



Introduction and research highlights

Women experience unique health issues and conditions, from pregnancy and menopause to gynecological conditions, such as uterine fibroids and pelvic floor dysfunction. Issues related to women's overall health and wellness also include violence against women, women's reproductive health, gender identity, women with disabilities and their unique challenges.

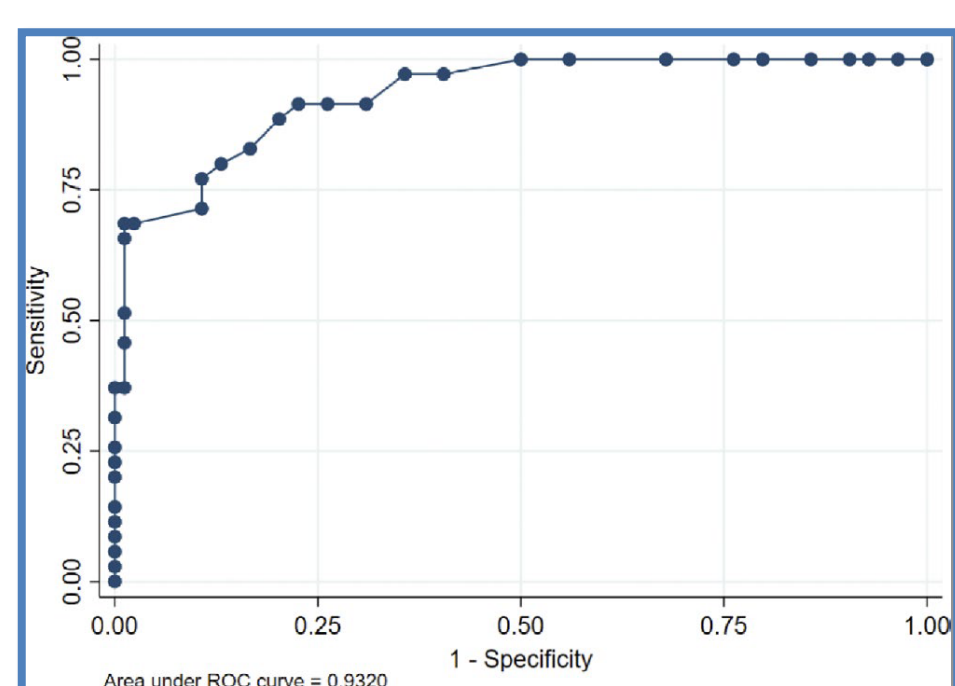
Our research interests are

- ▷ Women's health
- ▷ Pelvic floor dysfunction; pelvic organ prolapse, urinary incontinence, fecal incontinence, sexual dysfunction, chronic pelvic pain, cosmetic gynecologic treatment



Women's Health

- Comparison of the depression scores between teenage unintended pregnancy who underwent medical abortion and teenage pregnancy who underwent delivery in Ramathibodi Hospital by using Edinburgh Postnatal Depression Scale
- The effect of an educational video on long-acting reversible contraception (LARC) utilization at 6–8 weeks postpartum period: a randomized controlled trial
- Perception of contraceptive counseling and contraceptive use among systemic lupus erythematosus patients
- A quality-of-life questionnaire for heavy menstrual bleeding in Thai women receiving oral antithrombotic: Assessment of the translated Menstrual Bleeding Questionnaire



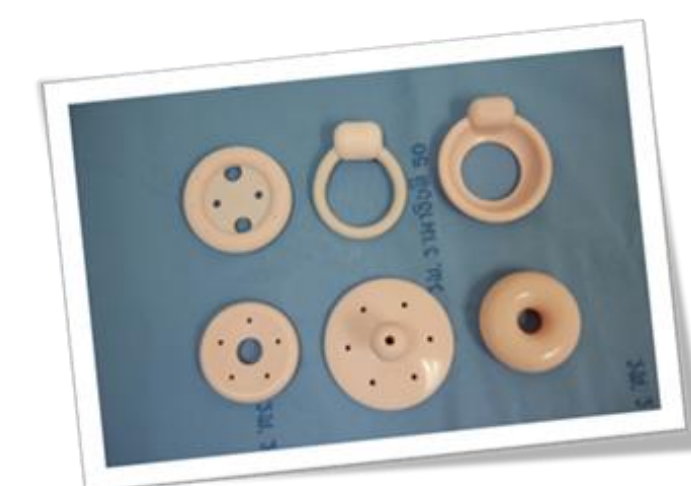
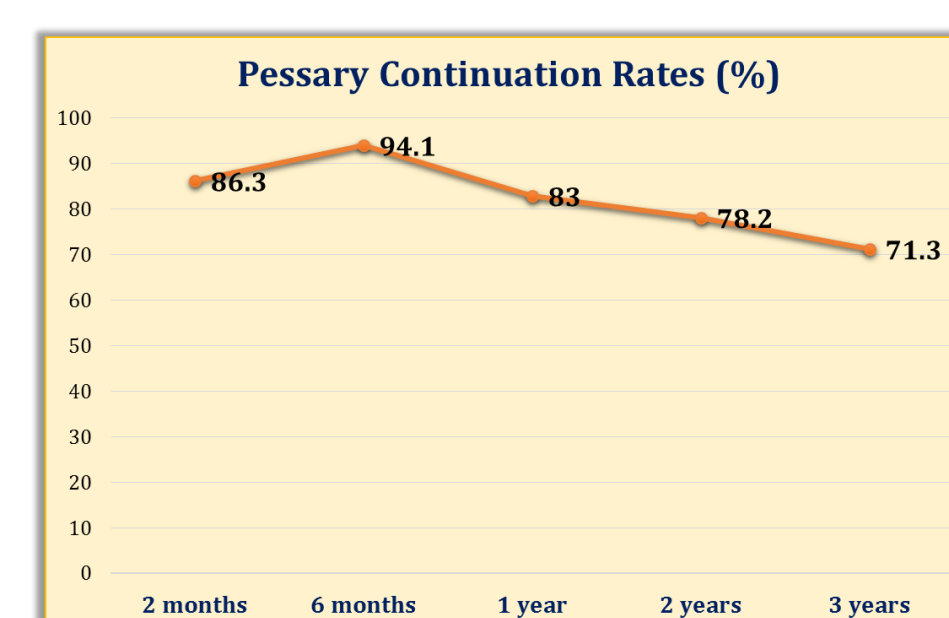
- A randomized, assessor-masked, 2-way cross-over, multicenter, clinical investigation to evaluate the performance rate of a polyurethane condom in healthy monogamous couples when compared with a standard latex condom
- Comparison of the effects of *Pueraria mirifica* gel and of placebo gel on the vaginal microenvironment of postmenopausal women with Genitourinary Syndrome of Menopause (GSM)
- Prevention of endometrioma recurrence after ovarian cystectomy: a systematic review and network meta-analysis
- Effects of testosterone treatment on transgender males: A single-institution study



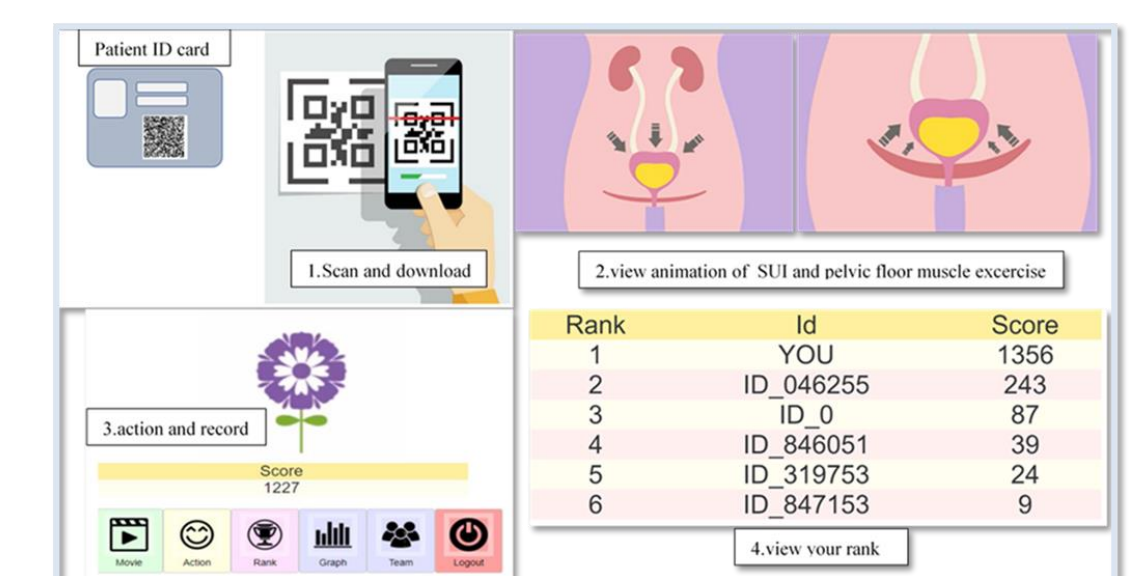
FPMRS Team

Pelvic Floor Dysfunction

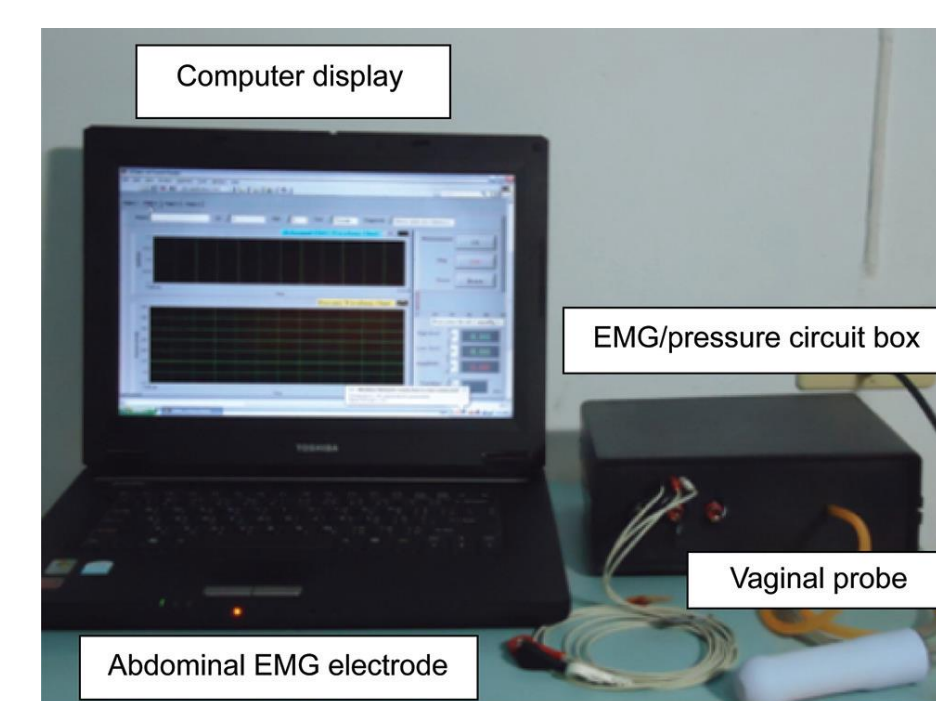
- Pelvic floor dysfunction and female sexual function
- Comparison of low-energy radiofrequency thermal vaginal therapy vs. fractional CO2 laser for genitourinary syndrome of menopause: a randomized controlled trial
- Vaginal pessary for pelvic organ prolapse



- Pelvic floor mobile application



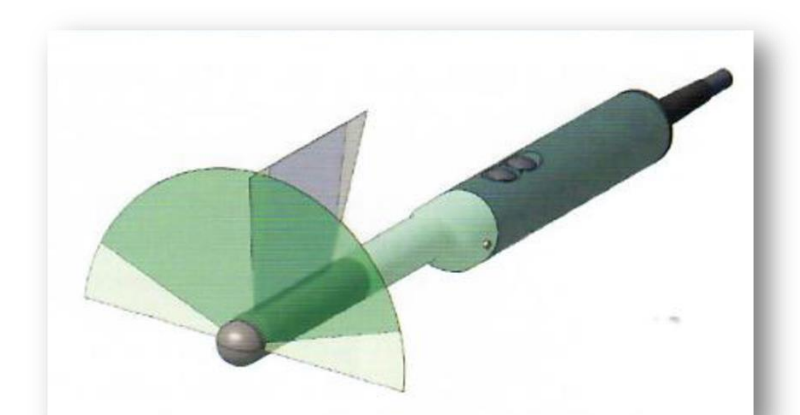
- Postoperative urinary retention and optimal duration of transurethral urinary catheterization
- Pelvic floor muscle evaluation device



- Knowledge and practice of nurses and practical nurses in the tertiary health care center regarding pelvic organ prolapse and urinary incontinence
- Urinary Tract Infections and Bacteriuria in Postmenopausal Women with Pelvic Floor Dysfunction
- Effects and safety of *Pueraria mirifica* gel on vaginal health and lower urinary tract in postmenopausal women



Identical PM and placebo gel



8848 Endocavitary Biplane Probe

Contact

Contact person
Orawee Chinthakanan, MD, MPH
Jittima Manonai Bartlett, MD, MHM
Phone: 02-2012167, 02-2011412

Introduction and research highlights

Throughout the world, **the patient experience** is recognized as an independent dimension of health-care quality, along with clinical effectiveness and patient safety. The Beryl Institute defined the patient experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions, across the continuum of care”

Four critical themes for understanding the patient experience

- personal interactions,
- organization’s culture
- patient and family perceptions
- continuum of care

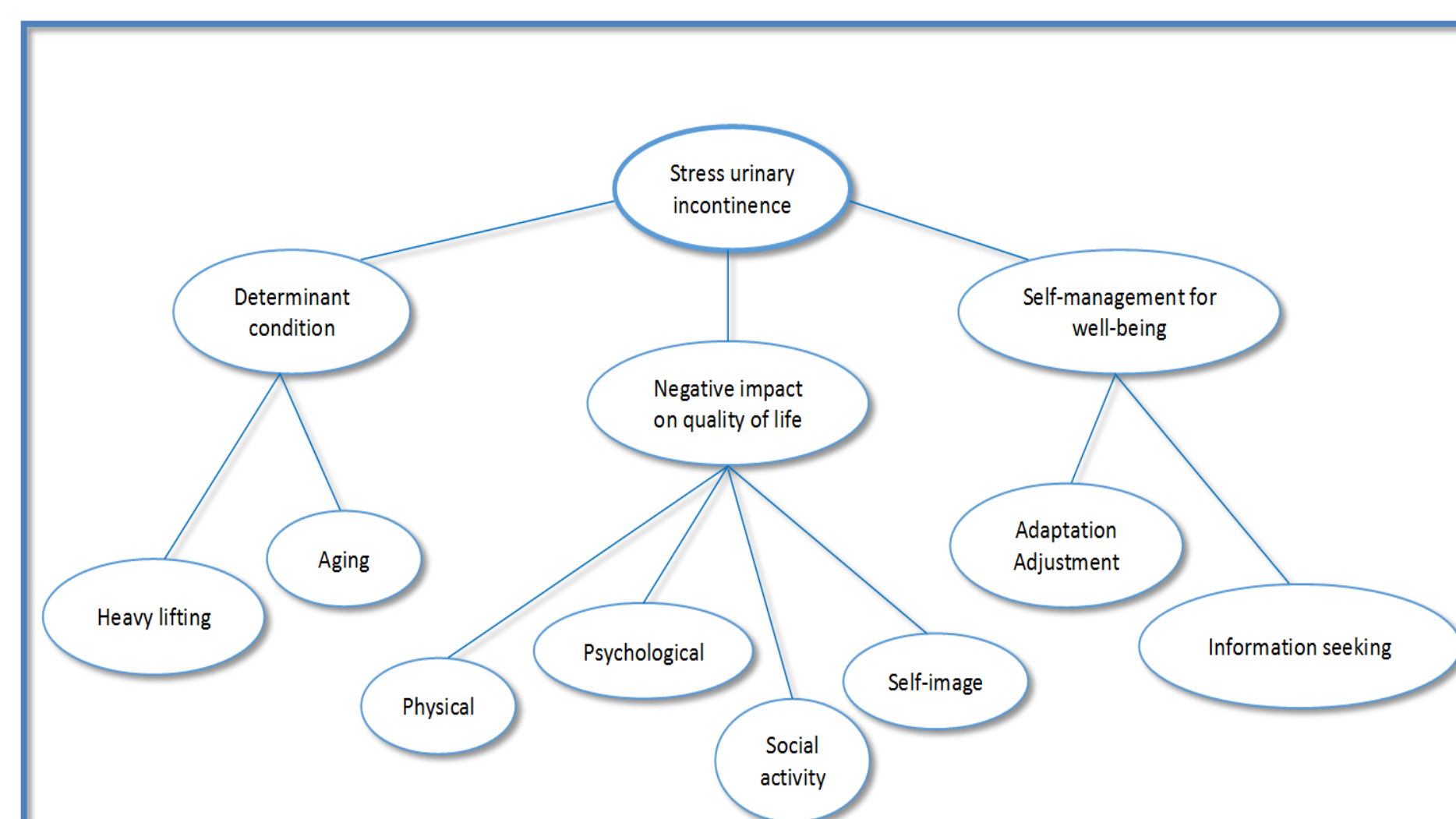


Figure 1. Women’s perspectives on stress urinary incontinence

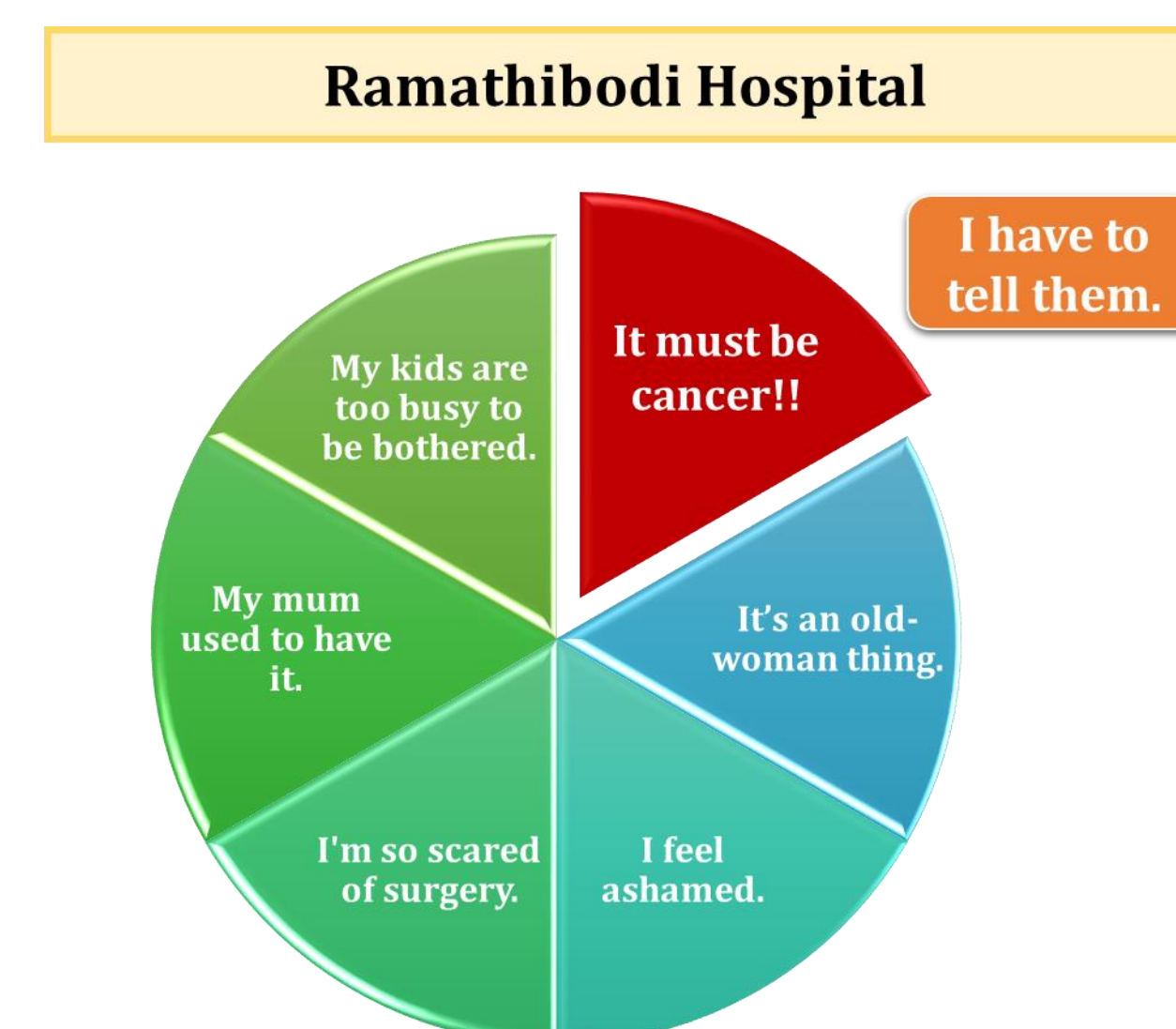


Figure 2. Experience of Living with Pelvic Organ Prolapse

Patient’s voices and perspectives

The holistic experience from the patient’s perspective is critical for a complete understanding of their experience within the health-care organization. Creating dialogue, and listening to patient voices, has proven to drive engagement, improve the experience of care, and deliver higher overall healthcare satisfaction. Patients with a better experience during a particular encounter have been proven to have less healthcare utilization and fewer complications after that visit.

In-depth Interview

Pelvic floor muscle exercise (PFME) is a first-line treatment for stress urinary incontinence (SUI), but adherence to PFME is often problematic. The aim of this study was to better understand the attitudes and barriers to practicing pelvic floor muscle exercise among women with SUI.

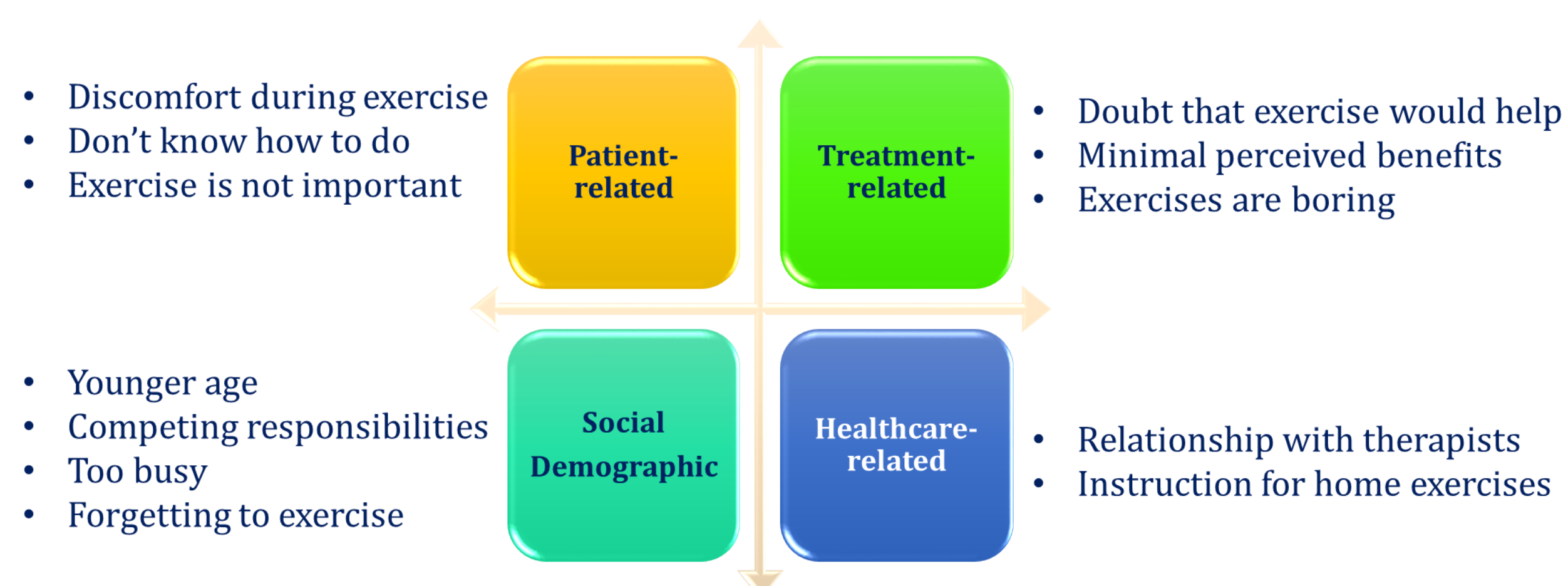


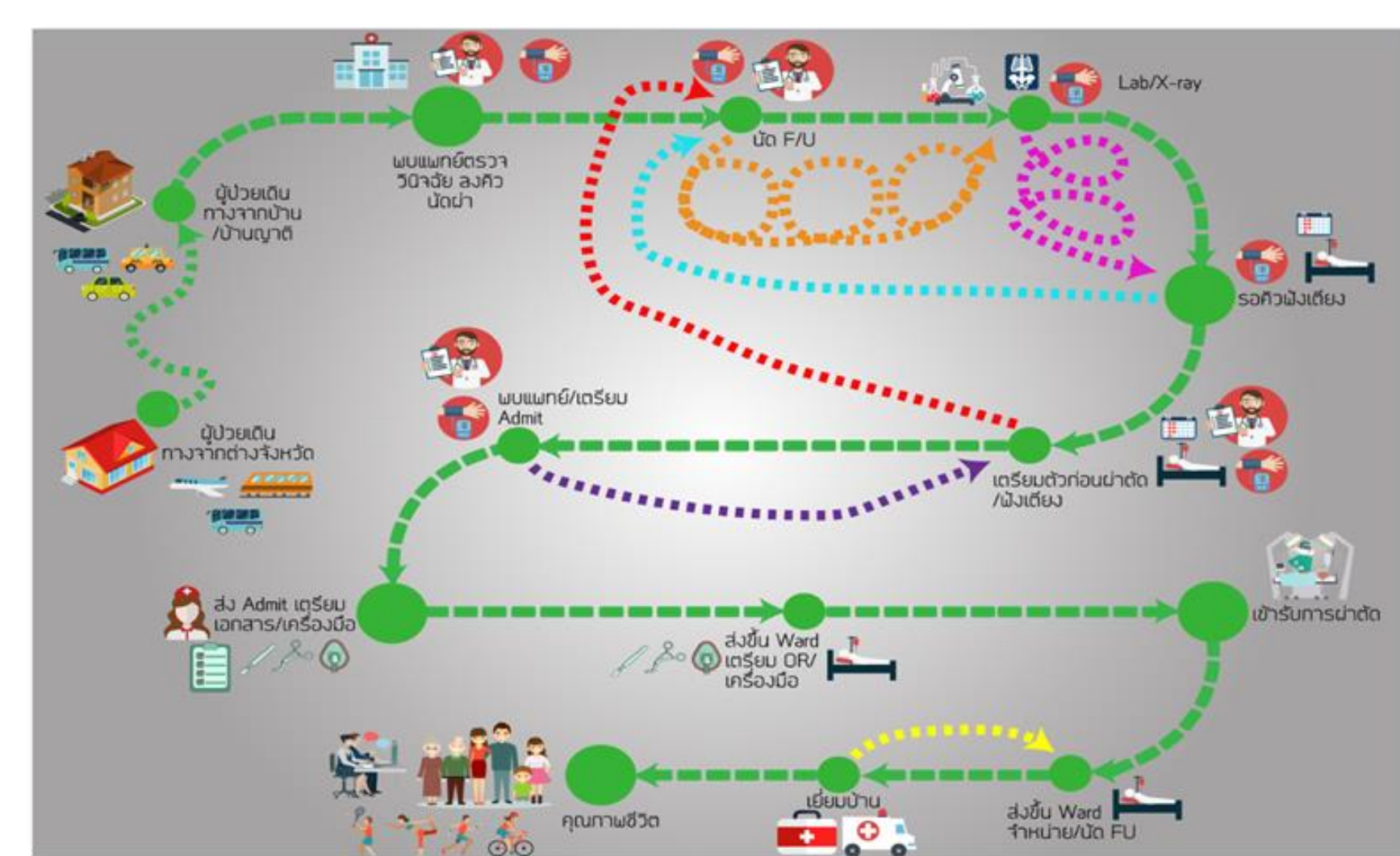
Figure 3. Barriers to exercise among women with urinary incontinence

We recommend the following interventions to enable adherence on the basis of previous studies and our findings.

- **Individually-based approaches** should comprise knowledge and supervision. Providing clear and concise information regarding the rationale and methods of performing PFME is fundamental. Then, assessing and providing real-time feedback during the exercise sessions is necessary for women to properly perform the prescribed exercises
- **Group-based approaches**, which provide mutual support and relatedness, would facilitate exercise adherence. User-friendly applications or software may be used to share data (such as the number of exercises performed or incontinence symptom scores) with health care providers or patients in a group.

Patient Journey Mapping

Severe osteoarthritis in the elderly population poses a substantial increment of personal and societal burden on the healthcare delivery due to debilitating pain, disability, loss of function, impaired quality of life, and socioeconomic issues and burdens. Prolonged preoperative waiting times from 1 to 2 years for **total knee arthroplasty (TKA)** are detrimental to patients' health-related quality of life. The aim of this study was to explore the journey and perceptions of elderly patients undergoing TKA surgery.



	Diagnosis/ Que for Operation	Follow up / Investigation (Lab/X-ray)	Waiting for Admission	Pre-Operation : consult Anes , Med Box	Meet the Doctor for Admission	Admission : Document and Instrument	Transfer to ward	At OR : Peri operation	At ward : Post Operation/ Discharge / FU	Continuity of Care: Home Care
Action	...	...	...	...	...	...	...	...	...	...
Emotion	😞	😞	😞	😞	😞	😞	😞	😞	😞	😞
Problem	Long waiting Time		Preoperative Process		Inefficient Operating Room Management			Inadequate Information		
Improvement	Welcome Package Rama App		LEAN		Redesigning			Discharge Package Team Walk-round Home Healthcare Self-help Group		

Contact

Contact person
Jittima Manonai Bartlett, MD, MHM
Orawee Chinthakanan, MD, MPH
Patient experience subcommittee
Email: patientexperience.rama@gmail.com
Phone: 02-2004955