



# A retrospective audit of patients with bladder pain syndrome that completed a course of pelvic floor physiotherapy

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## 1. Hypothesis and aims

- o Bladder pain syndrome (BPS) is estimated to affect up to 3% of women, but can also affect some men.
- o A variety of different definitions and treatment algorithms exist [1]
- o Physiotherapy is one of the very few treatment strategies recommended by all advisory bodies [1]
  - o A Cochrane meta-analysis found that physiotherapy and behavioural therapy were the only interventions that wholly favoured treatment versus control in BPS patients, and that only physiotherapy met their primary outcome for improving pain [2]
- o However, few studies examine the effectiveness of physiotherapy in BPS, and most studies are hampered by small sample sizes [2]
- o Our retrospective audit has one of the largest sample sizes examining the effectiveness of pelvic floor physiotherapy for patients with BPS

### Primary aim

- o Determine the proportion of patients with BPS who benefit from pelvic floor physiotherapy, measured by symptoms and quality of life

### Secondary aim

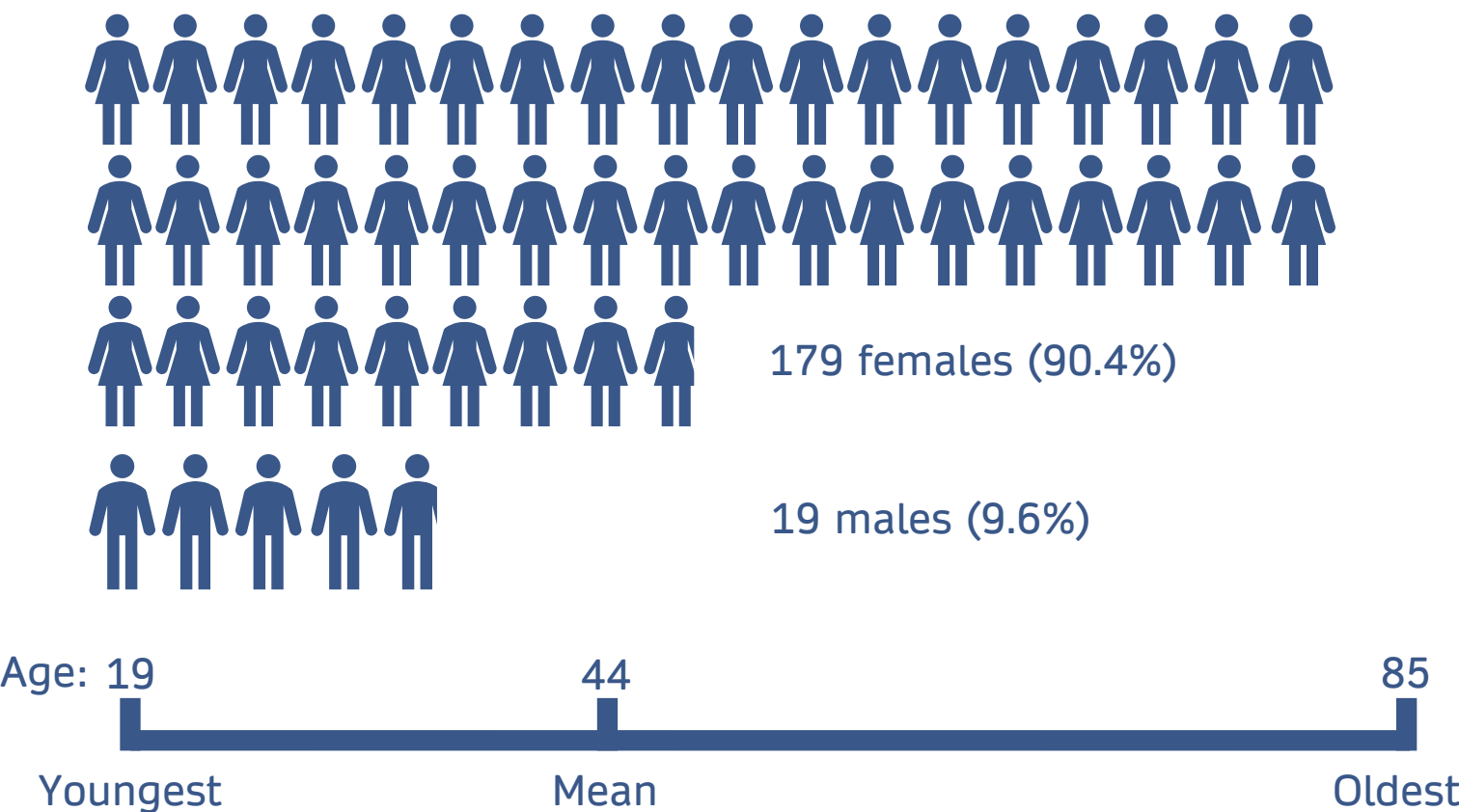
- o Determine patient engagement with treatment – of those BPS patients offered treatment, what proportion attended; and of those attending, how many engaged and completed their treatment course

## 2. Study design, materials and methods

- o Our institution uses an online clinical system that allows watchlists to be set up as information governance-compliant databases
- o Our senior author established a watchlist of patients who have either been diagnosed with or are suspected of having BPS
- o All patients on this watchlist were included, capturing patients from June 2019 up to and including November 2023
- o Clinic letters, referral letters, outpatient appointments booked (including future appointments), physiotherapy reports and pathway outcomes for physiotherapy referrals were all reviewed to provide data
  - o Physiotherapy reports are written individually for each patient and detail what was undertaken in the sessions, the benefits achieved, and plans beyond physiotherapy

## 3. Results

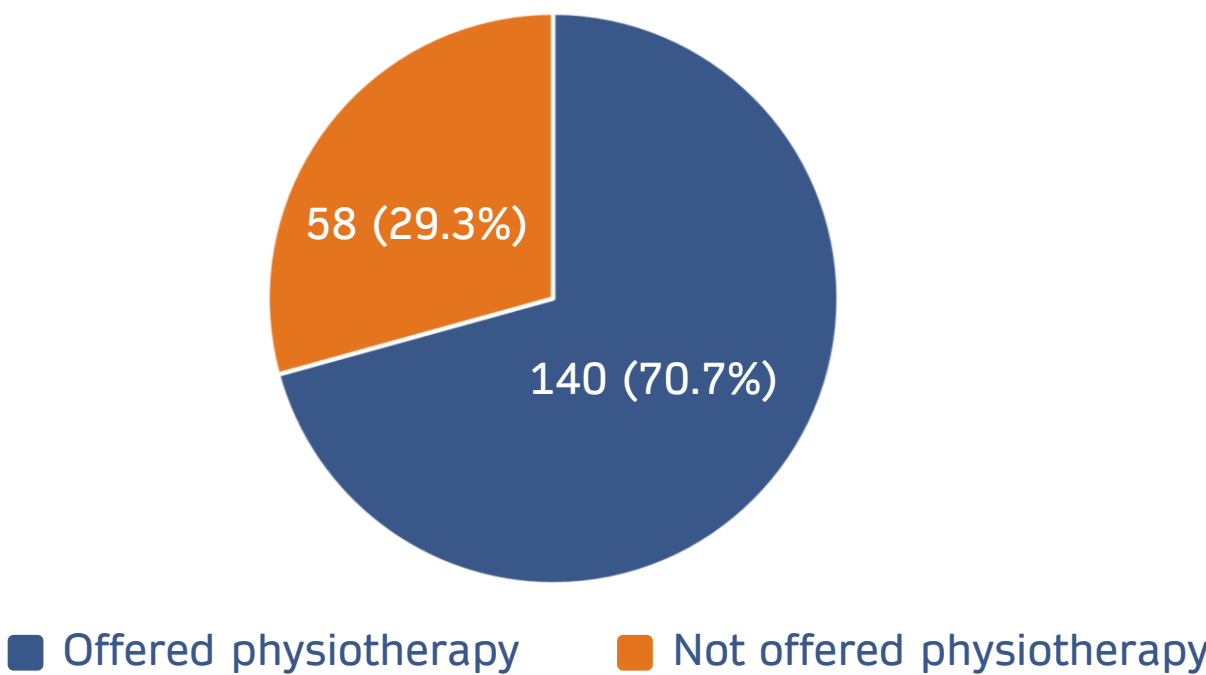
- o Our method provided 198 BPS patients for our retrospective audit
- o 140 (70.7%) of the 198 patients were offered physiotherapy; the remaining 58 (29.3%) patients were already established on and doing well with other treatments, such as instillations, or had already trialled physiotherapy previously
- o Of the 140 patients offered physiotherapy, 93 (66.4%) patients attended their first appointment, 42 (30%) did not attend, 4 (2.9%) were awaiting their first appointment, and 1 (0.7%) had moved out of area after being offered physiotherapy
- o Of the 93 patients who attended their initial physiotherapy appointment, 57 (61.3%) completed their course, 31 (33.3%) did not engage with physiotherapy after having attended their first appointment, and 5 (5.4%) had ongoing physiotherapy
- o With regards to our primary aim, we identified 57 patients who completed a course of physiotherapy; from this group 51 (89.5%) patients reported a notable benefit to their symptoms or quality of life, 3 (5.3%) patients experienced little or no benefit, and 3 (5.3%) patients' physiotherapy reports did not comment on the outcome



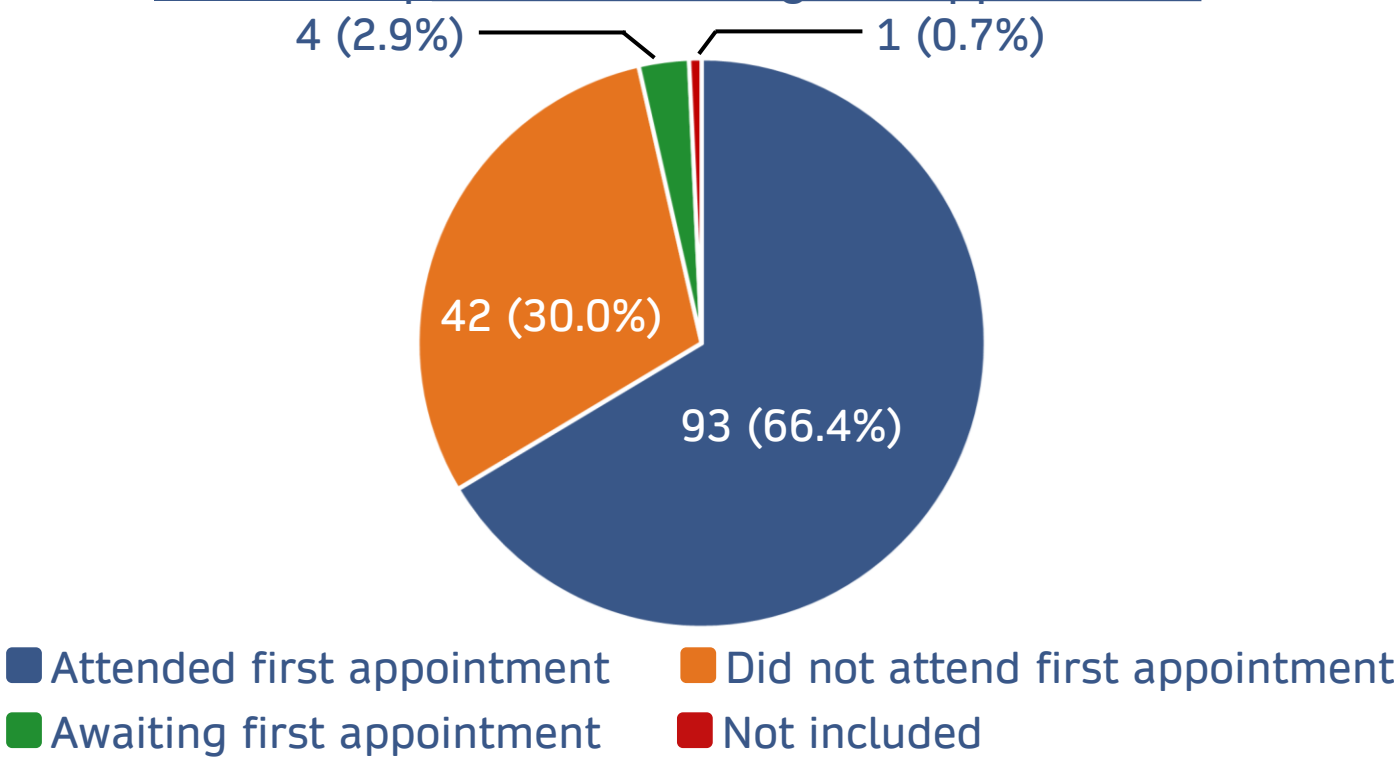
## 4. Interpretation of results

- o The greatest strength of our retrospective audit is the sample size
- o 89% of BPS patients that complete a course of pelvic floor physiotherapy experiencing a benefit undoubtedly justifies and encourages the use of physiotherapy as a treatment option for BPS
- o We believe that physiotherapy is such an effective treatment strategy because our physiotherapists have more time allocated per appointment, versus a doctor-led clinic, to explore patients' worries and symptoms to a fuller degree
- o We did not explore any adverse side-effects to physiotherapy within our audit, but a Cochrane meta-analysis found no serious adverse events with physiotherapy[2]; and whilst another study reported 62% of participants experienced an adverse event, they add that it may in part be due to the fluctuating nature of their disorder[3]
- o Therefore, physiotherapy can be viewed as a safe, well-tolerated, effective treatment and should be considered as part of the holistic treatment of patients with BPS

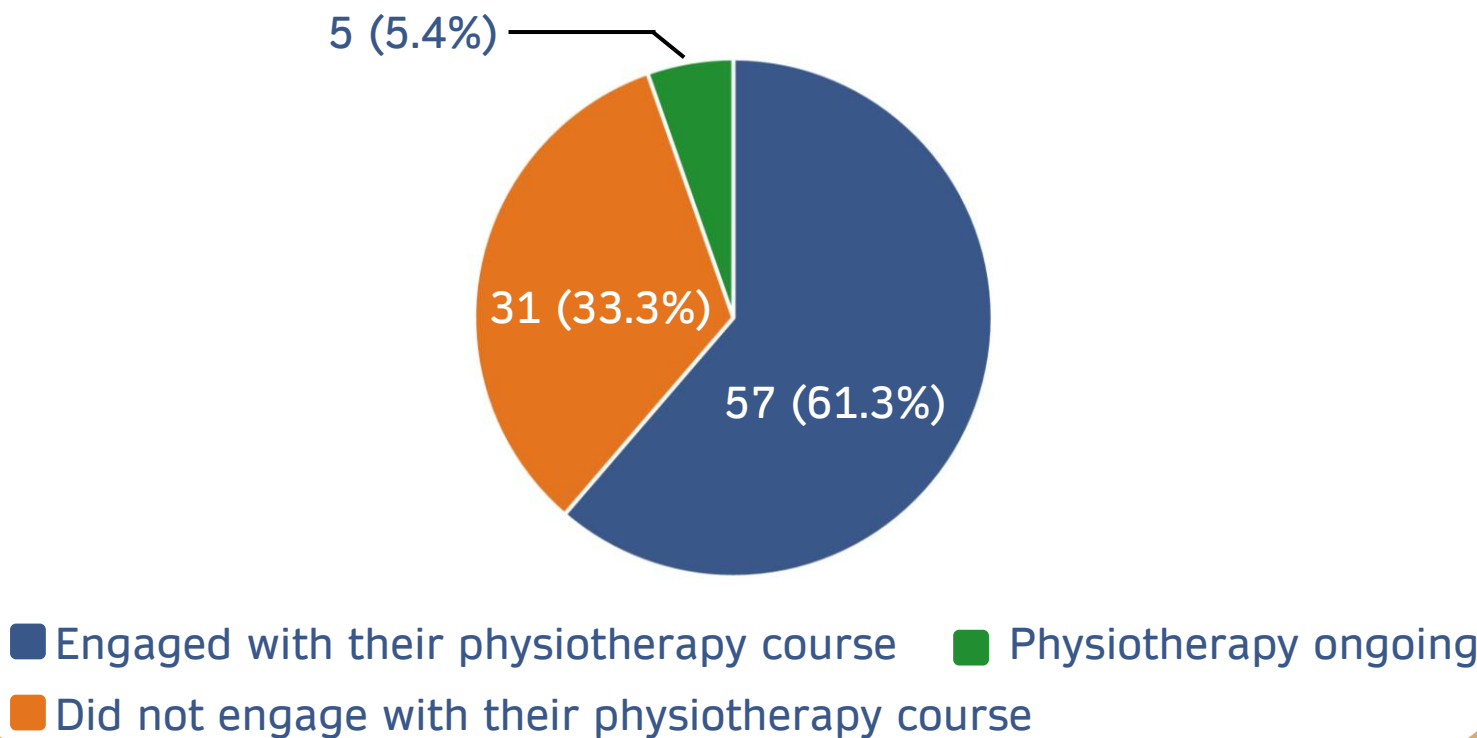
### Number of patients offered physiotherapy



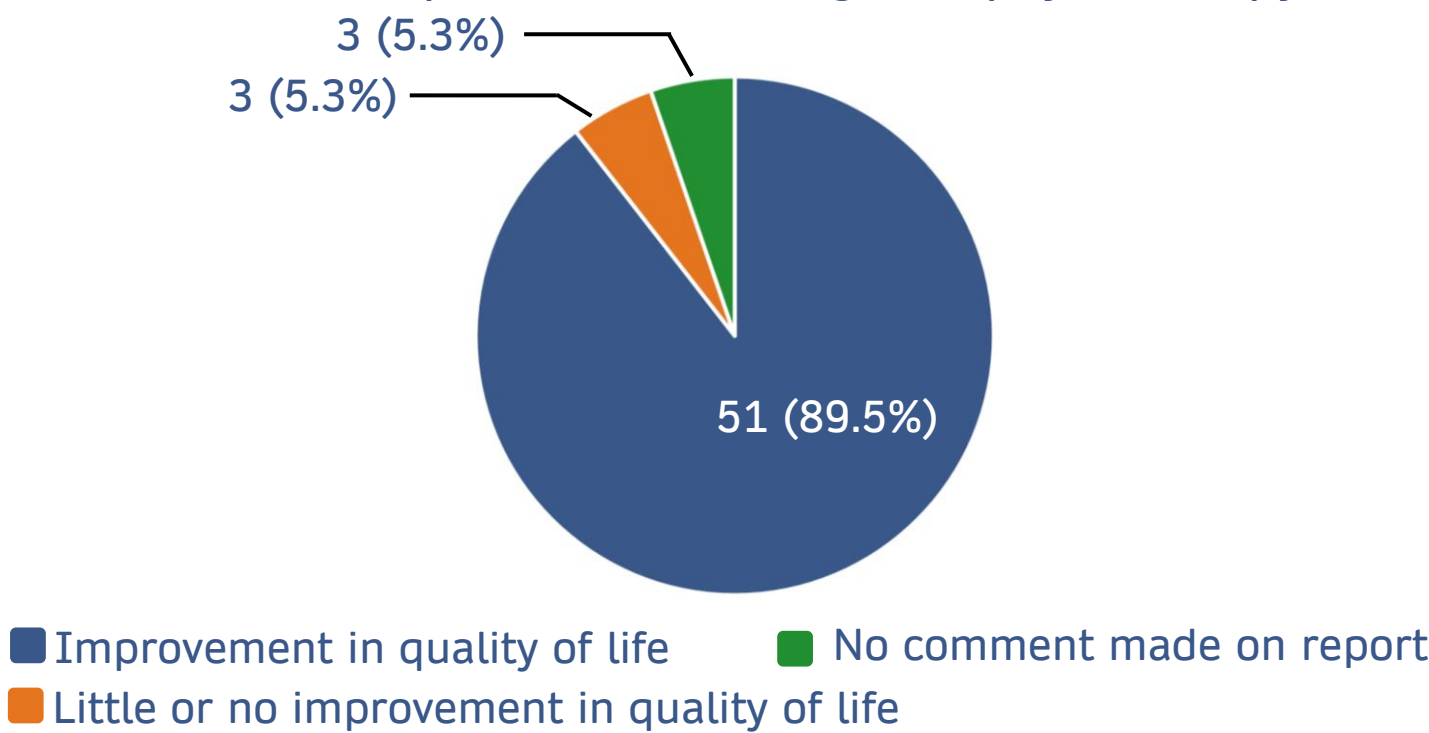
### Number of patients attending first appointment



### Number of patients engaging with their physiotherapy course



### Number of patients benefitting from physiotherapy



Benefit reported	Number of times reported
Less pain	11
Pelvic floor muscles non-tender/normal tone/no trigger points	6
Improved pelvic floor muscle function	4
Greater bladder control	4
Greater bladder capacity	3
Less frequency	3
Less burning	3
Less leakage	3
Less nocturia	3
Less dyspareunia	2
Improved prolapse symptoms/control	2
Less reliance on ISC	1
Improved endurance	1
Improved attendance at work	1
Need to take fewer medications	1

### References

1. Malde, S., Palmisani, S., Al-Kaisy, A. and Sahai, A., 2018. Guideline of guidelines: bladder pain syndrome. BJU international, 122(5), pp.729-743.
2. Imamura, M., Scott, N.W., Wallace, S.A., Ogah, J.A., Ford, A.A., Dubos, Y.A. and Brazzelli, M., 2020. Interventions for treating people with symptoms of bladder pain syndrome: a network meta-analysis. Cochrane Database of Systematic Reviews, (7).
3. FitzGerald, M.P., Payne, C.K., Lukacz, E.S., Yang, C.C., Peters, K.M., Chai, T.C., Nickel, J.C., Hanno, P.M., Kreder, K.J., Burks, D.A. and Mayer, R., 2012. Randomized multicenter clinical trial of myofascial physical therapy in women with interstitial cystitis/painful bladder syndrome and pelvic floor tenderness. The Journal of urology, 187(6), pp.2113-2118.