Pelvic Floor Muscle Dysfunction

Childbirth is arguably one of the most dramatic musculoskeletal events the human body undergoes. Passage of the newborn through the pelvis and its muscles requires an exceptional degree of soft-tissue stretch.

(Miller et al, 2015)

Pubococcygeal muscles stretch to at least twice their normal length during vaginal delivery. Studies show in non-pregnant skeletal muscle, if stretched by half it's normal length it is sufficient to cause function loss.

(Callewert et al, 2015)

What can contribute to Pelvic floor Dysfunction

- Pregnancy and childbirth – increased risk with perineal tears and assisted deliveries
- Constipation
- Hormonal changes with menopause
- Breath holding when lifting or exercising
- Being very overweight
- Persistent cough
- Stress/trauma

Signs of Pelvic Floor Dysfunction

- Urinary incontinence (including Stress incontinence and OAB)
- Bowel Incontinence (urgency, leaking wind or stool)
- Difficulty emptying bowel
- Voiding dysfunction
- Pelvic Organ Prolapse (bulge/heaviness/feeling “different down below”)
- Painful sex or lack of sensation during sex
- Pelvic pain

Postnatal continence

All 3rd or 4th degree tears are referred to physiotherapy by the maternity ward.

Any postnatal women reporting symptoms of incontinence, prolapse or sexual dysfunction should be referred to physiotherapy by their GP, midwife or health visitor.

Impact on Mental Health

Odds of higher postnatal depression

Scores at 7 months postnatal with those with urinary incontinence, back pain, tiredness, and bowel problems. Strong correlation with PND and urinary problems.

Link between maternal emotional wellbeing and physical health and recovery in the postnatal period.

(Brown and Lumley, 2000)

Pelvic organ prolapse

NICE guidelines 2019

Recommendation 1.7 – Non-surgical management of POP

UK 2019 – 8.4% have symptoms they can feel, up to 50% signs on examination

Pelvic floor Muscle Training

Consider a programme of PFMT for **at least 16 weeks** as a first option for women with symptomatic POP-Q stage 1 or stage 2 POP - refer to pelvic health physiotherapy

Consider topical oestrogen for women with signs and symptoms of vaginal atrophy

Management of symptoms of constipation

Urinary incontinence

NICE Guidelines 2019

Recommendation 1.4 - Non Surgical Management of UI

If SUI predominant symptom in mixed UI discuss benefit of non-surgical management and medicines for OAB before offering surgery or direct referral to Gynaecology

Identify any relevant predisposing and precipitating factors and other diagnoses that may require referral for additional investigation and treatment

Physical Therapies

Pelvic floor muscle training

Offer a trial of supervised pelvic floor muscle training of **at least 3 months** as a first line treatment to women with stress or mixed UI

What does a physiotherapy assessment involve

At the first appointment the physiotherapist will carry out a detailed subjective assessment regarding current symptoms, any previous treatment including hospital tests, investigations or scans related to this issue as well as general medical health. It is also helpful to know about lifestyle – including any work, sports or hobbies.

We do not order scans, blood tests or MSSU.

For bladder, bowel and persistent pelvic pain symptoms patients will be offered a vaginal and/or rectal examination to assess the pelvic floor muscles and check their strength, coordination and function.

Pelvic Floor Assessment

Research has shown that pelvic floor exercises carried out **alongside** lifestyle changes are the most effective way to help improve symptoms of incontinence and POP

Overwhelmingly – pelvic floor muscle training has been shown to significantly improve stress urinary incontinence – up to 80% improvement.

However many people don't do the exercises regularly.

Should be done

a) Correctly
b) Consistently

This is where a pelvic health physiotherapist can help.

Pelvic Floor Exercises

- Verbal instruction alone - 50% incorrectly
- Confidence
- Compliance
- Challenges – time, motivation
- NHS squeezy app

Other treatments may include:

Abdominal strengthening exercises

Pelvic stretches

Diaphragmatic breathing

Advice and education

Lifestyle changes

Manual therapy

Myofascial release

EMG biofeedback

Electrical stimulation

Following a course of physiotherapy if further assessment or input is required we can refer directly to Gynaecology or pessary clinic.

Reasons we may contact you

- Anticholinergics
- Topical oestrogen
- Vaginal device for urinary stress incontinence – eg diveen
- Dilators

Physiotherapist versus Continence Nurse

Physiotherapy

First line management of SUI, mixed UI or POP

- Pelvic floor muscle dysfunction causing symptoms of incontinence, POP, painful sex or pelvic pain
- Vaginal or ano-rectal examination
- Pelvic floor retraining
- Manual therapy

Continence Nurse

First line management of OAB

- Bladder retraining
- Medication
- Any catheter input/ support
- Post void scanning
- Urodynamics
- Bowel dysfunction

How to Refer

- Referral letter with information on reason for referral/ current symptoms/ relevant investigations the same as for Msk physiotherapy referral.
- Banner guidance should have each trusts inclusion and exclusion criteria
- Ensure screening for CES is completed if appropriate and any red flag symptoms ruled out.
- Some Trusts will have online resources/ information for pelvic health physiotherapy

Exclusion Criteria

- Complex physical, social or nursing needs
- Bed bound patient
- Home assessment
- Catheter Management
- Awaiting investigation for haematuria or recurrent UTIs

Useful leaflets on POGP website

Pelvic Floor Muscle Exercises (Women)

Improving Your Bowel Function

Pilates in Women's Health Physiotherapy

Pelvic Organ Prolapse

Pelvic Floor Muscle Exercises (Men)

Pregnancy Related Pelvic Girdle Pain and other common conditions in pregnancy

Questions??