

Pelvic floor muscle training to conquer women's incontinence



One in three Australian women suffers from urinary incontinence. The evidence for physiotherapy in the management of stress urinary incontinence continues to accumulate, reinforcing the importance of pelvic muscle floor training as a first-line treatment.

A major observational study at the University of South Australia has shown that physiotherapy proved effective for approximately 80 per cent of women who received pelvic floor muscle training provided by trained continence/pelvic floor physiotherapists. The 'cure' rate was reported at 64 per cent, a result comparable to, and in some cases better than, reported surgical 'cure' rates.

Researchers report that physiotherapy management of incontinence is less invasive and has fewer side effects than surgical management. It is also considerably cheaper, at an approximate total cost of \$304 for an average of five physiotherapy sessions, compared with an estimated \$4k-6k for colposuspension surgery.

Do you routinely ask your patients about their bladder and bowel control?

Poor bladder or bowel control is a common health condition yet it carries a stigma that too often prevents it being properly addressed.

It is timely and sensitive to pose the continence question to your patients during routine pap smear tests, particularly those in the high risk groups: peri- and post-menopausal women; younger women who have had children, or who are anticipating having children; women who are overweight; people with diabetes, stroke, heart conditions, neurological disorders, post-surgery, or chronic respiratory conditions.

As a referring doctor, you can make a difference by understanding the strength of evidence which supports physiotherapy treatment, and by encouraging your patients in their choices.



Sixty-five per cent of women sitting in a GP's waiting room have some type of urinary incontinence, yet less than a third of them will seek your help.

We can help

Physiotherapists are highly skilled to provide successful and cost-effective interventions based on scientific knowledge, evidence, and expert clinical opinion.

Let our trained professionals prescribe precise and appropriate exercises to strengthen and improve the coordination of the pelvic floor muscles of your patients.

We can teach your patients about modifying their daily activities to complement a pelvic floor exercise program, and how to strengthen other core stabilisers such as abdominal muscles. And if necessary, our treatment will involve equipment such as biofeedback or electrotherapy to help a patient learn to effectively work and strengthen the muscles.

Contact details:

Suite 1, 185A Forest Road,
HURSTVILLE, NSW, 2220

P 02 9570 8388

F 02 9570 6888

info@medi-co.com.au

www.medi-co.com.au

Exercises to conquer incontinence and erectile dysfunction

One in 10 Australian men is affected by incontinence. The evidence for physiotherapy as a preferable treatment continues to accumulate, reinforcing the importance of physiotherapy in helping affected men to engage in the day-to-day activities necessary for good health.

Pelvic floor muscle training by physiotherapists has been shown to be very effective for the management of urinary incontinence in men. A recent study showed the benefits of specific exercises in the treatment of post-micturition dribble in men with erectile dysfunction.

To obtain the greatest benefit, the study authors noted, the pelvic floor muscle exercises should be properly taught and practised for up to six months, before implementing a maintenance program for life. Another study demonstrated that men who receive physiotherapy for pelvic floor re-education after radical prostatectomy are significantly more likely to regain urinary control than men who don't.

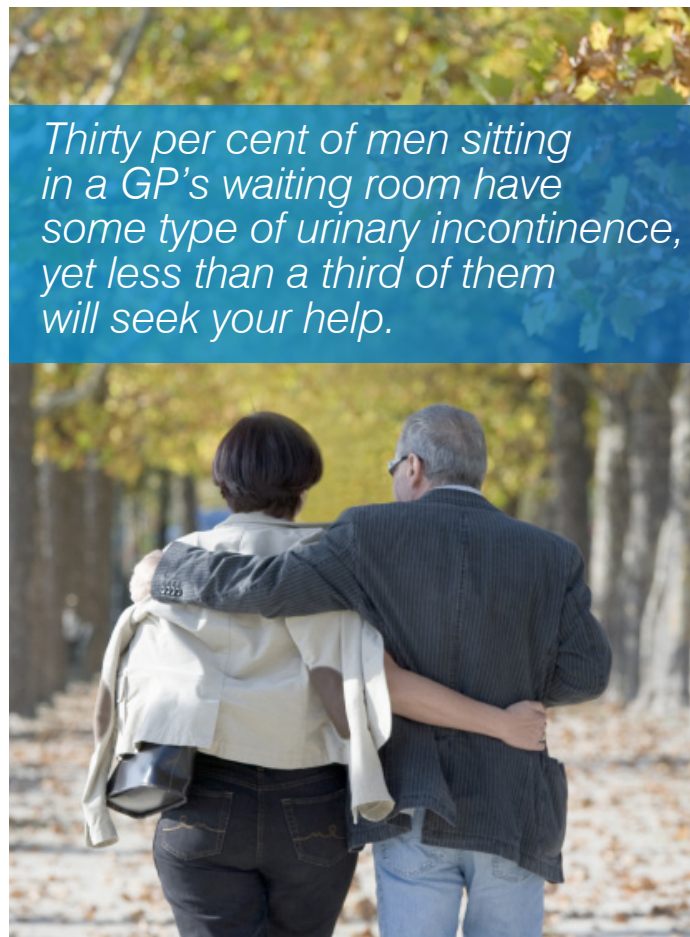
And in Queensland, a physiotherapy program for men that takes a more assertive approach to exercise in the pelvic region has produced a marked improvement in the level of incontinence.

Prostate examinations: a timely and sensitive opportunity to pose the continence question

Poor bladder or bowel control is a common health condition yet it carries a stigma that too often prevents it being properly addressed.

Routine prostate examinations are a good opportunity to enquire about a patient's bladder and control, particularly those in the high risk groups: men with diabetes, heart conditions, neurological disorders, post-surgery, with chronic respiratory conditions, or prostate problems.

As a referring doctor, you can make a difference by understanding the strength of evidence which supports physiotherapy treatment, and by encouraging your patients in their choices.



Thirty per cent of men sitting in a GP's waiting room have some type of urinary incontinence, yet less than a third of them will seek your help.

We can help

Physiotherapists are highly skilled to provide successful and cost-effective interventions based on scientific knowledge, evidence, and expert clinical opinion.

Let our trained professionals prescribe precise and appropriate exercises to strengthen and improve the coordination of the pelvic floor muscles of your male patients.

We can teach your patients about modifying their daily activities to complement a pelvic floor exercise program, and how to strengthen other core stabilisers such as abdominal muscles. And if necessary, our treatment will involve equipment such as biofeedback or electrotherapy to help a patient learn to effectively work and strengthen the muscles.

References

- Australian Physiotherapy Association (2005) Position Statement: Continence in older people
Byles JE, Chiarelli P, Hacker A, Bruin C (2003) Help-seeking for urinary incontinence: a survey of those attending GP waiting rooms, *Australian and New Zealand Continence Journal*, 9(1), 8-15
Dorey G, et al (2004) Pelvic floor exercises for treating post-micturition dribble in men with erectile dysfunction, *Urologic Nursing*, 24:490-497
Dornan, PR (2005) Incontinence - an aggressive approach to treatment: a case series, *Journal of Science and Medicine in Sport*, 8(4), 458-462
VanKampen Weerd M, et al (2000) Effects of pelvic floor re-education on duration and degree of incontinence after radical prostatectomy, *The Lancet*, 355:98