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Please acknowledge this work in any resulting paper or presentation as; Gynaecology Waiting Lists; Louise Levitt. [05/06/2025], Isleworth, UK: Patricia Bowen Library & Knowledge Service.

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Gynaecology Waiting Lists

1. **Pelvic pain & endometriosis: the development of a patient-centred e-health resource for those affected by endometriosis-associated dyspareunia.**

    Item Type: Journal Article

    Authors: Parmar G.;Howard A.F.;Noga H.;Tannock L.;Abdulai A.F.;Allaire C.;Lett S.;Sutherland J.;de Arbina E.L.;Hummelshoj L.;BridgeCook P. and Yong, P. J.

    Publication Date: 2025

    Journal: BMC Medical Informatics and Decision Making 25(1), pp. 79

    Abstract: BACKGROUND: We recognized a paucity of accessible, evidence-based, empowering patient-centred resources for those with endometriosis-associated dyspareunia. Affecting more than 50% of people with endometriosis, dyspareunia can significantly impact relationships, chronic pain and the ability to have a family. We aimed to develop a patient-centred educational website for those affected by endometriosis-associated dyspareunia. METHOD(S): To develop a functional and meaningful website for endometriosis-associated dyspareunia, we utilized a Knowledge to Action framework, supplemented with a patient-centred research design and technology-enabled knowledge translation. Our patient partners influenced the direction and scope of the project, provided critical feedback throughout the development process, and approved website revisions prior to launch. The website was developed in five phases; (1) needs assessment interviews and focus groups with key stakeholders, (2) landscape analysis of pre-existing websites, (3) development, (4) usability testing and qualitative interviews, and (5) revisions and launch.

RESULT(S): Phase 1 and 2 emphasized a need for comprehensive yet plain language explanations of pain mechanisms and strategies for pain management. Rigorous consultation with key stakeholders informed the creation of the preliminary website in phase 3. Usability testing in phase 4 identified five main categories of usability problems, most of which were considered minor. Phase 4 qualitative interviews identified users' overall impressions of the preliminary website, including that the website could help people understand their pain and describe their pain to partners and healthcare providers, as well as feel empowered to seek healthcare and validated in their experiences. User suggestions, combined with usability testing, informed revisions in phase 5. CONCLUSION(S): We developed an educational website for endometriosis-associated painful sex where people can find evidence-based etiologies for pain, pain management options, and actionable resources. Based on the data collected through qualitative interviews with patients, this website can potentially empower people to seek health care. The strength of the website development approach used was the inclusion of qualitative user insights in addition to the commonly completed user tests. The patient interviews provided insights into the potential impact of the website and, thus, ensured that we not only created a functional website that meets end users' needs, but a website that is also meaningful to those affected by this condition.Copyright © 2025. The Author(s).

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2. Good-Quality mHealth Apps for Endometriosis Care: Systematic Search.

Item Type: Journal Article

Authors: Sirohi, Diksha;Ng, Cecilia Hm;Bidargaddi, Niranjan;Slater, Helen;Parker, Melissa;Hull, M. Louise and O'Hara, Rebecca

Publication Date: Feb 07 ,2025

Journal: Journal of Medical Internet Research 27, pp. e49654

Abstract: BACKGROUND: Mobile health (mHealth) apps are increasingly being used by community members to track symptoms and manage endometriosis. In addition, clinicians use mHealth apps for continued medical education and clinical decision-making and recommend good-quality apps to patients. However, poor-quality apps can spread misinformation or provide recommendations that are not evidence-based. Therefore, a critical evaluation is needed to assess and recommend good-quality endometriosis mHealth apps. OBJECTIVE: This study aimed to evaluate the quality and provide recommendations for good quality endometriosis mHealth apps for the community and clinicians. METHODS: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 guidelines informed the search of mHealth apps on the Google Play Store and Apple App Store. The search terms included "endometriosis," "adenomyosis," and "pelvic pain." mHealth apps were eligible if they were (1) related to the search terms, (2) were in the English language, and (3) were available free of cost. Only the free content of the eligible mHealth apps was assessed. ENLIGHT, a validated evaluation tool for mobile and web-based interventions, was used to assess the quality across 7 domains such as usability, visual design, user engagement, content, therapeutic persuasiveness, therapeutic alliance, and general subjective evaluation. mHealth apps with a total score of >=3.5 were classified as "good" according to the ENLIGHT scoring system and are recommended as good-quality mHealth apps for endometriosis care. RESULTS: In total, 42 mHealth apps were screened, and 19 were included in the quality assessment. A total of 6 good-quality mHealth apps were identified (QENDO, Bearable, Luna for Health, Matilda Health, Branch Health: Pain Management, and CHARLI Health). These apps provided symptom-tracking functions and self-management support. A total of 17 apps were designed for community use, while 2 apps provided a digital endometriosis classification tool to clinicians. Most mHealth apps scored well (>=3.5) in the domains of usability (16/19, 84.2%), visual design (14/19, 73.7%), user engagement (11/19, 57.9%), and content (15/19, 78.9%). Few eHealth websites scored well on therapeutic persuasiveness (6/19, 31.6%), therapeutic alliance (9/19, 47.4%), and general subjective evaluation (6/19, 31.6%). CONCLUSIONS: Although time and geographical location can influence the search results, we identified 6 "good-quality" endometriosis mHealth apps that can be recommended to the endometriosis community. mHealth apps designed for community use should evaluate their effectiveness on user's endometriosis knowledge, self-recommended management strategies, pain self-efficacy, user satisfaction, and user quality of life. Digital technology should be leveraged to develop mHealth apps for clinicians that contribute to continued medical education and assist clinical decision-making in endometriosis management. Factors that enhance usability, visual design, therapeutic persuasiveness, and therapeutic alliance should be incorporated to ensure successful and long-term uptake of mHealth apps. TRIAL REGISTRATION: PROSPERO CRD42020185475; https://tinyurl.com/384dkkmj. Copyright ©Diksha Sirohi, Cecilia HM Ng, Niranjan Bidargaddi, Helen Slater, Melissa Parker, M Louise Hull, Rebecca O'Hara. Originally published in the Journal of Medical Internet Research (https://www.jmir.org), 07.02.2025.

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18848&id=doi:10.2196%2F49654&issn=1438-8871&isbn=&volume=27&issue=&spage=e49654&pages=e49654&date=2025&title=Journal+of+Medical+Internet+Research&atitle=Good-Quality+mHealth+Apps+for+Endometriosis+Care%3A+Systematic+Search.&aulast=Sirohi&pid=%3Cauthor%3ESirohi+D%3BNg+CH%3BBidargaddi+N%3BSlater+H%3BParker+M%3BHull+ML%3BO%27Hara+R%3C%2Fauthor%3E%3CAN%3E39918848%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

3. **Using an electronic patient reported outcome measure (ePAQ-MPH) to assess potential harm for long-waiting patients in gynaecology.**

Item Type: Journal Article

Authors: Gray T.;Johnson S.;ProsserSnelling E. and Simpson, P.

Publication Date: 2024

Journal: BMC Women's Health 24(1) (pagination), pp. Article Number: 646. Date of Publication: 01 Dec 2024

Abstract: Background: During the COVID-19 pandemic, outpatient waits for gynaecology appointments increased by 60% in the UK National Health Service (NHS). The aim of this study was to use the electronic Personal Assessment Questionnaire-Menstrual, Pain and Hormonal (ePAQ-MPH) electronic patient reported outcome measure (ePROM) to assess symptoms, impact and potential harm for patients waiting > 60 weeks for general gynaecology appointments at a teaching hospital. Method(s): 1070 patients waiting > 60 weeks for a new appointment (range 60-72 weeks) were invited to complete ePAQ-MPH online to measure gynaecological symptoms and health-related quality-of-life (HRQoL). Patients could also call to cancel appointments no longer needed. Non-responders were telephoned weekly for three further weeks and asked to complete ePAQ-MPH. Patients scoring > 80/100 for ePAQ-MPH domains relating to HRQoL had their appointment escalated to be seen within six-eight weeks. Thematic content analysis was undertaken of free-text concerns recorded using ePAQ-MPH. Result(s): 526 patients completed ePAQ-MPH (49.2%), 169 of these scored greater than 80/100 for one or more HRQoL domains and were seen within 6-8 weeks. 103 patients (9.6%) requested to cancel their appointment. Reasons included problem resolving spontaneously (33%), problem treated by general practitioner (10%) and being seen by a private provider (28%). Commonly recorded free-text concerns related to wanting a diagnosis (n = 142), management of condition (n = 98) and pain management (n = 77). Conclusion(s): ePAQ-MPH may be used effectively to prioritise patients waiting for an outpatient appointment in gynaecology. Wider use of ePROMs to support waiting list validation within the NHS and elsewhere should be considered.Copyright © The Author(s) 2024.

URL: https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:39707325&id=doi:10.1186%2Fs12905-024-03506-0&issn=1472-6874&isbn=&volume=24&issue=1&spage=646&pages=&date=2024&title=BMC+Women%27s+Health&atitle=Using+an+electronic+patient+reported+outcome+measure+%28ePAQ-MPH%29+to+assess+potential+harm+for+long-waiting+patients+in+gynaecology&aulast=Gray&pid=%3Cauthor%3EGray+T.%3BJohnson+S.%3BProsser-Snelling+E.%3BSimpson+P.%3C%2Fauthor%3E%3CAN%3E2032686248%3C%2FAN%3E

%3CDT%3EArticle%3C%2FDT%3E

4. **Enhancing endometriosis care with telehealth: Opportunities and challenges.**

Item Type: Journal Article

Authors: Perelmuter S. and Shin, J. H.

Publication Date: 2024

Journal: Journal of Telemedicine and Telecare , pp. 1357633X241287969

Abstract: Endometriosis affects a significant portion of women during their reproductive years, causing substantial pain and impacting their quality of life. Telehealth services have emerged as a promising avenue for enhancing endometriosis care, especially in the post-COVID-19 era. For endometriosis patients, who often require frequent appointments and specialized care, telehealth offers a convenient and accessible solution, particularly for addressing pain management and interdisciplinary concerns. Despite the challenges posed by the lack of physical examinations in telehealth, studies show that it can be a viable option for endometriosis care. Integrating telehealth with in-person visits for initial assessments can build trust and ensure comprehensive care delivery. Moreover, telehealth facilitates collaboration among multidisciplinary teams, including gynecologists, psychologists, and physiotherapists, to provide holistic treatment plans addressing physical, psychological, and interpersonal aspects of endometriosis. Here, we explore the potential benefits of telehealth in managing endometriosis, highlighting its role in providing comprehensive, multidisciplinary care while overcoming barriers like diagnostic delays and limited access to specialists. Further research and integration of telehealth into routine practice are warranted to maximize its benefits and address the complex challenges associated with endometriosis management.

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5. **Patients' preferences, experiences and expectations with wait time until surgery in gynaecological oncology: a mixed-methods study in two gynaecological oncological centres in the Netherlands.**

Item Type: Journal Article

Authors: van den Berg, Kim;Knegt, Anne;Fons, Guus;Lok, Christianne A. R. and Aarts, Johanna W. M.

Publication Date: 2024

Journal: BMJ Open 14(8), pp. e085932

Abstract: OBJECTIVES: Patient-centredness of care during wait time before surgery can be improved. In this study we aimed to assess (1) patients' experiences with and preferences regarding wait time before surgery; (2) the impact of wait time on quality of life (QoL) and (3) which factors influence patients' wait time experience. DESIGN, SETTING, PARTICIPANTS: We performed an exploratory sequential mixed-methods study among women with gynaecological cancer in two tertiary hospitals. We conducted semistructured interviews and identified aspects of QoL and factors that influenced wait time acceptability through thematic analysis. We developed a questionnaire from this thematic analysis which was completed by 97 women. Descriptive statistics and univariate and multivariate regression analyses were performed. RESULTS: Average ideal wait time was 3.5 weeks (+/-1.7 weeks), minimum and maximum acceptable wait times were 2.2 and 5.6 weeks. Many patients scored above the threshold of the Hospital Anxiety and Depression Scale for anxiety (48%) or depression (34%), had sleeping problems (56%) or experienced pain (54%). A number of factors were more common in patients who indicated that their wait time had been too long: low education level (OR 7.4, 95% CI 0.5 to 5.0, p=0.007), time to surgery >4 weeks (OR 7.0, 95% CI 0.8 to 4.4, p=0.002) and experienced sleep disturbance (OR 3.27, 95% CI 0.0 to 3.1, p=0.05). If patients expectation of wait time was >4 weeks (OR 0.20, 95% CI -4.0 to -0.5 p=0008) or if patients experienced pain (OR 0.26, 95% CI -3.6 to -0.3, p=0.03), they less frequently indicated that wait time had been too long. CONCLUSION: To improve patient-centredness of care, healthcare providers should aim to reduce wait time to 3-4 weeks and ensure that patients are well informed about the length of wait time and are aware of high levels of anxiety, depression and pain during this time. Future studies should evaluate what interventions can improve QoL during wait time. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

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6. **A Single Session of a Digital Health Tool-Delivered Exercise Intervention May Provide Immediate Relief from Pelvic Pain in Women with Endometriosis: A Pilot Randomized Controlled Study.**

Item Type: Journal Article

Authors: Lutfi M.;Dalleck L.C.;Drummond C.;Drummond M.;Paparella L.;Keith C.E.;Kirton M.;Falconer L.;Gebremichael L.;Phelan C.;Barry C.;Roscio K.;Lange B. and Ramos, J. S.

Publication Date: 2023

Journal: International Journal of Environmental Research and Public Health 20(3) (pagination), pp. Article Number: 1665. Date of Publication: 01 Feb 2023

Abstract: Background: Endometriosis is a debilitating chronic condition that is commonly associated with chronic pelvic pain, affecting approximately 10% of women of reproductive age worldwide. The general principle of pain management in this population involves both pharmacological and surgical interventions. There is also increasing interest in the use of exercise as an alternative non-pharmacological analgesic, but adherence and accessibility to face-to-face exercise-delivery modalities are poor. This study aims to determine the immediate impact of a single session of 'supervised' telehealth-delivered exercise compared to 'self-managed' virtual reality (VR)-delivered exercise on pelvic pain associated with endometriosis. Method(s): Twenty-two women experiencing pelvic pain due to endometriosis were included and randomized into three groups: (i) VR-delivered exercise group (n = 8); (ii) telehealth-delivered exercise group (n = 8); and (iii) control group (n = 6). The visual analogue scale (VAS) was used to assess the severity of pelvic pain. Result(s): There was no statistically significant between-group difference (p = 0.45) in the participants' pain score following a single session of the study interventions (VR or telehealth) or the control. However, a 'medium-to-large' group x time interaction effect (eta2 = 0.10) was detected, indicating a more favorable pain score change following a single session of telehealth- (pre-post : +10 +/- 12 mm) and VR-delivered exercise (pre-post : +9 +/- 24 mm) compared to the control group (pre-post : +16 +/- 12 mm). Conclusion(s): Our study suggests that a single bout of a 'self-managed' VR-delivered exercise may be as efficacious as a single session of 'supervised' telehealth-delivered exercise in providing immediate relief from pelvic pain associated with endometriosis.Copyright © 2023 by the authors.

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7. A survey exploring the use of symptom diary mobile apps for endometriosis.

Item Type: Journal Article

Authors: Scheck S.M.;HohmannMarriott B.;Faughnan G. and Henry, C.

Publication Date: 2023

Journal: Journal of Endometriosis and Pelvic Pain Disorders 15(3-4), pp. 128–133

Abstract: Background: Symptom tracking for endometriosis has been validated with clinical benefits, however, there is limited evidence around the use of mobile apps for endometriosis symptom tracking. Method(s): We performed a survey of people with suspected or confirmed endometriosis in Aotearoa New Zealand to assess mobile app use for symptom tracking including which app is being used, how frequently symptoms are tracked, which features are most important and which features would be desired. We also explored willingness to share symptom data with clinicians and/or researchers. Result(s): A total of 188 survey responses were included. Mobile apps were used for symptom tracking by 83/188 (44.1%), with only 13 of 188 (6.9%) reporting they would not consider use of an app. Of current app users, 51.5% reported logging symptoms at least weekly. The most frequently desired features included tracking of specific symptoms (such as periods, pain, bowel symptoms, mental health symptoms), other tracking (such as medications and diet) and general app usability. Of those who use or would consider using an app 77.7% reported they would be comfortable sharing data with clinicians, and 76.1% reported they would be comfortable sharing anonymous data with researchers. Discussion(s): Almost half of participants reported using an app to track symptoms, and almost all reported they would consider use. Around three in four patients would be willing to share this data with clinicians and researchers, and therefore further focus on the utility of these apps may benefit patients directly, their relationship with healthcare providers and be utilised for further endometriosis research.Copyright © The Author(s) 2023.

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8. **Pain Reduction With an Immersive Digital Therapeutic Tool in Women Living With Endometriosis-Related Pelvic Pain: Randomized Controlled Trial.**

Item Type: Journal Article

Authors: Merlot B.;Dispersyn G.;Husson Z.;ChanavazLacheray I.;Dennis T.;GrecoVuilloud J.;Fougere M.;Potvin S.;CottyEslous M.;Roman H. and Marchand, S.

Publication Date: 2022

Journal: Journal of Medical Internet Research 24(9) (pagination), pp. Article Number: e39531. Date of Publication: 01 Se 2022

Abstract: Background: Chronic pelvic pain is a common and disabling condition in women living with endometriosis. Pharmacological and surgical treatments are not always effective at controlling pain and present important restrictions. Digital therapeutics (DTx) are emerging as major nonpharmacological alternatives that aim to extend the analgesic therapeutic arsenal of patients. Objective(s): In this randomized controlled trial (RCT), we aimed to measure the immediate and 4-hour persisting effects of a single use 20-minute DTx (Endocare) on pain in women experiencing pelvic pain due to endometriosis. Method(s): A total of 45 women with endometriosis participated in a randomized controlled study comparing the analgesic effect of a single use of a virtual reality digital treatment named Endocare (n=23, 51%) to a 2D digital control (n=22, 49%). Perceived pain and pain relief were measured before the treatment and 15, 30, 45, 60, and 240 minutes after the end of the treatment. Result(s): The clustered posttreatment pain was significantly reduced compared to the pretreatment for both Endocare and the control group (all PResult(s): The clustered posttreatment pain was significantly reduced compared to the pretreatment for both Endocare and the control group (all PResult(s): The clustered posttreatment pain was significantly reduced compared to the pretreatment for both Endocare and the control group (all P.05). Conclusion(s): Our study aimed to test the effects of a single use of a DTx treatment on reported pain at different time points in women diagnosed with endometriosis experiencing moderate-to-severe pelvic pain. Importantly, our results support that Endocare, a virtual reality immersive treatment, significantly reduce pain perception compared to a digital control in women living with endometriosis. Interestingly, we are the first to notice that the effect persisted up to 4 hours posttreatment.Copyright © 2022 Journal of Medical Internet Research. All rights reserved.

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9. **Impact of Surgical Wait Time to Hysterectomy for Benign Gynecologic Disease**

Item Type: Journal Article

Authors: Traylor, Jessica;Koelper, Nathanael;Kim, Sun Woo;Sammel, Mary D. and Andy, Uduak U.

Publication Date: 2021

Journal: Journal of Minimally Invasive Gynecology 28(5), pp. 982–990

Abstract: Study Objective: To determine the impact of surgical wait time on healthcare use and surgical outcomes for patients undergoing hysterectomy for benign gynecologic indications.Design: Retrospective cohort study.Setting: Urban, academic tertiary care center.Patients: Patients who underwent hysterectomy for benign disease between 2012 and 2018.Interventions: None.Measurements and Main Results: Patients were categorized into 2 groups, dichotomized by surgical wait times >30 days or ≤30 days. Healthcare use was measured by the number of discrete patient interactions with the healthcare system through phone calls, secure electronic messaging, and office and emergency room visits. Univariate and multivariable logistic regression models were performed to assess the association between surgical wait time and healthcare use and perioperative outcomes while controlling for confounders. A total of 277 patients were included in our analysis: 106 (38.3%) had surgical wait times >30 days (median 47 days, range 24-68 days), and 171 (67.1%) had surgical wait times ≤30 days (median 19 days; range 12-26 days). The groups did not differ by age, insurance status, substance use, or comorbid conditions. Patients in the group with surgical wait times >30 days were more likely to have increased healthcare use (69 of 106, 65% vs 43 of 171, 25%; odds ratio 5.55; 95% confidence interval, 3.27-9.41). There were no differences in intraoperative complications (9 of 106, 8% vs 19 of 171, 11%; p = .482) or postoperative complications (28 of 106, 26% vs 32 of 171, 19%; p = .13) between the groups; however, after controlling for potential confounders, patients with surgical wait times >30 days were 3.22 times more likely to be readmitted than patients with surgical wait times ≤30 days (95% confidence interval, 1.27-8.19).Conclusion: A surgical wait time >30 days in patients undergoing a hysterectomy for benign disease is associated with increased healthcare use in the interim. Although patients who experience longer surgical wait times do not experience worse surgical outcomes, they may be at higher risk for readmission after surgery. Targeted interventions to optimize perioperative coordination of care for patients undergoing a hysterectomy for benign disease, especially those within vulnerable populations, are needed to improve quality of care, decrease any redundant or inefficient healthcare use, and reduce any unnecessary delays.

Access or request full text: https://libkey.io/10.1016/j.jmig.2020.08.486

10. **MHealth: providing a mindfulness app for women with chronic pelvic pain in gynaecology outpatient clinics: qualitative data analysis of user experience and lessons learnt.**

Item Type: Journal Article

Authors: Ball E.;Newton S.;Rohricht F.;Steed L.;Birch J.;Dodds J.;Cantalapiedra Calvete C.;Taylor S. and Rivas, C.

Publication Date: 2020

Journal: BMJ Open 10(3) (pagination), pp. Article Number: 030711. Date of Publication: 12 Mar 2020

Abstract: Objectives To determine whether a pre-existing smartphone app to teach mindfulness meditation is acceptable to women with chronic pelvic pain (CPP) and can be integrated into clinical practice within the National Health Service (NHS) CPP pathways, and to inform the design of a potential randomised clinical trial. Design A prestudy patient and public involvement (PPI) group to collect feedback on the acceptability of the existing app and study design was followed by a three-arm randomised feasibility trial. In addition, we undertook interviews and focus groups with patients and staff to explore app usability and acceptability. We also obtained participant comments on the research process, such as acceptability of the study questionnaires. Setting Two gynaecology clinics within Barts Health NHS, London, UK. Participants Patients with CPP lasting >=6 months with access to smartphone or personal computer and understanding of basic English. Intervention The intervention was mindfulness meditation content plus additional pain module delivered by a smartphone app. Active controls received muscle relaxation content from the same app. Passive (waiting list) controls received usual care. Main outcome measures Themes on user feedback, app usability and integration, and reasons for using/not using the app. Results The use of the app was low in both active groups. Patients in the prestudy PPI group, all volunteers, were enthusiastic about the app (convenience, content, portability, flexibility, ease of use). Women contributing to the interview or focus group data (n=14), from a ' real world' clinic (some not regular app users), were less positive, citing as barriers lack of opportunities/motivation to use the app and lack of familiarity and capabilities with technology. Staff (n=7) were concerned about the potential need for extra support for them and for the patients, and considered the app needed organisational backing and peer acceptance. Conclusion The opinions of prestudy PPI volunteers meeting in their private time may not represent those of patients recruited at a routine clinic appointment. It may be more successful to codesign/codevelop an app with typical users than to adapt existing apps for use in real-world clinical populations. Trial registration number ISRCTN10925965.Copyright © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY. Published by BMJ.

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11. MEMPHIS: a smartphone app using psychological approaches for women with chronic pelvic pain presenting to gynaecology clinics: a randomised feasibility trial.

Item Type: Journal Article

Authors: Forbes G.;Newton S.;Cantalapiedra Calvete C.;Birch J.;Dodds J.;Steed L.;Rivas C.;Khan K.;Rohricht F.;Taylor S.;Kahan B.C. and Ball, E.

Publication Date: 2020

Journal: BMJ Open 10(3) (pagination), pp. Article Number: 030164. Date of Publication: 12 Mar 2020

Abstract: Objectives To evaluate the feasibility of a randomised trial of a modified, pre-existing, mindfulness meditation smartphone app for women with chronic pelvic pain. Design Three arm randomised feasibility trial. Setting Women were recruited at two gynaecology clinics in the UK. Interventions were delivered via smartphone or computer at a location of participants choosing. Participants Women were eligible for the study if they were over 18, had been experiencing organic or non-organic chronic pelvic pain for 6 months or more, and had access to a computer or smartphone. 90 women were randomised. Interventions Daily mindfulness meditation delivered by smartphone app, an active control app which delivered muscle relaxation techniques, and usual care without app. Interventions were delivered over 60 days. Primary and secondary outcome measures Outcomes included length of recruitment, follow-up rates, adherence to the app interventions, and clinical outcomes measured at baseline, two, three and 6 months. Results The target sample size was recruited in 145 days. Adherence to the app interventions was extremely low (mean app use 1.8 days mindfulness meditation group, 7.0 days active control). Fifty-seven (63%) women completed 6-month follow-up, and 75 (83%) women completed at least one postrandomisation follow-up. The 95% CIs for clinical outcomes were consistent with no benefit from the mindfulness meditation app; for example, mean differences in pain acceptance scores at 60 days (higher scores are better) were -2.3 (mindfulness meditation vs usual care, 95% CI: -6.6 to 2.0) and -4.0 (mindfulness meditation vs active control, 95% CI: -8.1 to 0.1). Conclusions Despite high recruitment and adequate follow-up rates, demonstrating feasibility, the extremely low adherence suggests a definitive randomised trial of the mindfulness meditation app used in this study is not warranted. Future research should focus on improving patient engagement. Trial registration numbers NCT02721108; ISRCTN10925965; Results.Copyright © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY. Published by BMJ.

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12. **Gynaecology physiotherapy screening clinics improve access to care and health outcomes for women on gynaecology outpatient waiting lists**

Item Type: Conference Proceeding

Authors: Edwards H., Greitschus J., Nucifora J., Weekes C., Kuys S. and Sam, S.

Publication Date: 2017

Publication Details: Neurourology and Urodynamics. Conference: 47th Annual Meeting of the International Continence Society, ICS 2017. Florence Italy. 36(Supplement 3) (pp S175-S176); John Wiley and Sons Inc.,
Abstract: Hypothesis/aims of study The aim of this study was to determine if a physiotherapy led gynaecology physiotherapy screening clinic (GPSC) can improve access to care and health outcomes in women with incontinence and/or pelvic organ prolapse (POP) referred for gynaecology/urogynaecology outpatient services and wait listed as category 3. Many healthcare systems are currently facing multiple challenges with increasing costs of providing healthcare, ageing populations as well as an increase in chronic diseases. Urinary incontinence and pelvic organ prolapse affect many women across all ages and have a significant impact on women's quality of life. Treatment involves conservative and/or surgical management. With increasing waiting lists for gynaecology review a different model of care was a priority for both the patient and the health service. It was hypothesized that implementation of a GPSC: * Reduces the waiting time to initiation of care for women on gynaecology/urogynaecology department outpatient waiting lists-these women can access the GPSC much earlier than waiting for an initial gynaecology/urogynaecology consultation * Reduces the number of category 3 patients requiring gynaecology/urogynaecology appointments-women who experience a resolution of their symptoms with GPSC management can be removed from the Gynaecology Outpatient Department (GOPD) waiting list * Reduces the number of specialist appointments (gynaecology/urogynaecology) required or provides a more efficient pathway to surgical management, for women who remain on the GOPD waiting list after discharge from the GPSC. These women can receive intensive physiotherapy treatment prior to their specialist consultation. It was also hypothesized that the majority of women who complete a course of treatment and are discharged from GPSC will have a reduction in the severity of their incontinence and/or prolapse symptoms, have an improvement in their overall quality of life and will have a high level of satisfaction with the GPSC service. Study design, materials and methods The study involved a service evaluation comparing patient outcomes before and after the introduction of the GPSC service at two hospital sites. GPSC admission and discharge data were collated on women completing a course of treatment for incontinence and/or pelvic organ prolapse from January 2015-March 2016. Following initial assessment, management options available included conservative management comprising a course of physiotherapy +/-continence nurse advisor review, gynaecology/urogynaecology review, or if clinically indicated referral expediated for specialist review. For patients appropriate for conservative management discharge options included discharge from GPSC with no gynaecology/urogynaecology review indicated or continued on for specialist review in GOPD-again this may have been upgraded for earlier review if clinically indicated. Percentage of women with clinical improvement on clinical outcome measures (Australian pelvic Floor Questionnaire (APFQ) and the AQOL-6D), between initial and discharge were reviewed. Global rating of change scale which was completed on discharge from GPSC was also reviewed. Data were retrieved from a historical comparator group of women attending an initial gynaecology or urogynaecology appointment between 1st July 2013-31st December 2013. Medical records were searched to ensure primary diagnosis at initial consultation, follow up appointments or surgery performed was for incontinence and/or POP. For both groups wait time to initiation of care (days), number of specialist

appointments required before discharge or surgery were recorded. The data collected was quantitative, non-identifiable and grouped for analysis and reporting. Results A total of 380 patients were discharged from GPSC across the two sites from January 2015 to March 2016, with 202 female patients (average age 52 years-range 16-84) conservatively managed. Women completing a course of treatment demonstrated significant clinical symptom reduction as measured on the APFQ across all domains following treatment (p <0.001). 80% of patients reported positive improvement on the GRC scale (n=167). There was no difference in the total AQOL-6D between pre and post treatment however there was a statistically significant reduction in the dimensions for coping and pain (p=0.31 and 0.23 respectively) however numbers were low (n=44). Of the 178 patients who did not complete treatment in GPSC 43% were failed to attend, 30% requested discharge, 13% declined the offer of an appointment and 14% did not respond to the initial offer of an appointment. Wait time to initiation of care was significantly reduced from a mean 133 days (SD 120) to mean 87 (SD 75) post commencement of the GPSC. Of those that completed a course of treatment 33% of women no longer required a gynaecology/urogynaecology appointment and were removed from the GOPD waiting list. Patients who needed specialist review (66%), both surgical and non surgical, required an average of 1 (SD 1.1 and 0.96 respectively) less gynaecology/urogynaecology appointments per patient. For those 178 patients who didn't complete a course of treatment 14% were able to be removed from the GOPD waiting list. Earlier specialist review was facilitated in 5% of the patient cohort. Satisfaction surveys were completed by 121 discharged patients. All participants expressed satisfaction with the service and would recommend it to others. Over 73% were very satisfied that their main problem was identified and treated by a physiotherapist as well as with the outcome of their management through GPSC. Interpretation of results Early intervention in a GPSC can provide patient benefits by providing earlier access to care and significantly reducing patient symptoms. Additionally the GPSC had a positive effect on the health service by reducing the number of patients requiring gynaecology/urogynaecology review, resulting in increased availability of specialist appointments reducing specialist waiting list time. Irrespective of whether patients were discharged from GPSC with no specialist follow up required or continued on for gynaecology/urogynaecology review there were still significant improvements in their clinical symptoms following treatment in the GPSC. The GPSC service has improved the patient flow with the patient completing a course of physiotherapy treatment prior to seeing the gynaecologist/urogynaecologist which is in line with current international guidelines (1). It has also allowed for the facilitation of earlier review for patients with severe symptoms. Concluding message Early physiotherapy intervention in a GPSC prior to gynaecology appointment for women with incontinence and or POP can significantly decrease waiting times for initial care, reduce the number of gynaecology appointments required, improve patient outcomes as well as improve patient flow to the gynaecologist.

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13. **Mindfulness Meditation Using a Smart-phone Application for Women With Chronic Pelvic Pain.**

Item Type: Journal Article

Publication Date: 2015

Journal: Clinicaltrials.Gov (pagination), pp. Date of Publication: 28 Se 2015

Abstract: Brief Summary Chronic pelvic pain (CPP) in women is common, painful and disabling and puts much strain on women's lives and the (National Health Service) NHS. CPP may be related to internal organs, the nervous system or psychological factors and is often difficult to treat. Surgery and drugs have risks and side effects, are expensive and do not help all patients. Psychological treatments have potential to improve CPP but are not consistently available. Mindfulness meditation teaches people to accept their sensations and emotions in the present moment. This can help to accept pain better, which enables patients to focus on daily activities and improve their quality of life. It has been shown to help in headache, back pain and depression. Usually mindfulness meditation is taught by attending courses for 8 weeks. The investigators want to find out in a full-scale trial if mindfulness meditation, taught by using a smartphone app, can help CPP patients. In preparation for this full-scale study the investigators will conduct the MEMPHIS study to answer the following questions: * How many patients are willing to participate? * How often they use the app? * Reasons for not wanting to participate/not using the app - - Which health questionnaires are the most useful ones? * How many patients will be required for the full-scale trial? Patients will receive the usual treatment and be divided into three groups * using a 60-day mindfulness meditation app, -- using comparison app with progressive muscle relaxation but no meditation * no app Patients will complete health questionnaires, may be asked to comment in a focus group and record pain, medication changes, surgery and emergency medical visits Detailed Description CPP affects up to 24% women worldwide accounts for 20% of UK gynaecological clinic referrals and has a considerable impact on patients' quality of life and their income. CPP costs the NHS 3.3bn per year. Despite costly interventions CPP is often resistant to surgical and medical treatment. Multifactorial psychological and somatic causes require a multidimensional approach. Psychological and somatic causes require a multidimensional approach, which is not routinely offered in gynaecology clinics. Randomized Control Trial (RCT-) evidence suggests that primary inclusion of psychological interventions may be superior to primary surgery. Although psychological treatment is provided across the NHS, mostly in the context of primary care Improving Access to Psychological Therapies there are problems with capacity, waiting times and overall number of patients being able to access services. Alternatively, patient self-management (PSM) is now recognised as a tool empowering patients to cope better with their condition. Mindfulness meditation is a potentially valuable PSM tool in CPP. The investigators conducted a systematic search of literature (07/2013, updated 12/2013) and found no RCTs on mindfulness meditation in CPP. However, two small pilot trials, one in CPP and one in endometriosis patients with promising results. The investigators decided to undertake a systematic review on the effect of mindfulness meditation and extend the search to other chronic pain conditions (e.g. back pain, headache, fibromyalgia and diabetic neuropathy) because previous systematic reviews had number of limitations, such as not reporting effect size. Two independent reviewers assessed the risk of bias systematically using Review Manager (RevMan) 5.2 software. Out of 472 citations 9 RCTs were finally included. Most studies were of moderate quality; sample sizes were generally small. Mindfulness meditation had positive effects on depression in chronic pain patients (SMD -0.28; 95%CI -0.53, -0.03; p = 0.03). A trend in reduction of anxiety and affective pain and a trend towards better QUOL, especially the mental health component and better pain acceptance was observed. Only one of the included studies reported the important measure of pain acceptance. If a larger sample size had been available it would have been likely that this and other health outcomes would have shown significant improvements, as was seen in depression (which was studied on n=259 patients), rather than trends. It is the investigators intention to add results to the body of research from a future full-scale trial. Currently Mindfulness-based treatment is creating lively research interest. Two recent systematic reviews report positive effects on somatisation disorders and psychological stress. Although there is no ongoing study on patients with CPP, other chronic diseases with strong psychological components of depression and anxiety such as COPD and the RFPB-funded pilot study PATHWAYS on Pulmonary Arterial Hypertension are underway. Of particular interest, due to the similarities in study design to MEMPHIS, is a recently closed pilot study, MIMS (UKCRN ID 13105) that investigated adjustment to multiple sclerosis. In MIMS meditation teaching was delivered by videoconference. Web-based delivery has also been explored and shown to be feasible for reducing stress, anxiety and depression; both options are lacking the flexibility of a smartphone app, which is being proposed. There is evolving work on care pathways through primary secondary and tertiary levels for patients with CPP and recently mindfulness meditation has been introduced in Dorset, albeit delivered face-to-face. This could be replaced by cheaper and more flexible app-delivered meditation training. This study will address the knowledge gaps and provide by: 1. Providing feasibility data for a large multicentre RCT aimed at rigorously testing Mindfulness meditation in CPP 2. Establishing whether this app could be seamlessly integrated into CPP pathwaysCopyright © 2025 clinicaltrials.gov

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14. **The impact of waiting time on quality of life scores in girls with menstrual problems**

Item Type: Conference Proceeding

Authors: Azurah A.G.N., Sanci L., Moore E. and Grover, S.

Publication Date: 2012

Publication Details: BJOG: An International Journal of Obstetrics and Gynaecology. Conference: 10th International Scientific Congress of the Royal College of Obstetricians and Gynaecologists, RCOG 2012. Kuching, Sarawak Malaysia. 119(SUPPL. 1) (pp 142-143); Blackwell Publishing Ltd,

Abstract: Introduction: Access to healthcare services plays an important role in determining the quality of health care. In Canada, approximately 20% of patients reported adverse effect such as pain, worry and stress, as a result of waiting for health care. The Pediatric and Adolescent Gynaecology Unit in Royal Children Hospital, Melbourne is the only specific referral centre for gynaecological cases in the paediatric and adolescent population in Victoria. With only one weekly clinic run by three consultants and one or two fellows, long waiting times from booking an appointment to being seen are accepted as unavoidable. The aim of this study is to assess the impact of the waiting time on the quality of life of both the girls with menstrual problems and their parents. Method(s): This was a descriptive, cross-sectional study conducted in Royal Children's Hospital, Melbourne bertween 1st October till 30th June 2010. The research tool used for the girls was PedsQLTM 4.0 generic module and for the parents was SF12v2. Simple linear regression was used the analysed the association between waiting time and quality of life scores. Result(s): There were 375 new cases listed in the appointment book. Eighty-four (21.3%) failed to attend the clinic. Two hundred and twenty-one girls were eligible however, 40 (18.1%) refused participation. 38.6% of the girls had dysmenorrhoea followed by heavy menstrual bleeding (33.6%), oligomenorrhoea (19.6%) and amenorrhoea (8.2%). The mean waiting time was 8.22 + 3.79 weeks. Although there was no significant difference in the length of waiting time among girls with different menstrual problems, longer waiting time was reported in girls with amenorrhoea (8.97 + 3.65 weeks) and oligomenorrhoea (8.70 + 4.05 weeks) compared to dysmenorrhoea (7.93 + 4.23 weeks) and heavy menstrual bleeding (7.78 + 3.37 weeks). There were inverse linear relationship between the waiting time and the girls' physical health and psychosocial health scores. However, only the psychosocial health score scale was significant with P value of 0.001. Although parent mental and physical summary scores showed negative relationship with waiting time, both were not significant with P value of 0.15 and 0.24 respectively. Conclusion(s): Long waiting times for appointments has been shown to affect the QoL of girls with menstrual problems, mainly in the psychosocial aspect. More effective triage systems need to be implemented with priority given to those who are at greater risk of poor health outcomes. These findings highlight the need to train more clinicians specialising in this area of health thus increase the availability and accessibility of such health care services to adolescents.

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15. **Impact of endometriosis on quality of life and work productivity: A multicenter study across ten countries.**

Item Type: Journal Article

Authors: Nnoaham K.E.;Hummelshoj L.;Webster P.;D'Hooghe T.;De Cicco Nardone F.;De Cicco Nardone C.;Jenkinson C.;Kennedy S.H. and Zondervan, K. T.

Publication Date: 2011

Journal: Fertility and Sterility 96(2), pp. 366–373.e8

Abstract: Objective: To assess the impact of endometriosis on health-related quality of life (HRQoL) and work productivity. Design(s): Multicenter cross-sectional study with prospective recruitment. Setting(s): Sixteen clinical centers in ten countries. Patient(s): A total of 1,418 premenopausal women, aged 18-45 years, without a previous surgical diagnosis of endometriosis, having laparoscopy to investigate symptoms or to be sterilized. Intervention(s): None. Main Outcome Measure(s): Diagnostic delay, HRQoL, and work productivity. Result(s): There was a delay of 6.7 years, principally in primary care, between onset of symptoms and a surgical diagnosis of endometriosis, which was longer in centers where women received predominantly state-funded health care (8.3 vs. 5.5 years). Delay was positively associated with the number of pelvic symptoms (chronic pelvic pain, dysmenorrhoea, dyspareunia, and heavy periods) and a higher body mass index. Physical HRQoL was significantly reduced in affected women compared with those with similar symptoms and no endometriosis. Each affected woman lost on average 10.8 hours (SD 12.2) of work weekly, mainly owing to reduced effectiveness while working. Loss of work productivity translated into significant costs per woman/week, from US$4 in Nigeria to US$456 in Italy. Conclusion(s): Endometriosis impairs HRQoL and work productivity across countries and ethnicities, yet women continue to experience diagnostic delays in primary care. A higher index of suspicion is needed to expedite specialist assessment of symptomatic women. Future research should seek to clarify pain mechanisms in relation to endometriosis severity. Copyright © 2011 American Society for Reproductive Medicine, Published by Elsevier Inc.

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16. **Experiences and expectations of women with urogenital prolapse: A quantitative and qualitative exploration.**

Item Type: Journal Article

Authors: Srikrishna S.;Robinson D.;Cardozo L. and Cartwright, R.

Publication Date: 2008

Journal: BJOG: An International Journal of Obstetrics and Gynaecology 115(11), pp. 1362–1368

Abstract: Objective: To explore the expectations and goals of women undergoing surgery for urogenital prolapse using both a quantitative quality of life approach exploring symptom bother and a qualitative interview-based approach exploring patient goals and expectations. Design(s): Prospective observational study. Setting(s): Tertiary referral centre for urogynaecology. Population: Forty-three women with symptomatic pelvic organ prolapse were recruited from the waiting list for pelvic floor reconstructive surgery. Method(s): All women were assessed with a structured clinical interview on an individual basis. The data obtained were transcribed verbatim and then analysed thematically based on the grounded theory. Individual codes and subcodes were identified to develop a coding framework. The prolapse quality-of-life (pQoL) questionnaire was used to determine the impact of pelvic organ prolapse on the woman's daily life. We arbitrarily classified 'bother' as minimal, mild, moderate and marked if scores ranged from 0 to 25, 25-50, 50-75 and 75-100, respectively. The degree of prolapse was objectively quantified using the pelvic organ prolapse quantification (POP-Q) system. Quantitative data were analysed using SPSS. Ethical approval was obtained from the Kings College Hospital Ethics Committee. Main Outcome Measure(s): Quantitative data from POP-Q, subjective data from pQoL, qualitative data based on the structured clinical interview. Result(s): Forty-three women were recruited over the first 1 year of the study. Their mean age was 56 years (range 36-78) and mean parity was 2 (range 0-6). The mean ordinal stage of the prolapse was 2 (range stages 1-4). Quantitative analysis of the pQoL data suggested that the main domains affected were prolapse impact on life (mean score 74.71) and personal relationships (mean score 46.66). Qualitative analysis based on the clinical interview suggested that these women were most affected by the actual physical symptoms of prolapse (bulge, pain and bowel problems) as well by the impact prolapse has on their sexual function. Conclusion(s): While disease-specific QoL questionnaires allow broad comparisons to be made assessing patient bother, they may lack the sensitivity to assess individual symptoms. A qualitative approach may individualise patient care and ultimately improve patient satisfaction and overall outcome when treating women complaining of urogenital prolapse. © 2008 The Authors.

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Search Strategy

Ovid MEDLINE(R) ALL <1946 to June 04, 2025>

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3	exp Gynecology/	21577
4	exp Gynecologic Surgical Procedures/	95640
5	exp Genital Neoplasms, Female/	272290
6	1 or 2 or 3 or 4 or 5	578646
7	exp Pelvic Pain/	12187
8	pelvic pain.tw,kw.	13014
9	pain*.tw,kw.	959082
10	7 or 8 or 9	962834
11	exp Waiting Lists/	14732
12	exp Time-to-Treatment/	11408
13	wait* list*.tw,kw.	18233
14	11 or 12 or 13	38902
15	6 and 10 and 1443	
16	from 15 keep 3-4,13	3
17	7 or 8	19956
18	14 and 17	30
19	from 18 keep 10	1
20	exp Mobile Applications/	15036
21	exp Telemedicine/	53002
22	apps.tw,kw.	14607
23	telemedicine.tw,kw.	30381
24	exp Cell Phone/	25960
25	(mobile phone* or cell phone* or cellular phone*).tw,kw.	21103
26	exp Digital Health/	910
27	20 or 21 or 22 or 23 or 24 or 25 or 26	114953
28	17 and 27	36

29	from 28 keep 6-7,12,19,26-27	6

Embase <1974 to 2025 June 04>

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3	exp gynecologic surgery/	206439
4	1 or 2 or 3	1046106
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6	exp hospital admission/	320865
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8	5 or 6 or 7	367056
9	exp pelvic pain/	28346
10	pelvic pain.tw,kw.	22347
11	pain*.tw,kw.	1457087
12	9 or 10 or 11	1464367
13	4 and 8 and 12	1531
14	5 or 7	63553
15	4 and 12 and 14	213
16	limit 15 to english language	205
17	from 16 keep 28,96,142,196	4
18	exp mobile phone/ or exp telemedicine/ or exp mobile application/ or exp telehealth/	185395
19	exp digital health/	4593
20	(mobile phone* or cell phone* or cellular phone*).tw,kw.	24985
21	(telemedicine or mhealth or telehealth).tw,kw.	68381
22	18 or 19 or 20 or 21	204578
23	9 or 10	32865
24	22 and 23	138
25	limit 24 to english language	138
26	from 17 keep 1-4	4

27 from 25 keep 7,16,32,39,42,52,57,92,100 9

28 1 or 3 964833

29 exp pain/ 1933875

30 (waiting time* or waiting list*).mp. 44902

31 4 and 29 and 30165

32 limit 31 to english language 160

33 from 27 keep 1-9 9

34 from 32 keep 9,23,55,81,126 5

35 (waiting time* or waiting list*).m_titl. 5013

36 4 and 35 113

37 limit 36 to english language 94

38 from 34 keep 1-5 5

39 from 37 keep 42,61 2

40 exp therapy delay/ 22108

41 4 and 12 and 4077

42 from 41 keep 66 1

CINAHL

#	Query	Results
S1	(MH "Genital Diseases, Female+")	125,341
S2	XB gyn#ecolog*	31,057
S3	(MH "Surgery, Gynecologic+")	20,151
S4	(MH "Gynecologic Care")	1,564
S5	S1 OR S2 OR S3 OR S4	155,986
S6	(MH "Waiting Lists")	7,458
S7	XB (waiting list or wait * time)	6,527
S8	S6 OR S7	12,026
S9	(MH "Pelvic Pain+")	5,600
S10	(MH "Pelvic Pain+")	5,600
S11	XB pain*	326,759
S12	S9 OR S10 OR S11	328,660
S13	S5 AND S8 AND S12	16
S14	S5 AND S8	192
S15	(MH "Digital Health+")	33,981
S16	(MH "Mobile Applications")	15,344
S17	(MH "Telemedicine+") OR (MH "Telehealth+")	49,309
S18	XB (mobile phone or cell phone or cellular phone or apps or telemedicine or telehealth)	37,874
S19	(MH "Cellular Phone+")	12,539
S20	S15 OR S16 OR S17 OR S18 OR S19	102,318
S21	S9 OR S10	5,600
S22	S20 AND S21	41
S23	S5 AND S20	1,132
S24	S11 AND S23	54