

**TITLE:**

Implementing a Prospective Registry for Female Pelvic Medicine & Reconstructive Surgery

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**RESEARCH PROJECT DESCRIPTION**

Female Pelvic Medicine & Reconstructive Surgery (FPMRS) is the newest boarded sub-specialty within Obstetrics and Gynecology. Assessing important clinical outcomes following FPMRS surgery involves measuring clinical, objective measures as well as patient-reported outcomes at standard pre- and post-operative intervals using validated instruments. UF hosts a complete FPMRS retrospective surgical database with over 1200 cases that has been built over the past 7 years, with the help of the MSRP program. Last year, the database was converted into a digital registry with REDCap and we are building electronic capture of patient-reported outcomes through MyChart (Epic). Information contained within the database is available for clinical research. This will allow for automatic data extraction (no more chart reviews!).

The medical student will upload the existing data (2010-2016) into the new REDCap database and extract newer data from Epic (2016-2017) for entry using the REDCap data-entry forms. This will integrate our entire surgical volume (about 1200 cases) into a single REDCap database.

The student must be willing to work with REDCap support staff, perform some data entry, participate in basic data analysis using JMP and will participate in manuscript writing and presenting the findings at regional / national meetings.

<https://www.ncbi.nlm.nih.gov/pubmed/28696948>

**Hypothesis:** Simultaneous with the data manipulation described above, the student will develop a hypothesis which relies of data contained within the registry / database. Project-specific IRB approval may be required, so early engagement is critical. Faculty will actively facilitate the IRB application. Some possible hypotheses include:

- Patients who require post-op catheterization following a mid-urethral sling report greater improvement in their stress incontinence than those who do not require catheterization. *Manuscript currently being written.*
- There is no difference in overall patient satisfaction between those who have a mesh-augmented prolapse repair and those who have a native tissue repair.
- Patients with baseline anxiety disorders are at increased risk for diminished post-operative satisfaction and increased complications.
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**Methods:** The specific methods will depend on the hypothesis selected.