

Cardiff and Vale University Health Board's experience of the Men After Prostate Surgery (MAPS) Trial

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What is MAPS

- Multicentre randomized control UK trial
- Collaborative study funded by the NHS R&D HTA programme
- Establish if conservative physical treatment delivered by a trained health professional results in better urinary outcomes compared to standard management in men who are incontinent after prostate surgery.
- Clinical and cost effectiveness of active conservative treatment delivered by a specialist continence therapist compared with usual management in men who have had either TURP or Radical Prostatectomy

Recruitment Criteria

Inclusion

- Having prostate surgery TURP or Radical
- Ability to comply with treatment (pelvic floor exercises)

Exclusion

- Referral for formal pelvic floor therapy
- Radiotherapy planned or given
- TURP carried out as palliation for outflow obstruction in advanced prostate cancer
- Inability to complete study questionnaires

Time table for involvement

- Recruitment by recruitment officer for TURP / Radical Prostatectomy CONSENT 1
- 3 weeks screening questionnaire
- 4 weeks baseline questionnaire CONSENT 2
- Randomisation to MAPS intervention /
- 6 / 8 / 12 / 18 week therapist involvement
- 3 month / 12 week questionnaire
- 6 month / 26 week questionnaire
- 9 month / 39 week questionnaire
- 12 month / 52 week questionnaire

Therapist training / responsibilities

- Specialist continence nurse / physio
- Attend training day to standardise method of teaching
- Use Standard study instruction materials and documentation
- Make contact with men randomised to active arm
- Notify study office of any DNA, unexpected clinical events
- Provide lifestyles advice
- Record details of treatment after each visit
- Return forms to study office on completion
- Support men to continue and adhere to treatment
- Represent centre at collaborators meetings

Cardiff and Vale Criteria

- Only TURP allowed for trial
- Radical Prostatectomy's have a 2 hour pre surgery group session on pelvic floor rehabilitation, catheter care and management of incontinence
- Has run for over 6 years 1-2 monthly
- Requested by patients
- Approval with Professor of Urology
- Links into urology team

Regime of attendance for therapy

- First 1 hour baseline assessment
- Second $\frac{3}{4}$ hour appointment 2 weeks later
- Third $\frac{3}{4}$ hour appointment 4 weeks later (6 weeks after initial appointment)
- Final $\frac{3}{4}$ hour appointment 6 weeks later (12 weeks after initial appointment)

Data collected

- General history on initial visit – including medical, medication, allergies etc
- Incontinence history on all visits
- Examination on all visits including DRE for pelvic floor and dermatomes
- Summary of management , summary of diagnosis, treatment and what has been prescribed. Any points need to be raised on next visit

Implications for service

- Collaborative working within the Trust
- Identification of recruitment officer / therapist
- Meeting set needs of trial recruitment, allocation and interventions
- Training for therapist is specific methods of teaching
- Use of specific documentation etc
- Allocation of set clinic time within specified criteria and time management

Disadvantages

- Finding clinic space to accommodate visits in set criteria
- Clinic time as require at least $\frac{3}{4}$ hour appointments
- Impacts on routine clinic appointments / waiting list / review patients
- Only 1 therapist identified no lea way for annual leave / sickness

Advantages

- Better relationship between different Directorates
- Joint working established
- Staff knowledge of pelvic floor instruction etc increased
- Potential projects to improve care for this group of patients
- Networking and being part of a UK collaborative trial

Would we do it again!!!!!!



- Any Questions