undergo pregnancies, menopause and old age. All are additional risk factors for pelvic health (PH) issues.[2] Previously, PH appointments were declined due to the number of health related appointments patients needed to attend already, and a tendency for the majority of health care to be managed within adult CF centres. A lack of inhouse skills and knowledge surrounding PH was identified and joint working and mentorship from a physiotherapist in PH was initiated.

Aims

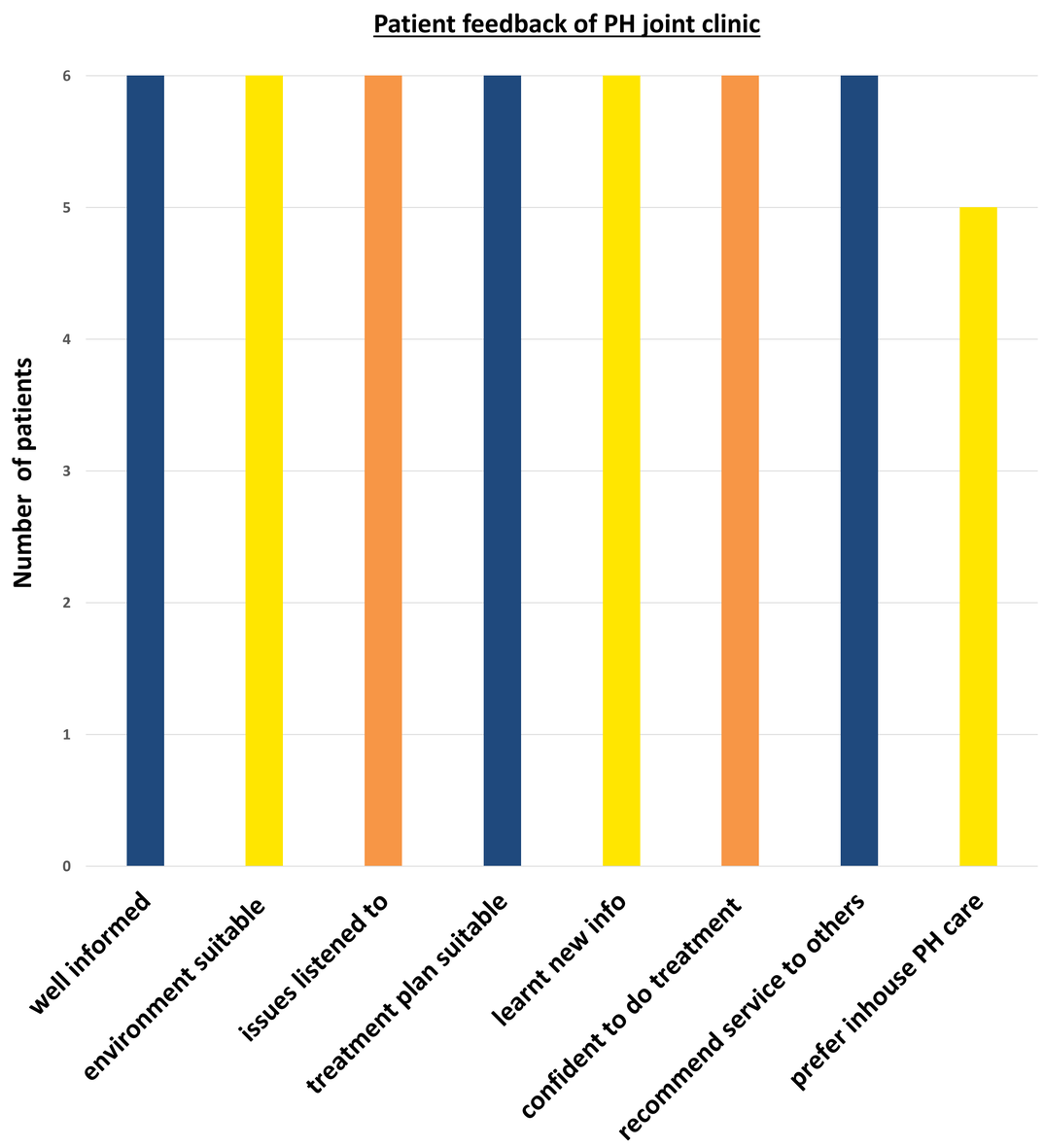
The aim of this service development project was to upskill and improve knowledge to allow an inhouse pelvic health service to be developed within a regional adult cystic fibrosis centre to address a number of emerging pelvic health issues.

Methods

Suitable patients were identified via an ICIQ-UI and 12 patients attended a joint CF pelvic health clinic with both a CF specialist and PH specialist physiotherapist. Appointments were undertaken either face to face, via video call or phone call.

An anonymous patients feedback questionnaire was given to patients after their clinic to ascertain whether the patient felt well in formed of what the appointment would entail, if the environment was suitable, that issues were listened to, that their treatment plan was suitable for them to be able to do at home, whether they learn new information, if they felt confident to do their treatment plan, if they would recommend the new service to other people with CF, where they would prefer ongoing PH care to take place and lastly there was opportunity to provide additional comments .

Results



Results

Six patients completed the questionnaire. An opportunity for additional comments was provided in the patient questionnaire and this led to the patient feedback below;

'fantastic consultation with so many positive things to help'

'learnt a lot and feel understand more'

'felt at ease'

'helped feeling I could be open'

'treatment is doable – and that is most important'

Discussion

All patients surveyed in an anonymous feedback questionnaire felt the environment was suitable, issues were listened to, treatment was suitable for home and that they would recommend the service to others. Only one patient reported they would prefer future PH care to be closer to home, the rest preferred ongoing PH care to remain at the CF centre.

Patients presented with a range of PH conditions including stress urinary incontinence, menopausal symptoms, urge urinary incontinence, lichen sclerosus, post micturition dribble and diastasis recti. The ICIQ-UI will be repeated with these patients at an appropriate time to their individual treatment and this will help to provide an outcome measure of progress for some of these patients. Although the initial joint PH clinics have now finished, the patient questionnaire is still given to all CF patients attending their first PH appointment in order to measure ongoing patient feedback and satisfaction of the new service.

Conclusion

Patients found the joint PH clinics beneficial and majority preferred ongoing inhouse PH care. Due to discussions raised by patients during the PH clinics, an annual bowel incontinence questionnaire will be introduced in to CF care to help identify and provide support to any patients with any bowel issues. An inhouse PH service will continue in the CF centre and mentorship will help maintain competency with this service.

Staff upskilling took place and there is planned continued mentorship and joint research. The development of this service highlighted the diverse range and impact that PH issues have on people with CF. This information, alongside the potential for service development within national CF care, has been shared and gained interest within CF networks. It also provided opportunity for a CF PH education video for the CF Trust which will be available internationally. Alongside this, a new MDT CF menopause clinic is planned to take place this year which was created due to further networking opportunities afforded by the collaboration of PH and CF clinicians.

Collaborative working provide networking opportunities that led to further service development and potential research projects to benefit both current and future patient care.

References

1. **Association of Chartered Physiotherapists in Cystic Fibrosis (2020)** ***Cystic Fibrosis Trust Standards of Care and Good Clinical Practice for the Physiotherapy Management of Cystic Fibrosis: fourth edition.*** **Available at** https://www.cysticfibrosis.org.uk/sites/default/files/2020-12/Standards%20of%20Care%20and%20Good%20Clinical%20Practice%20for%20the%20Physiotherapy%20Management%20of%20Cystic%20Fibrosis%20Fourth%20edition%20December%202020.pdf **(Accessed 7 July 2022)**

2. **National Institute for Health and Care Excellence (NICE, 2021)** ***Pelvic floor dysfunction and non-surgical management.*** **NG210. Available at https://www.nice.org.uk/guidance/ng210 (Accessed 6 July 2022).**