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PELVIC FLOOR EVALUATION ON GYNECOLOGIC AND STANDING POSITIONS

Hypothesis / aims of study

The aim of the study was to evaluate and to compare the pelvic floor strength on gynecologic and standing positions.

Study design, materials and methods

We evaluated 10 women with the inclusion criteria women aged between 20 and 40 years and not virgins. The non-inclusion criteria were women aged under 20 years, over 40 years and pelvic organ prolapse. We excluded women who presented absence of perineal strength, lack of perineal awareness, disabling pain during the introduction of the vaginal probe perineometer. The perineometer was graded every 2cmH₂O. The rubber device inserted has the capacity to be inflated by a pear, so as to capture only the pressure variation of the pelvic floor. Three voluntary contractions were requested and recorded only the highest pressure measured by the dynamometer coupled to perineometer. To ensure the correct positioning of perineometer, the physiotherapist was holding during contractions. All testing was performed twice in each patient, the first evaluation in gynecological position and the second in the standing position.

Results

Two women were excluded from the study during a physical examination for complaints of disabling pain in the introduction of the vaginal probe, and not present perineal awareness. The women's age was between 29 and 39 years, mean 33.6 years. The average pressure obtained during contraction in patients with gynecological position was 17.4 cmH₂O, and standing was 9 cmH₂O. The averages show a decrease in pressure from the pelvic floor muscle contraction to 48.28% when compared to gynecological with orthostatic position.

Interpretation of results

The present study showed that there is a significant decrease (48.28%) of the perineometer pressure during contraction of the pelvic floor in standing position in relation to gynecological position. A study was conducted in 18 patients were evaluated with a medical diagnosis of stress urinary incontinence or mixed incontinence after a training of pelvic floor contraction of 3 months, and found that the maximum contraction of the pelvic floor is statistically more important position gynecological compared with the standing position (1). Based on data from this study suggest that physical therapy assessment of strength performed by the pelvic floor is made in gynecological and standing positions, thus it will be possible to measure the actual functionality of this muscle

Concluding message

This study demonstrated that a significant decrease in pressure by voluntary contraction of the pelvic floor muscles in standing position when compared to contraction in the gynecological position.

References

1. Bo K, Finckenhagen HB. Vaginal palpation of pelvic floor muscle strength: inter-test reproducibility and comparison between palpation and squeeze pressure. J Urol. 2003; 169(6):2428-9.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Research Ethics Committee of Federal University of São Paulo
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes