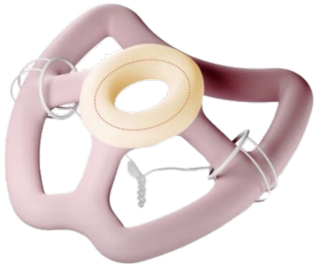
HEALTHCARE INNOVATION TECHNOLOGY LAB (HITLAB)

Expert Clinician Narrative Analysis on Pessaries and Pelvic Prolapse

Kat Marriot PhD [1]; Stan Kachnowski, PhD, MPA [1]

[1] HITLAB Healthcare Innovation Technology



ABSTRACT

FemTherapeutics was founded with a singular mission - to redesign the one-size-fits-all approach to women's health and restore gender equality in medical innovation. Student researchers at the Notre Dame Hospital recognized a high pattern of unnecessary hysterectomy surgeries. Diving into the root of the problem and the failing treatment plans on the market, it was found that vaginal pessaries is an under-researched area and key to the issue of unnecessary hysterectomies

From here, the idea of FemTherapeutics was born with the mission to provide personalized treatment options for women suffering from common gynecological conditions. The three student researchers - Inara Lalani, Negin Ashouri, and Dr. Mihnea Gangal - were inspired to conceptualize FemTherapeutics after participating and taking home the top prize in the McGill Surgical Innovation Program.

The underlying idea is to empower women with choice. FemTherapeutics believe that every woman deserves access to effective healthcare solutions and to age with dignity.

OBJECTIVES

- To better understand the pain points and deficiencies of the use and prescription of pessaries for pelvic floor prolapse.
- To collect data on the current practices and patterns of clinicians in this space.
- Use the SHG platform to identify, question and then analyze the data from specified clinicians with the required knowledge in order to collect the desired information.

STUDY METHODOLOGY

Narrative Analysis:

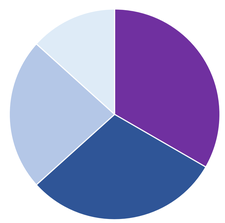
- HITLAB team conducted Expert Narrative Analysis of specialized clinicians capable of answering detailed questions regarding pessaries and pelvic prolapse conditions needing or requiring prescription of a pessary.
- The Narrative Analysis generated data from Urologists, Gynecologists and Urogynecologists with knowledge and/or experience treating women with pelvic prolapse and prescribing pessaries for their disorder.
- The expert physicians were required to have significant experience (2-5 years or greater) treating POP and prescribing pessaries.
- Surveys developed by HITLAB were administered to the Clinicians. The surveys covered knowledge of and specifics of complications, reasons for failure, statistics and issues around the use of pessaries for POP..

RESULTS

Demographics

- 30 clinicians surveyed using the SHG platform; Around 50% are OB-GYNs while the remaining are Gynecologist (~20%) and Urogynecologist (~30%)
- Average years of practice – 19.9 years
- Strong record of pessary prescribing as well as treating women with POP
- Maximum pessary prescriptions per week 25, average 5.2

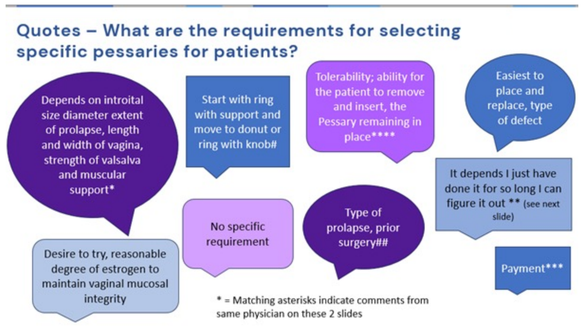
POP Diagnosis and General Pessary Prescribing Practices



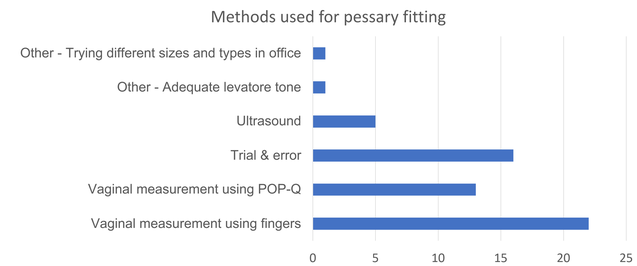
- Majority pessary prescribed when a woman requests for it (n=19)
- Also commonly prescribed at the first line of therapy (n=17)
- Standard practice to prescribe to women who are not surgical candidates (n=11)
- After conservative therapy, physiotherapy (n=11)
- Others (n=2)

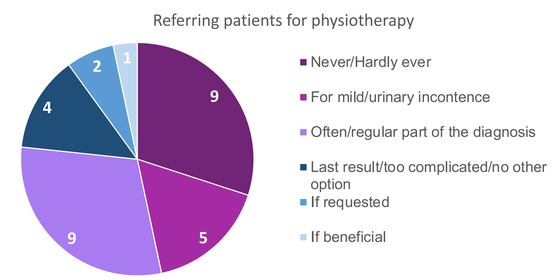
Pessary Fitting

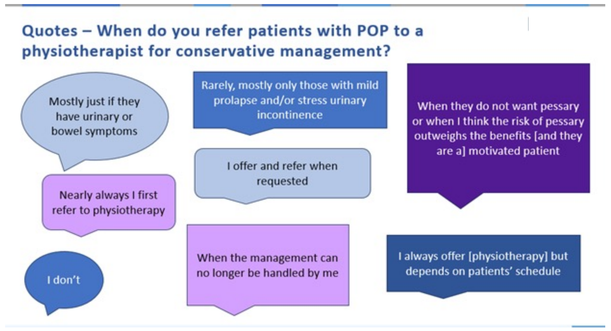
- A majority of patients (70%) require multiple visits (2 or more) for an optimal pessary fit
- A good percentage of women are unable to find a pessary with an optimal fit
- Most patients are NOT prescribed multiple pessaries



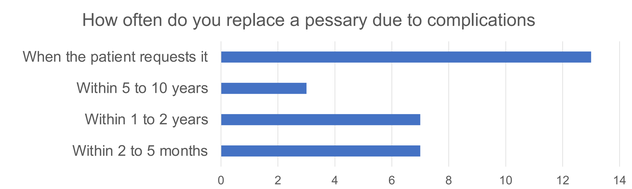
Pessary Fitting and Physiotherapy

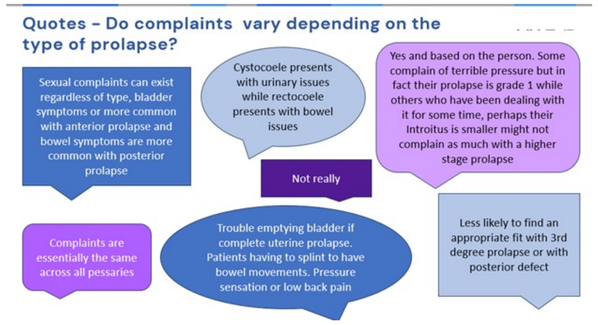




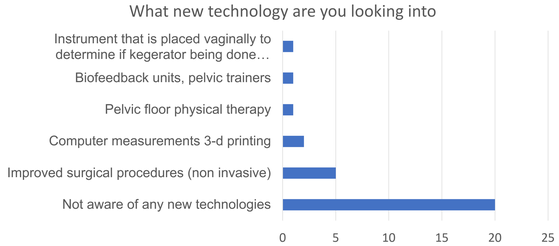


Pessary Complications





New Pessary Technology



Nearly all clinicians report that they are not aware of any new pessary tech but what they do learn, they learn from journals and conferences

CONCLUSIONS

- Pessary prescriptions are a staple treatment for these surveyed clinicians and are viewed as valuable devices to treat and improve pelvic support.
- Finding the right pessary with the right fit takes effort (often multiple visits) and a sizable proportion of women are unable to find a good fit, despite multiple pessary options.
- Pessary prescriptions are often accompanied with complications (some serious) and complaints as well as a myriad of management strategies for these complications.
- There appears to be a lack of standardized treatment for specific prolapse diagnoses or standard pessary type prescriptions for specific diagnoses.
- Pessaries may be prescribed in concert with physiotherapy, but there does not appear to be strong agreement on when or why to refer.
- Does not appear to be any awareness of new technology in pessary production, fitting, maintenance, etc.
- There is a void or plenty of space for improvement in the diagnosis, treatment and maintenance of pessary prescriptions and POP.

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FEMTHERAPEUTICS

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HITLAB
3960 Broadway, Suite 501
New York, NY 10032
Phone: 212 543 0100
Email: research@hitlab.org