

Arias Valdés E M<sup>1</sup>, Bardón Fernández N<sup>1</sup>, Moreno Reviriego A<sup>1</sup>, González Tejero C<sup>1</sup>, Marina García-Tuñón C<sup>1</sup>, Cantos García C<sup>1</sup>, Castroviejo Royo F<sup>1</sup>, Rioja Toro J<sup>1</sup>, Martínez Sagarra J M<sup>1</sup>, Vázquez Camino F<sup>1</sup>  
 1. *Río Hortega Hospital. Valladolid*

## PELVIC FLOOR REHABILITATION. PATIENTS DATA REVIEW.

### Hypothesis / aims of study

We want to show that rehabilitation in pelvic floor is increasing considerably, in such cases keeper from surgery as in ones when surgery is required and rehabilitation means help for soon recovery.

### Study design, materials and methods

We show a data review of the patients followed in our rehabilitation pelvic floor Unit. These patients were subjected to pelvic floor training, some of them because of an urinary incontinence, and others cause different pathologies, surgical or not. We included 363 patients in our study, for a period of eight years, since 2003 to 2011. Mean age was 54.6 years.

### Results

Patients with no surgical urinary incontinence were 188 (51.8%), and 175 patients (48.2%) were followed due to other reasons. 75.7% of them were women and 24.3% were men.

Now we show the different pathologies in two tables:

<b>NOT SURGICAL PATHOLOGY</b>	<b>N</b>
Stress urinary incontinence	135
Mixed urinary incontinence	32
Urgent urinary incontinence	6
Overactive bladder	14
Enuresis	1

<b>OTHER PATHOLOGIES</b>	<b>N</b>
Prostatectomy	68
Horse tail syndrome	8
Urine retention	9
Not coordinated miction	5
Prolapse without incontinence	23
Fecal incontinence	51
Fecal and urinary incontinence	11

### Interpretation of results

Rehabilitation must be the first step in pelvic floor damages. We consider necessary the introduction of a rehabilitation Unit in all hospitals for the treatment of these pathologies, that, in our case are increasing year by year

### Concluding message

We consider pelvic floor training and rehabilitation as necessary. Furthermore we think they should be the first arrangement of treatment and they try to keep the patients from surgery.

But we also think that it is a very good complement after surgery.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** NONE