

Barriers to Preoperative Pelvic Floor Muscle Training for Men Undergoing Radical Prostatectomy: A Qualitative Study

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Introduction

- There is strong evidence to support formal preoperative pelvic floor muscle training (PFMT) to reduce the severity and duration of urinary incontinence after radical prostatectomy.^{1,2}
- Uptake of preoperative PFMT amongst men having radical prostatectomy in Western Sydney, Australia, however, is suboptimal (50% of men in the private sector, < 10% of men in the public sector).
- This study was undertaken to investigate local barriers to, and enablers of, preoperative PFMT, from patient, provider, and referrer perspectives.

Methods

Semi-structured, one-on-one interviews were conducted with participants from three groups:

- Patients:** men having undergone radical prostatectomy at a public and a private hospital in Western Sydney (n=13)
- Providers:** current and potential providers of PFMT including physiotherapists, and urology and continence nurses (n=19)
- Referrers:** current and potential referrers to PFMT, including urological surgeons and general practitioners (n=6).

Interview schedules were developed using Michie's theoretical domains for investigating the implementation of evidence-based practice,³ and allowed participants to identify potential and actual barriers to, as well as enablers of, preoperative PFMT.

Results

Perceived barriers to, and enablers of, preoperative PFMT varied considerably across participant groups and private versus public sector settings.



Patients

A directive from the urologist to attend preoperative PFMT is the key enabler...

'(PFMT) was suggested by (my urologist) as part of the overall package ... it was part of everything that was presented. 'You're going to do this (have surgery), therefore you have to do this beforehand'.'

...particularly if accompanied by a referral to a specific provider.

'(my urologist) said this (PFMT) is a good thing to do. 'Here's the name of a person who I think is good at doing it. Make an appointment and go and see him'.'

For those men not attending PFMT, a lack of knowledge was a common barrier.

'I never thought about leaky bladder, you know, or incontinence, never thought about that. It was never brought up.'

Cost of preoperative PFMT was a consideration for some, but was most often outweighed by the perceived potential burden of urinary incontinence.

'There is a cost factor. I mean I've only taken medical insurance at the highest level for hospital cover.'

'It (cost) wasn't a consideration. I mean, I would have paid the earth provided I could get some guarantees that, you know, I'm going to come out as well as possible.'



Providers

There was a strong belief in the effectiveness of preoperative PFMT.

'The benefit (of PFMT) is it will reduce the impact of the surgery on their (men's) symptoms, and the time course of their symptoms.'

...but some contrast in the ability to provide PFMT between private and public sectors.

'We've invested in new technologies, we have biofeedback units if you need them ... we've got the real-time ultrasound, we've got private rooms in which to conduct this...'

'... we've been busy enough just trying to see the women, to then, for me to turn around and think, 'Oh what am I going to do with these men?''



Referrers

Urologists were aware of the evidence supporting preoperative PFMT...

'I think all the evidence points to preoperative (pelvic floor muscle training) being useful in reducing postoperative incontinence.'

... and routinely recommended preoperative PFMT.

'(referral for PFMT) routinely occurs for every patient, private and public, preoperatively.'

A lack of established relationships with public sector providers of PFMT mitigated against referrals.

'... we've never really developed a relationship with the continence nurses who act in the public sector in regards to pelvic floor exercises.'

And it was perceived that patients were often focused solely on the removal of the cancer.

'... and so things like pelvic floor exercises may not be seen to be as important, given that the patient's absolutely obsessed with the cancer diagnosis.'

Discussion

- The urologist is the only consistent point of contact with the patient prior to surgery, therefore the urologist's recommendation to attend preoperative PFMT is essential to uptake.

- The urologist's recommendation to attend preoperative PFMT should be accompanied by a direct referral to a recommended provider.
- It is incumbent on providers of PFMT, in both private and public sectors, to form working partnerships with urologists to facilitate referrals.
- Urologists and providers of PFMT should make the process of referral, and uptake of that referral, simple and straightforward for patients.

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