

## 6-YEARS LONG TERM RESULTS OF PELVIC FLOOR REEDUCATION TRAINING IN WOMEN WITH URINARY STRESS INCONTINENCE

### Aims of Study

Non-operative treatment options of urinary stress incontinence as the pelvic floor re-education training (PFRT) become more and more common, however long term studies on this topic still are rare. The aim of our study is to present efficacy and problems during 6 years of PFRT.

### Methods

Prospective study, running since 1995 including 36 women (age at start of PFRT 42 - 79 yrs, mean 60.8 yrs) with genuine urinary stress incontinence grade 1(18), grade 2(15) and grade 3(3). The clinical evaluation comprised in each patient videourodynamics, urethral pressure profile(UPP), padtest, perineometry(PM) and questionnaire(QoL). Follow-up's after 6 weeks and yearly with UPP(only in 1st and 6th year), PM, padtest and QoL.

PFRT program: Initial 6 weeks intensive training, guided by a physiotherapist assisted by electrotherapy and biofeedback. Subsequently home training with controls by the physiotherapist and the physicians every 3 months.

### Results

After 6 ys. 22 of 36 women (61%) still are under control. Drop outs happened due to surgery(4) or lack of compliance(8). 2 patients died (age 82 resp.78).

<b>Pad-tests:</b>	<b>6w</b>	<b>2ys</b>	<b>6ys</b>	<b>UPP:</b>	<b>before</b>	<b>6w</b>	<b>1y</b>	<b>6ys</b>
dry	10	6	6	<b>max.pClo</b>				
improved	17	13	12	(cmH2O):	32.9	38.4	35.0	34.5
unchanged	7	4	4	<b>transmission</b>				
worsen	2	2		(%):	71.4	84.8	81.5	81.4

<b>PM</b>	<b>6w</b>	<b>2ys</b>	<b>6ys</b>	<b>Compliance</b>	<b>6w</b>	<b>2ys</b>	<b>6ys</b>
(ave)strength*time				3 times daily		36	2
cmH2O*sec	171.5	144.1	120.6	once daily		12	12
				3 times weekly		8	7
				occasionally		2	1

### Conclusions

1. PFRT is a powerful alternative to operative treatments in female urinary stress incontinence also on long term, if properly indicated and performed.
2. 81% of the 22 women in treatment after 6 years, resp. 50% of all included patients became continent or are permanently improved. These patients still do not wish any surgical treatment.
3. The best results could be achieved during the intensive program in the first phase of the treatment, but reasonable results also could be maintained in the following years in patients with proper compliance. These were highly depending on the commitment of the clinical team but also on the co-morbidity of the patients.