

The T.A.P.E. (Three Axes Perineal Evaluation) freeware: a good tool to introduce you to Perineology

Jacques Beco, Liege University, Belgium

In the past each specialist of the perineum, the gynecologist, the urologist and the colo-proctologist, has to deal with two main symptoms: one which reflects a failure to maintain the door closed (incontinence) and one which is linked to a difficulty to open the way (obstruction). In this old approach the only problem of the specialist is to treat "his incontinence" without creating "his obstruction" and reverse.

For example, the urologist working only on "his axis" has to treat urinary incontinence without creating dysuria or to treat dysuria without inducing urinary incontinence. The gynecologist has to treat genital prolapse (vaginal incontinence to solid) without inducing dyspareunia or to treat dyspareunia without creating prolapse. The coloproctologist is facing the same problem on his "axis" with anal incontinence and dyschesia. This "mono axis" approach has explained many severe iatrogenic dysfunctions unknown by the surgeons who weren't aware of the side effects they have created on the other axes. The Burch's colposuspension is a very good example of this drama.¹

One of the main issues in Perineology is to obtain a complete history of the patient including the three axes (gynecological, urological and colo-proctological). Because each of these axes has two ends, one "incontinence" and one "obstruction", it is possible to draw a radar diagram including these six main symptoms (dyspareunia, prolapse, dysuria, urinary incontinence, dyschesia, anal incontinence). We called this diagram "T.A.P.E." for "Three Axes Perineal Evaluation".²

In its first version each of the six symptoms was evaluated according to a three level ordinal scale: 0 = no problem, 1 = mild problem, 2 = severe problem. If the patient was completely normal, the shape of the TAPE was hexagonal (Fig. 1).³⁻⁵

This version was already interesting because if you have this diagram in your mind it is impossible to treat a patient without taking care of all her symptoms. The first weakness of this approach was the rough evaluation of the symptoms which has not been validated and was not recognized by the peers. The second one was the difficulty to draw this diagram and to use it in the practice. The third one was the lack of evaluation of perineodynia (painful perineum) which can be the main symptom in this area.

The T.A.P.E. freeware was created to correct all these weakness. It has been realized in collaboration with Mr Fabian Terf and financed by the sponsors of the Groupement Européen de Périnéologie (GEP).

With this freeware, the TAPE can be draw immediately by just entering the data. You can choose the validated questionnaire you want for each symptom. If there is no questionnaire available for one symptom, our three levels scale can still be used. By this way you can obtain quickly a three axes, easily comprehensible and validated evaluation of your patient. A visual analog scale has been added for the evaluation of pain (Fig. 2).

It is possible to print each evaluation of the patient separately or the complete file with all the evaluations to follow the effects of the different treatments during the time.

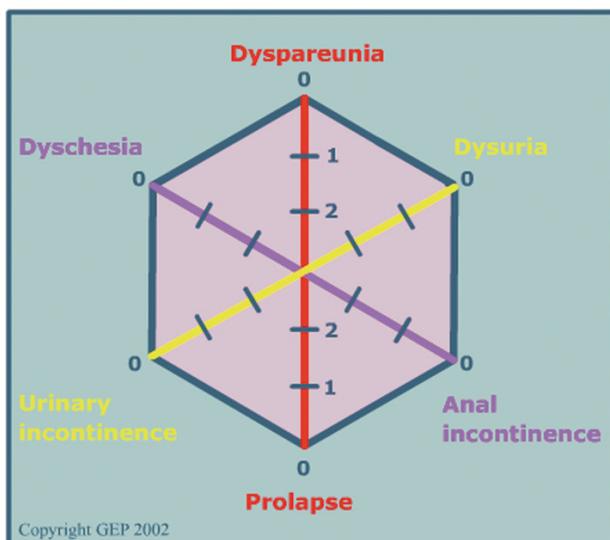


Fig. 1. – First version of the TAPE.

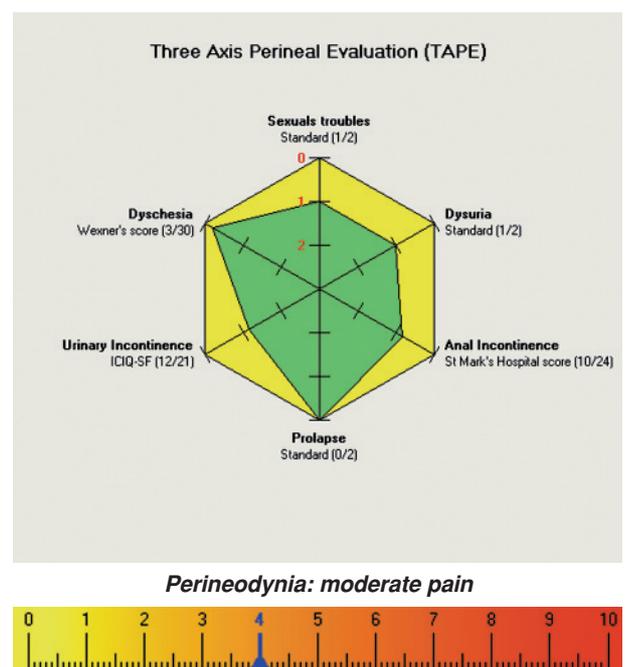


Fig. 2. – New version of the TAPE.

All the data can be exported to an excel file for statistics. The file with the image of the diagram is also available to be used in a presentation or a publication.

This freeware can be downloaded after simple registration (to be informed of the software updates) by using this link: <http://www.binarybs.com/tape.php?lg=en> . To use this software you need to have Windows installed on your computer or a Windows emulator for Mac. Please note that this software will operate on a Mac computer only if you have a windows emulator.

Of course the evaluation obtained with a TAPE is not as complete as the one obtained by a Short-IPGH system⁶ but it is a first relevant step to become a real perineologist by analyzing the effect of your treatments on the main symptoms of the three perineal compartments. It is just the beginning of the story...

REFERENCES

1. Beco J, Mouchel J. Should we still use the Burch procedure? J Gynecol Obstet Biol Reprod 1995; 24: 772-4.
2. Beco J. Perineology: definition and principles. International Journal of Gynecology and Obstetrics 2000; 70 (Supplement 4): 8.
3. Beco J, Mouchel J. La périnéologie: un nouveau nom, un nouveau concept, une nouvelle spécialité... Gunaïkeia 2000; 5: 212-214.
4. Beco J, Mouchel J. Perineology: a new area. Urogynaecologia International Journal 2003; 17: 79-86.
5. Beco J, Mouchel J. Understanding the concept of perineology. Int Urogynecol J Pelvic Floor Dysfunct 2002; 13: 275-7.
6. Farnsworth B, Dodi G. Short-IPGH system for assessment of pelvic floor disease. Pelviperrineology 2007; 26: 73-77.

CONTACT DETAILS:

Contact the GEP via the website at www.perineology.com
Dr Jacques Beco E-mail: jacques.beco@skynet.be