

The Opportunity for Expanded Intervention During a Cervical Cancer Assessment Program in Rural Nepal. A Feasibility and Acceptability of Non-Surgical Intervention.

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Background

Nepal shoulders a higher burden of gynaecological disease than urban Australia¹, particularly in its more remote regions. A program run by a Nepalese non-government organisation based in Kathmandu organises outreach women's health camps in rural regions. These health camps involve a team of nurses, administrative staff and gynaecologists providing cervical screening and arranging surgical treatment of severe pelvic organ prolapse. Pelvic floor muscle training is well known to prevent and treat pelvic organ prolapse, reduce symptoms and improve quality of life.²

Aims

The aim of this study was to assess the feasibility and acceptability of developing and delivering a pelvic floor exercise and education pamphlet to integrate into these outreach health camps in rural Nepali communities.

Methods

1. A pelvic floor program was developed with women's health physiotherapists accompanied by simple education for pelvic floor health. It was designed in conjunction with the local team of health care workers and a gynaecologist (Fig. 2). It was then translated into Nepali. (Fig. 1)

2. A video call was arranged to educate healthcare workers on pelvic floor health and pelvic floor muscle activation assessment and training.

3. In 2022 a team from Australia travelled to Nepal to implement the handout at a health camp alongside cervical screening (by visual inspection with acetic acid, VIA) and prolapse screening for surgery.

4. Data collection has continued by the local team for 18 months to assess feasibility and acceptability for local women.

Results

The health camp was attended by 542 women, (see Table 1.)

- 32 women were identified to have epithelial changes of the cervix.
- 47 women were diagnosed with pelvic organ prolapse,
 - 22 of which were severe and referred for surgery.

All 542 women were given a pelvic floor exercise and health handout.

In the following 24 months, 17,000 women have received the handout over 14 health camps and 6 education programs.

Table 1. Women's Health Camp November 2022 Summary

	Day 1	Day 2	Total
Attendees	272	270	542
VIA (visual assessment with acetic acid)	258	260	518
Cervical dysplasia	18	14	32
Mild to moderate prolapse	19	25	47
Severe prolapse, referred for surgery	7	15	22
Received surgery	N/A	N/A	9
Handout Received	272	270	542

Discussion

It was feasible to design and introduce a pelvic floor exercise and education program to a rural health camp in Nepal and accepted by local healthcare workers. There are significant limitations in our study including a lack of follow-up data – due to the nature of the rural communities and their inaccessibility. Future work should assess the impact of these handouts on women's prolapse symptoms and quality of life.

Fig 1. Pelvic floor handout

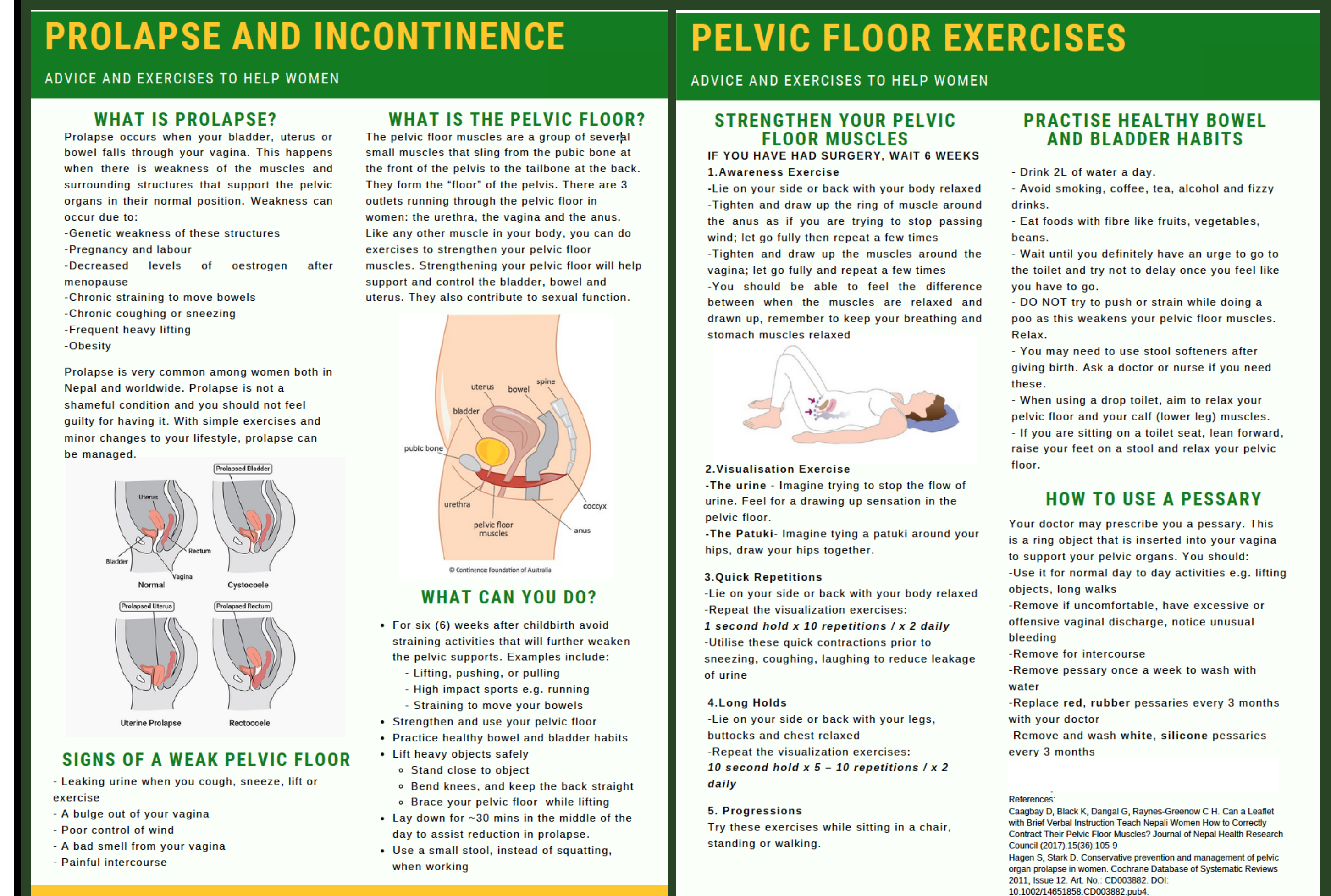
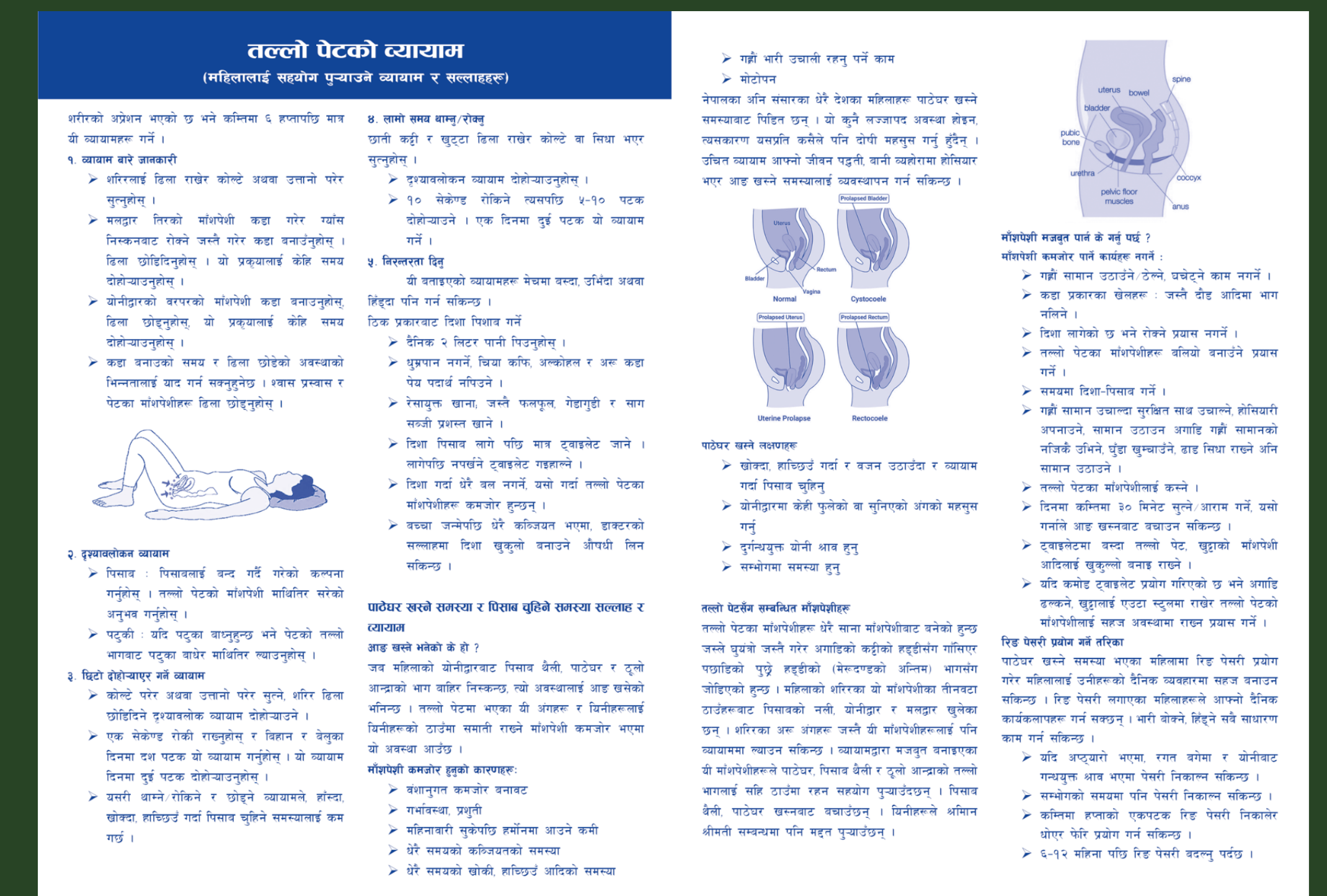


Fig 2. Pelvic floor handout, translated to Nepali



References:

1. International Agency for Research on Cancer. Cancer Today. <https://gco.iarc.fr/today/home>: World Health Organisation;2020
2. Hagen S, Stark D. Conservative prevention and management of pelvic organ prolapse in women. *Cochrane Database Syst Rev*.2011;12):CD003882.