

ICS Add-On Course – 24 January 2013 – Cape Town

0900-0915	Welcome and Introductions	South African host
0915-0945	Overview of epidemiology and patient characteristics of peripartum incontinence in South Africa	Linsay Wallace or Mariette Pitlo
0945-1030	Nursing assessment of postpartum urinary and fecal incontinence	Lesley Hanson
1030-11100	Break	
1100-1145	Nursing management of postpartum urinary and fecal incontinence	Lesley Hanson
1145-1215	Case study discussion	Lesley Hanson
1215-1315	Lunch	
1315-1400	The therapeutic assessment of postpartum pelvic floor muscle dysfunction - Anterior and posterior compartment	Julia Herbert
1400-1445	The therapeutic management of postpartum pelvic floor muscle dysfunction - Anterior and posterior compartment	Julia Herbert
1445-1515	Break	
1515-1545	Case study discussion	Julia Herbert
1545-1630	Psycho-social-sexual effects of post partum incontinence with focus on South African culture and strategies to manage	Linsay Wallace or Mariette Pitlo
1630-1650	Guided discussion of topics for research	Moderated by Lesley, Julia , Linsay and Mariette
1650-1700	Last questions and Wrap-up	Moderated by Lesley, Julia , Linsay and Mariette

Detail:

Nursing

Nursing assessment and management of postpartum urinary incontinence (UI)

- Broader Epidemiology from Review of Literature:
 - Statistics of urinary incontinence and prolapse in post-partum women
 - Identification of women who are at increased risk of incontinence and prolapsed
 - Stats about use of vaginal support devices to manage incontinence and prolapse
- Preventative strategies:
 - proactive care
- Assessment of perineum and pelvic floor
 - Thorough pelvic examination
 - Episiotomy or tear repairs, progress of healing
 - Vaginal health
 - Pelvic muscle floor strength
 - Postpartum voiding habits-diaries
 - Postpartum bowel habits-diaries
 - Sexual health evaluation
- Interventions
 - Proper wound care of any tears or episiotomies.
 - Maintain hygiene of affected area
 - Teaching/reinforcement of pelvic floor muscle exercises.
 - Thorough postpartum teaching
 - Encourage period of rest, no heavy lifting or strenuous work/exercise

 - Bladder dietary strategies/management:
 - dietary fiber to manage constipation, decrease bladder irritants
 - Postpartum sexual health teaching
 - Consideration of use of local HRT to address low estrogen levels in postpartum nursing mothers

 - Follow up to evaluate intervention success:
 - Consider use of a vaginal pessary as an option to manage any persistent incontinence or prolapse

 - Referral of high-risk women to specialist in pelvic floor trauma

 - Referral to physiotherapy if unable to isolate pelvic floor muscles

Nursing management of postpartum fecal incontinence and associated skin care

Broader epi from review of Literature:

- Statistics of fecal incontinence in post-partum women
- Identification of postpartum women who are at increased risk of fecal incontinence
- Preventative strategies:
 - proactive care
- Assessment
 - Thorough pelvic examination

- Episiotomy or tear repairs, progress of healing
- Pelvic muscle floor strength
- Postpartum bowel habits-diaries
- Interventions
 - Proper wound care of any tears or episiotomies.
 - Maintain good hygiene of affected area
 - Teaching/reinforcement of pelvic floor muscle exercises.
 - Thorough postpartum teaching
 - Encourage period of rest, no heavy lifting or strenuous work/exercise
 - Bowel dietary strategies/management: dietary fiber, position on toilet, support of perineum to assist bowel function
 - Postpartum sexual health teaching
 - Consideration of use of local HRT
 - Follow up to evaluate intervention success
 - Referral of high-risk women to specialist in pelvic floor trauma treatment
- Referral to physiotherapy

Physiotherapy

1) The therapeutic management of postpartum pelvic floor muscle dysfunction -

anterior compartment

Assessment

Assessment of anterior compartment pelvic floor muscle function

Pelvic floor muscle rehabilitation including EMG Biofeedback, Dynamic

Ultrasound, Neuromuscular stimulation and aids and appliances

2) The therapeutic management of postpartum pelvic floor muscle dysfunction -

posterior compartment

Assessment

Relevant investigations

Assessment of posterior compartment pelvic floor muscle function

Therapy including manometric biofeedback, defaecation dynamics, neuromuscular stimulation and aids and appliances