CONSERVATIVE MANAGEMENT OF STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

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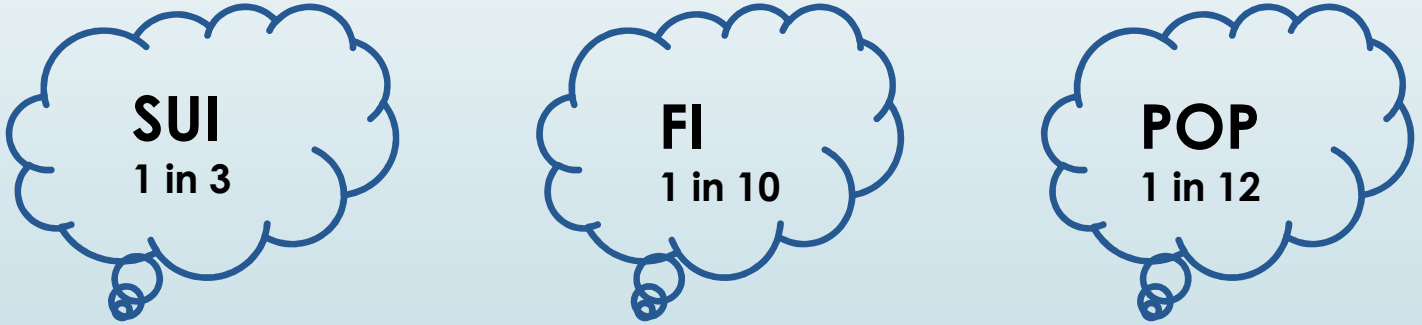
CONSERVATIVE TREATMENT

- restricted to non-surgical and non- pharmacological approaches to the management of pelvic floor conditions
- Considered relatively low cost and non-invasive, with minimal adverse effects
- Considered as part of initial management, often in primary care or for those who are not fit for or do not want non-conservative options



"women will have access to multidisciplinary pelvic health clinics via referral" **NHS 10 Year Plan**

THE GUIDELINES – SUI and POP

- **NICE – NG123** – Urinary Incontinence and pelvic Organ Prolapse in Women: management (April 2019)
- **NICE – CG62** – Antenatal Care for Uncomplicated Pregnancies (updated Feb 2019)
- **Cochrane Review**: Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women (2017)
- **Primary Care Women's Health Forum**: Conservative Management of Prolapse - Competency Framework For Primary Care (reviewed annually- due April 2019)
- **European Urology Association**: Guidelines on Urinary Incontinence (2014)
- https://www.guidelines.co.uk/summaries/womens-health
- Goom T et al, Return to Running Postnatal – Guidelines (2019)

Evidence-Based RECOMMENDATIONS 1 – SUI

- Antenatal **intensive** PFMT is likely to reduce reporting of urinary incontinence for up to 6 months post first delivery (Cochrane Review)
- PFMT for postnatal women with incontinence persistent at 3 months were less likely to report ongoing incontinence at 12 months. Greater **intensity** had greater effect (Cochrane Review)
- Antenatal PFMT reduces the risk of UI in late pregnancy and in mid to late postpartum period (Cochrane Review)

Evidence-Based RECOMMENDATIONS 2 - SUI

- Less certainty of recommendation for those with existing perinatal UI
- UI: 3 months **supervised** PFMT of 8 contractions: 3 x day. Continue if beneficial (NICE NG123)
- Offer **supervised, intensive** PFM strengthening programme to prevent antepartum and postpartum UI (ICI 2017)
- PFMT should be offered to those with persistent UI 3 months postnatal; an **intensive** programme likely to increase effect (ICI 2017)

Evidence-Based RECOMMENDATIONS - POP

- **Pre POP**: supervised PFMT should be offered as a first line conservative therapy for women of all ages with UI (ICI 2017)
- **Pre POP**: PFMT can influence the development of POP (PREVPROL)
- **POP**: 16 weeks supervised PFMT for those with symptomatic Stage 1 or 2 Continue if beneficial (NICE NG123)
- **POP**: Consider pessary use alone or in conjunction with PFMT (NICE NG123)
- **POP**: PFMT is effective in reducing pelvic floor symptoms and prolapse symptoms (ICI 2017)

RECOMMENDATIONS – LIFESTYLE
SUI and POP

FLUIDS – caffeine reduction / fluid modification

BEHAVIOURAL TRAINING – BLADDER / BOWEL

WEIGHT – lose weight particularly if BMI >30

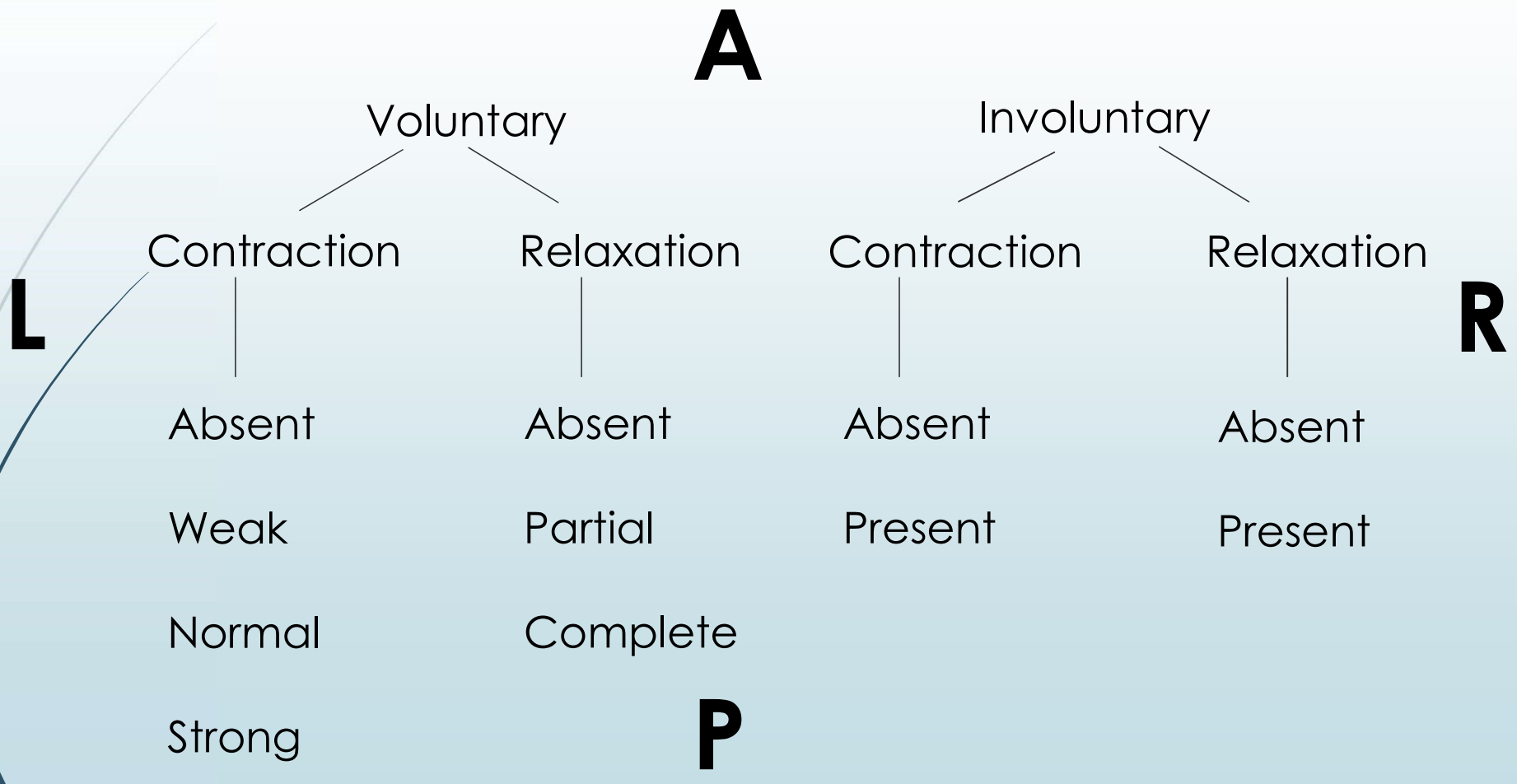
CONSTIPATION – avoid or treat

SMOKING – advise cessation

ACTIVITY – reduce heavy lifting

EXERCISE - discuss and advise according to women's needs and preferences

ICS PFM GRADING - 2005



PFM Grading

PERFECT - 2008

- P - performance
- E - endurance
- R - repetitions
- F - fast
- E - elevation
- C – co=contraction
- T – timing

(Laycock 2008)

ICS-IUGA 2010

- Muscle strength(static and dynamic)
- Muscular endurance (ability to sustain maximal or near maximal force)
- Repeatability (the number of times a contraction to maximal or near maximal force can be performed)
- Duration
- Coordination
- Displacement

VERBAL CUES

"squeeze the muscles around the vaginal opening as if to purse lips of your mouth"
"draw the clitoris in a posterior direction"
Asymmetry was found in the deeper PFM in 3 instructions designed to bias the superficial PFM.
Aljuraifani et al 2019

1. "Squeeze your pelvic floor muscles"
2. "Squeeze and lift your pelvic floor muscles as if stopping the flow of urine" (anterior group) OR "squeeze the anus" (posterior group)
3. "Take a moderate breath in, let the breath out, then draw in and lift your pelvic floor"
4. "Perform an inward lift and squeeze around the urethra, vagina and rectum"

Ami et al 2018

"squeeze and lift from the front as if stopping the flow of urine" (anterior)
"squeeze and lift from the back as if stopping the escape of wind" (posterior)
"squeeze and lift from the front and back together" (combined)
Crotty et al 2011

PERFECT - alternative

- **P** – personal / perseverance
- **E** – education / encouragement
- **R** - realistic
- **F** – functional / felt
- **E** – effective / engagement
- **C** – communication / connection / contact / confidence
- **T** – timely / trust

ADHERENCE…….

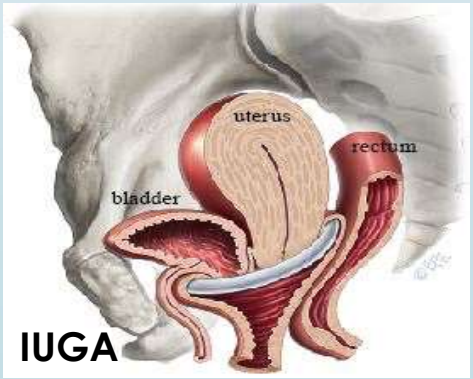
…….is the extent to which a patient's behavior matches agreed recommendations/ instructions from the prescriber

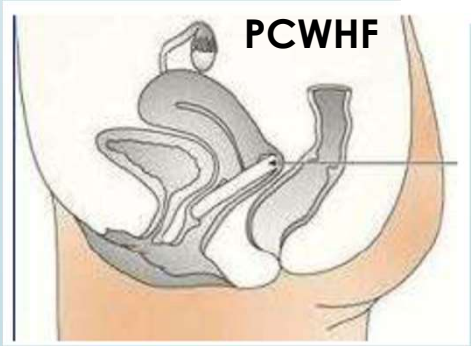
- Behaviour-change theory and skills training required for clinicians
- Sufficient accurate information
- Teach 'physical skills' of a correct PFM contraction
- Patient-focused adherence strategies targeting different stages of adoption and maintenance
- Positivity

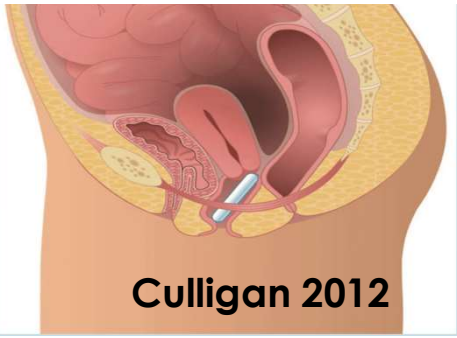
Dumoulin, Hay-Smith et al 2015 ICS Consensus Statement 2014

PESSARIES

- Limited high-quality evidence base to inform practice
- Practice based on ritual and tradition not evidence
- In common use
- Unclear about which pessary when and for how long

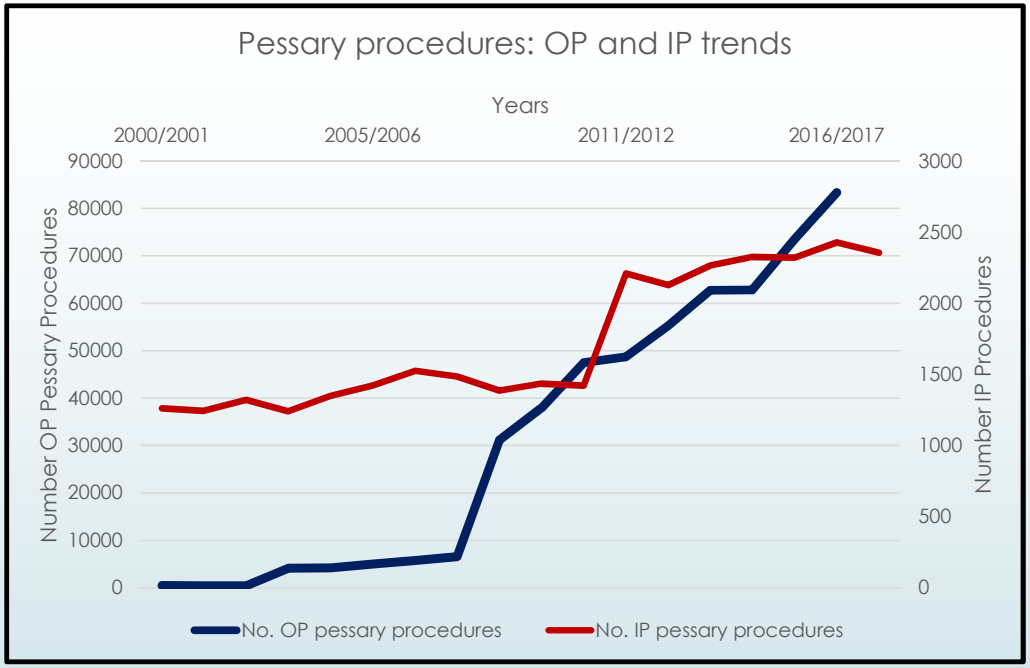






PESSARIES

- 60 – 80% clinicians recommend as first line management
- Approx 90,000 pessary procedures/year



Top 2 Priorities from JLA Pessary for Prolapse PSP

1. How might a pessary affect sexual activity?
2. Do pessaries have an effect on the psychological wellbeing of women?

THE VAGINAL PROFILE – (Baden and Walker 1968)

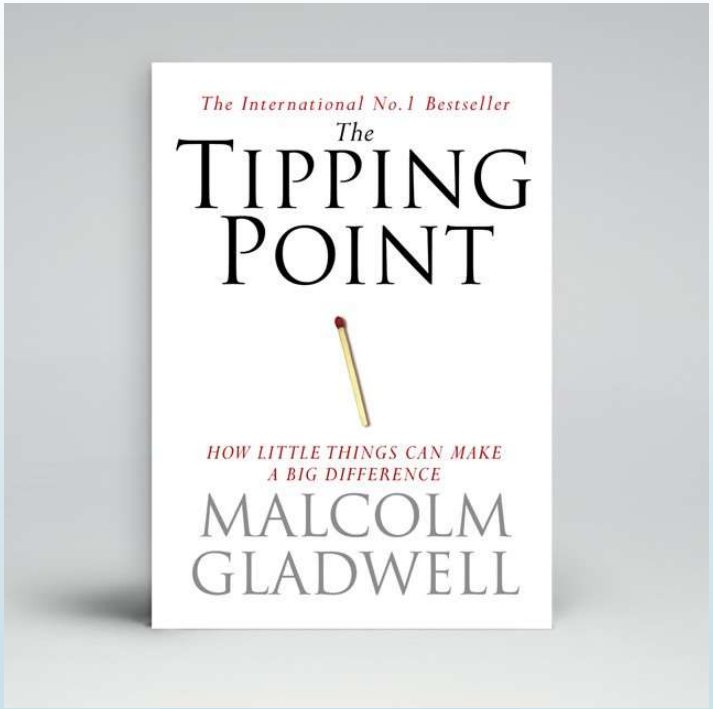
- Six digit classification for measuring "vaginal relaxation"
- " the system permits reliable analysis and accurate reporting, and it is applicable to annual, antepartum-postpartum, preoperative-postoperative evaluation of the structures under the vaginal mucosa in relation to their supportive roles"
- Recording profiles enables assessment of interventions – conservative, pharmacological and surgical and ageing

FAQs

- I just want an operation
- I have been doing my exercises for years – they don't work
- What is the best machine to buy
- I don't have time
- How can my pelvic floor be ok if I am leaking?

CONCLUSION

- Create a Tipping Point:
  1. Reframe the problem and the way you think about
  2. Accept a Band-Aid moment might make a difference
  3. Believe that change is possible
  4. Use your skills



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