

Pre-operative Physiotherapy Intervention in Gynaecological Surgery patients

A prospective single blind
randomised controlled intervention
study

S. Jarvis, T. Hallam,
T. Vancaillie

Pelvic Floor Surgery

- Olsen (1997) - by 80 y.o., 11% lifetime risk, 30% need re-operation
- Cardozo (1999) - causes for early & late failure - constipation & straining
- Black (1997)- 25% had worse mental health scores after I/C surgery

Pre-op Physio & Gynae Surgery

Study Hypothesis

- To test the hypothesis that pre-operative PFME, Functional bracing PFM, voiding & defaecation training may be beneficial for patients undergoing prolapse &/or incontinence correcting surgery

Pre-op Physio & Gynae surgery Study Hypothesis

■ Possible Benefits:

- Decreased do novo frequency, urgency, urge incontinence, nocturia & SUI
- Minimisation of perineal descent - with increased IAP, voiding & defaecation
- Preservation of plastic result of procedure due to improved pelvic organ support

Physio & Gynae Surgery

Historical background

- Grey area in gynaecology re commencement of PFME ; skeletal mm susceptible to atrophy
- Orthopaedic surgery - exercise early to avoid loss of function and muscle strength; training for function

Pre-op Physio & Gynae Surgery

Eligibility Criteria

- Over 18 years of age; Adequate English
- Able to understand the nature & effects of the proposed Rx
- Capable of indicating whether they consent or do not consent
- About to undergo surgery for prolapse &/or incontinence correction
- Not patients of Dept Endo-Gynaecology

Pre-op Physio & Gynae surgery Study Design

- 60 patients recruited at PAC
- Informed consent
- Standardised Health Questionnaire
- PFM Assessment- digital, perineometer
- Paper Towel Test
- Frequency volume chart given

Pre-op Physio & Gynae Surgery

Study design (cont)

- Randomised to Rx or Control
- Control = current intervention, i.e., no change in management
- Rx =
 - PFME programme
 - Functional PFMC
 - Voiding postures & advice
 - Defaecation techniques
 - Healthy bladder & bowel habits

Pre-op Physio & Gynae Surgery

Study design (cont)

- Rx = seen day 2 post op
 - visualisation of perineum to confirm PFMC
 - commencement of modified PFM exercise programme
 - Functional PFMC
 - defaecation advice
 - voiding postures
- Control= nil intervention

Pre-op Physio & Gynae Surgery

Study design (cont)

- Rx = 6 weeks post-op
 - PFM assessment, PFME & bracing
 - Management of urinary symptoms
 - UI - bladder retraining & PFME
 - SUI - PFME
 - Voiding - postures, techniques, residuals
 - Defaecation advice
- Control = nil intervention



Pre-op Physio & Gynae Surgery

Study design (cont)

- 12 weeks Post-op
- Rx & Control
 - Health questionnaire
 - Frequency volume chart
 - Paper Towel Test
 - Pelvic Floor Muscle assessment
 - Speculum exam & perineal US (non-surgeon gynaecologist)



Pre-op Physio & Gynae Surgery

Study design (cont)

- 12 months Post-op (Currently ongoing)
- Rx & Control
 - Health questionnaire

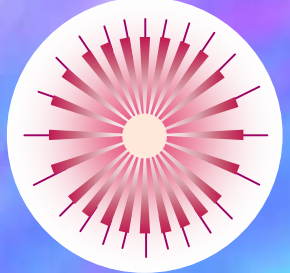


ENDO-GYNAECOLOGY
RHW

Pre-op Physio & Gynae Surgery

Outcome Measures

- Health Questionnaire - incidence & severity of symptoms, QoL
- Paper Towel Test - SUI
- Frequency volume chart - urgency, UI
- PFM assessment - digital & manometry



ENDO-GYNAECOLOGY
RHW

Pre-op Physio & Gynae Surgery

Progress

- 29 Gynaecologists at RHW
- 2 - Gynaecologists - no
- 2 Gynaecologists - physio only
- Total 27/29 gynaecologists' patients participating
- 60 recruited & completed 12/ 52 fu
- 12 month HQ follow up ongoing

Pre-op Physio & Gynae Surgery What now ?

- Changes seen in the outcome measures
- Appears that Rx group were wetter & worse QoL prior to intervention
- Baseline differences - rate of change ?