

A multicomponent theory-based intervention improves uptake of pelvic floor muscle training before radical prostatectomy

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Question: What is the effect of a multicomponent theory-based intervention, on provision/receipt of preoperative pelvic floor muscle training (pre-PFMT) among men having radical prostatectomy. **Design:** Before and after cohort study. **Participants:** Men having radical prostatectomy over an 18-month period (nine months pre-intervention, nine months post-intervention) at one public hospital (n = 30) and two private hospitals (n = 94) in Western Sydney. **Intervention:** A multicomponent intervention incorporating patient information guides, an evidence summary, audit and feedback and a provider directory. **Outcome measures:** Provision/receipt of pre-PFMT was assessed through: (i) surveys of men having radical prostatectomy; and (ii) audits of local public sector (n = 4) and private sector (n = 2) providers of PFMT. Urinary incontinence was assessed using the ICIQ-UI Short Form at 3 months after radical prostatectomy. **Results:** There was a significant increase in the proportion of survey respondents receiving pre-PFMT post-intervention (post-intervention: 42/58 respondents, 72% vs pre-intervention: 37/81 respondents, 46%, p=0.002). There was a corresponding significant increase in provision of pre-PFMT by private sector providers (post-intervention: 16.7 ± 3.7 men/month versus pre-intervention: 12.1 ± 3.6 men/month, p = 0.018). Survey respondents receiving pre-PFMT had significantly lower ICIQ-UI Short Form sum-score (pre-PFMT: 6.2 ± 5.0 vs no-PFMT: 9.2 ± 5.8, p < 0.001). **Conclusions:** The multicomponent intervention increased provision/receipt of pre-PFMT among patients having radical prostatectomy. Additional component strategies aimed at increasing utilisation of public sector providers may be necessary to further improve pre-PFMT receipt amongst men having radical prostatectomy in the public hospital system.

Key Practice Points:

- Strong research evidence for pelvic floor muscle training does not ensure its receipt by men
- Theory-based interventions can improve uptake of pelvic floor muscle training.
- Interventions should address locally identified barriers to pelvic floor muscle training.