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Pelvic floor disorders (PFD) affect over 50% of women and involve urinary incontinence and/or the prolapse of reproductive organs through the genital hiatus. Pelvic organ prolapse can cause discomfort, reduced quality of life, and hindrance of many activities. This condition affects 1 in 3 women that have had one or more vaginal births. In addition to childbirth, other risk factors that increase the likelihood of developing PFDs include post-menopausal status, high BMI, and diabetes. Although surgery is successful for many women, there are risks associated with surgery and post-operative complication and recurrence surveillance is important. Quality improvements must be undertaken to increase surgical efficacy and patient satisfaction following pelvic floor surgery. At the minimum, we must assess our own surgical outcomes by routinely evaluating post-operative patients at regular intervals. While it is not common practice to continue post-operative surveillance beyond 6 weeks, it may provide essential quality and safety information that is currently lacking for both individual surgeons, and our specialty at large.

The PRISM (Pelvic Reconstruction and Incontinence Surgery using Mesh) Registry is an existing database maintained by the University of Massachusetts which stores surgical and clinical information on patients undergoing pelvic floor surgery. Data entry into this registry has been **previously approved by the UF IRB-01 (#71-2013)**. Data that will be extracted and entered into the PRISM registry includes an operative case report and an outpatient clinical case report form (see attached). All personal data is de-identified and coded with a key before analysis by the medical student. No patient health identifiers are entered into the PRISM Registry.

HYPOTHESIS AND RATIONALE

This is a descriptive study, designed to determine the rate of compliance to surgeon-requested post-operative surveillance following pelvic floor surgery. We suspect that long travel distance, low pre-operative symptom severity and post-operative satisfaction at the 6 week visit reduce compliance.

SPECIFIC AIMS

The specific aims of the proposed project are:

1. To determine the typical adherence of patients to surgeon-requested post-operative surveillance
 - a. At standard 6 week post-operative interval
 - b. At enhanced post-operative intervals (6, 12, 24 and 36 months)
2. To identify factors associated with non-adherence to scheduled surveillance
 - a. Patient age
 - b. Travel distance (using zip code)
 - c. Pre-operative symptom severity (as measured by PFDI, PFIQ, POP-Q and Sandvik)
 - d. Medical comorbidities
 - e. Patient's living situation (home alone, home with assistance, ALF)
 - f. Outcome at 6 week post-operative visit (as measured by PFDI, PFIQ, POP-Q and UI question)
 - g. Type of surgery performed (reconstructive with or without anti-incontinence, mesh revision, etc.)

This study was begun in 2014 and has collected 2 year post-op data. In 2016, the PRISM registry will be able to provide up to 5 year post-op data, which will result in a robust dataset for analysis. Research students will participate in the following activities:

- Shadow in Urogynecology clinic
- Shadow in Urogynecology OR
- Attend Gynecology conference once a week
- Data extraction from medical record and entry into database
- Learn basic statistics and how to use simple statistical software
- Submit and abstract for presentation and a manuscript for publication

