CONSERVATIVE MANAGEMENT OF URINARY INCONTINENCE IN WOMEN

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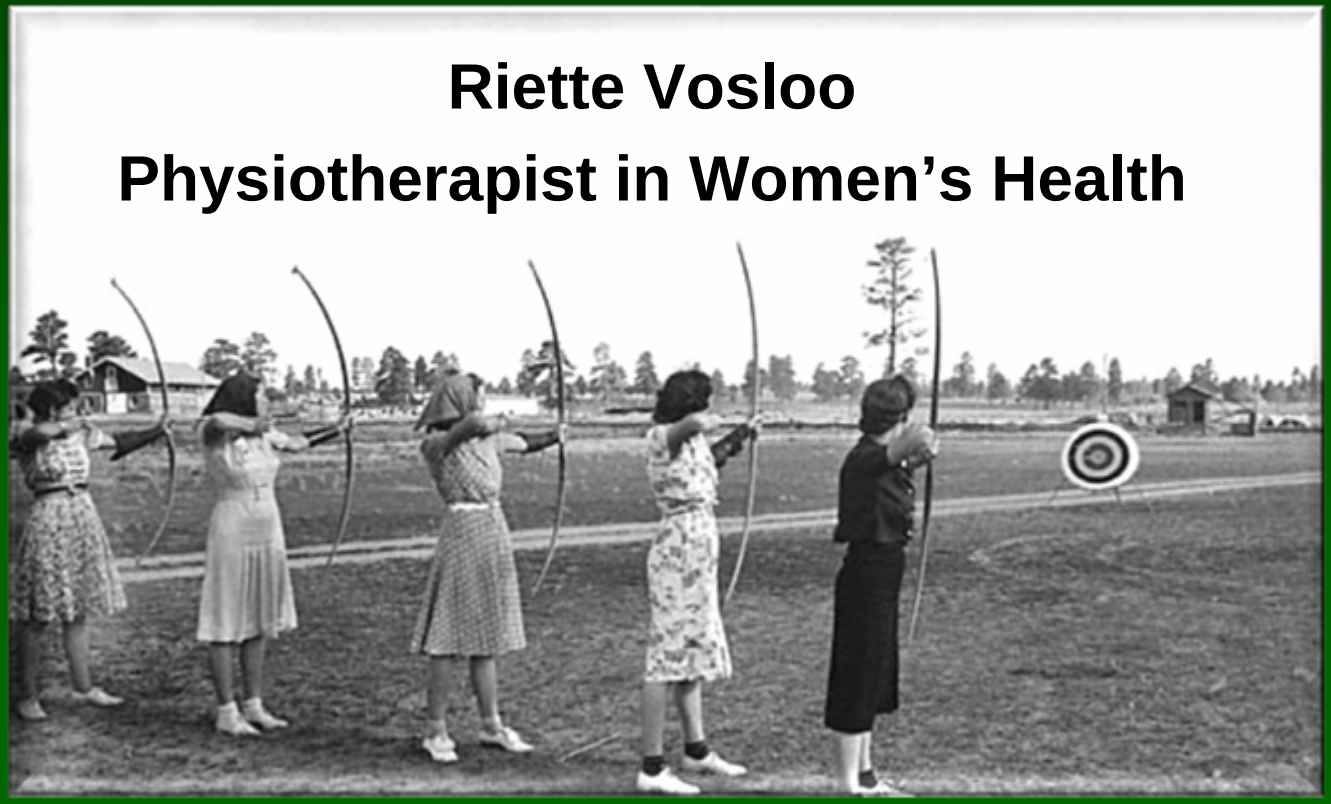

CONSERVATIVE TREATMENT

Any therapy that does not involve

- Pharmacologic intervention or
- Surgical intervention

Includes

- Lifestyle interventions
- Physical therapies
- Scheduled voiding regimes
- Complementary therapies
- Anti-incontinence devices
- Supportive rings / pessaries
- Containment products
- Catheters

NICE October 2006

- The use of multi-channel cystometry, ambulatory urodynamics or videourodynamics is not recommended before starting conservative treatment.
- Minimum 3 months PFMT be offered to all women with SUI and mixed UI, continue if beneficial
- PFMR should be offered to women in their first pregnancy as a preventative strategy for UI

HOW DO YOU SELL IT?

PHYSIOTHERAPY IN WH

PF = Muscles + Connective Tissue + Nerves

- **PFMT** (Exercise, Gadgets, the ‘Knack’)
- **Lifestyle advice** (Bladder training, Fluid advice, etc)
- **Posture + Mobility**
- **Practical advice** (Clothes, Walking aids, etc)
- **Assessing risk**
- **General exercise**
- **Manual handling**
- **Constipation**
- **Defecation dynamics**

PFMT

- Strong evidence to support PFMT
  - Expected cure rates – up to 73%
  - Cure/improvement – up to 97%

    Neumann et al 2006
- Patients should see a qualified women's health physiotherapist

‘BEEN THERE, DONE THAT’

- 30% unable to correctly contract PFM on verbal instruction alone
- Of which 25% perform straining manoeuvre instead

Bump et al 1991

Digital vaginal examination should be performed to confirm correct technique of PFM contraction.

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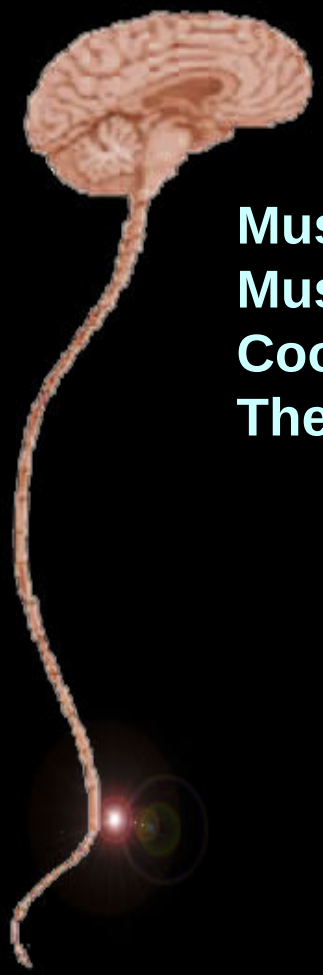
Dynamic Ultrasound

- Non-invasive
- Use rapidly increasing
- Clinical and research tool

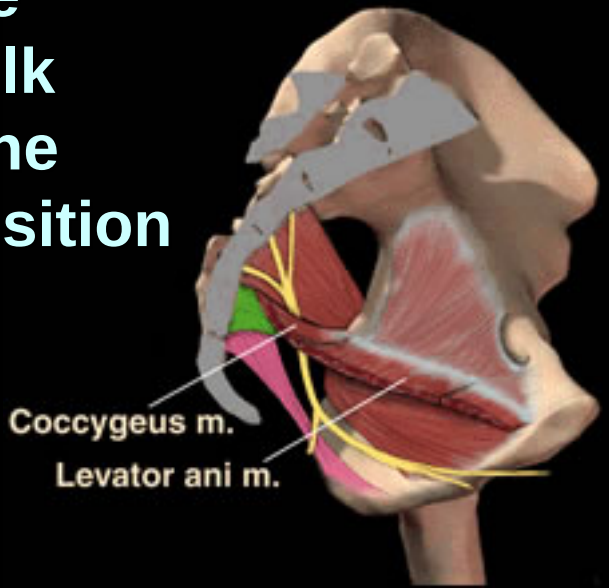
PFMT

Regular PFME to improve PFM function



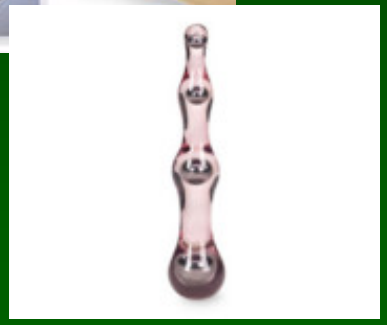
Muscle Awareness
Muscle Response
Coordination
The Knack

Muscle Strength
Endurance
Muscle bulk
Muscle tone
Muscle position



Functional positions

WHAT ABOUT GADGETS?



INDICATIONS FOR GADGETS

Digital vaginal examination should be performed

To be considered for those who are

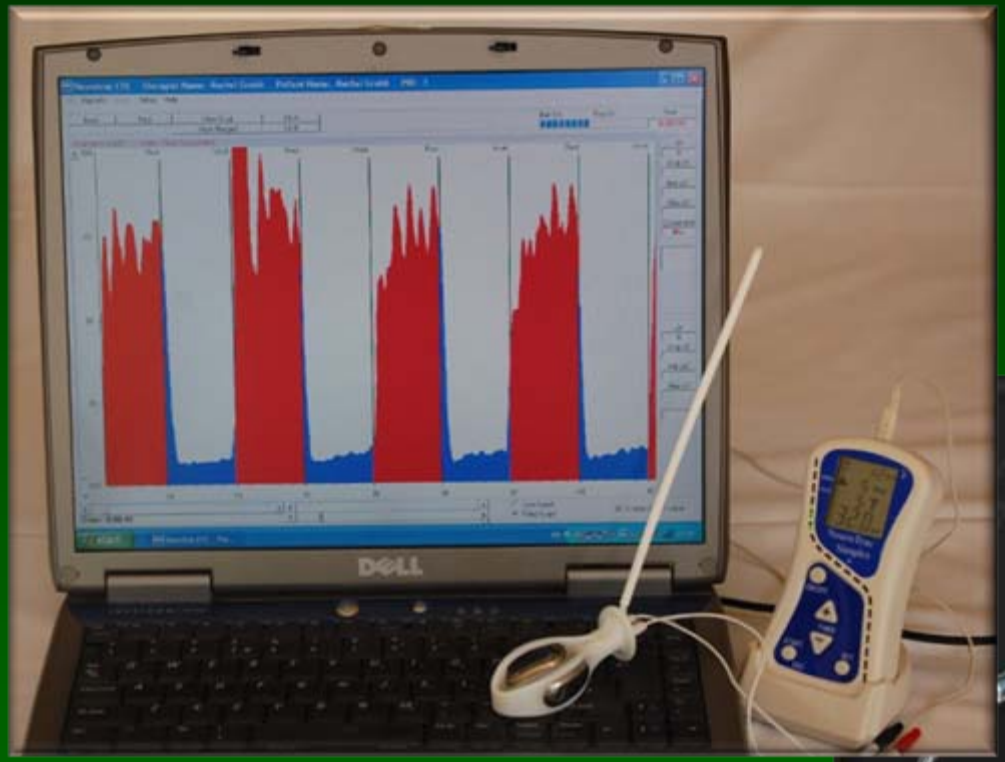
- Unable to locate the right muscles
- Unable to contract the PFM
- Too weak to effectively strengthen the PFM
- Too weak to sustain a PFM contraction

To enhance own effort; do not replace own effort

Temporary measure

More time consuming and more expensive

BIOFEEDBACK DEVICES



PFMT & BIOFEEDBACK

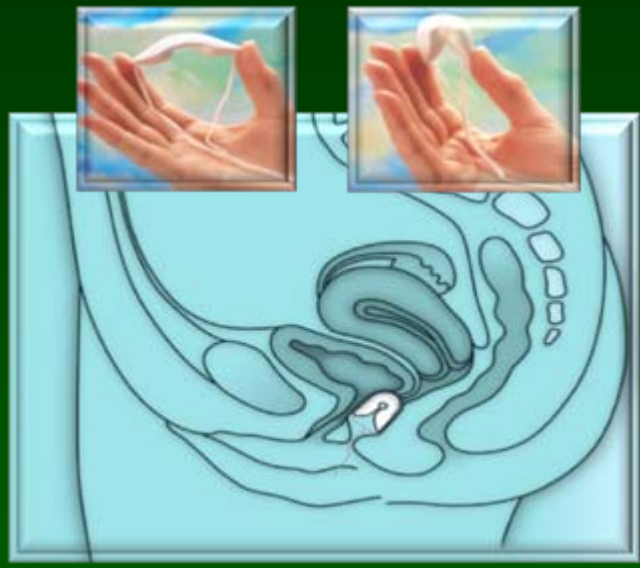
External sensor used to translate bodily process, i.e. muscle activity

Adjunct to training (Not a treatment on its own)

Variety of BFB apparatrus

- Surface EMG
- Intravaginal / anal EMG
- Needle EMG
- Manometry (vaginal squeeze pressure)

FEMALE OCCLUSIVE DEVICES



Three categories:

- Intravaginal devices
- Intra-urethral plugs
- Devices that occlude external meatus

Valuable in management of women who

- Not yet completed their families
- On the waiting list for surgery
- Do not wish to have surgery
- Are unfit for surgery

Inserted or removed at patient's discretion

Not suitable if poor manual dexterity

ASSESSING RISK

Address and avoid risk factors

- Assess risk
  - Can you continue conversation?
  - Can you breathe normally?
  - Do you use accessory muscles?
  - Would you be able to move the object using one arm?

- Avoid strenuous and provocative exercise, activities and tasks.
- Loose weight
- Stop smoking
- Prevent constipation

FACTS AND FIGURES

Scant level 2 and 3 evidence

- **Active women more likely to report UI than sedentary women**

Stach-Lempinene et al (2004)

- **Women seeking treatment for UI report similar levels of physical activity as continent women**
- **Successful conservative or surgical cure of UI did not increase activity levels in these women**

FACTS AND FIGURES

UI in women age 16 – 65yrs	10 – 30%	
UI in athletes and dancers	51.9%	Thyssen et al (2002)
UI in women before childbearing	28%	Nygaard et al (1994)

- Trampolining 80%*
- Gymnastics 67%
- Ballet 43%
- Tennis 50%
- Aerobics 40%
- Golf 0%

Seek help 25%

FACTS AND FIGURES

Eliasson et al (2002)

Prevalence of SUI in nulliparous elite Swedish trampolinists (n=35; mean age 15yrs)

- Involuntary leakage during trampolining (80%)

- Leakage associated with
  - Age – everyone over 15 years UI
  - Duration of training – onset after 1- 4 years
  - Training frequency

CONCLUSION

- Conservative management has a rightful place in the management of female UI
- NICE recommends PFMT as first line treatment
- Conservative treatment involves more than pad provision and/or handing out a leaflet PFME
- How do you sell it to your patients?