Radiofrequency for the treatment of stress urinary incontinence in female: Randomized Clinical trial (Preliminary results)

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Hypothesis/ aims of study

Urinary stress incontinence (SUI) is defined as the complaint of involuntary urinary loss in the effort in which it affects about 25 to 30% of the female population. Radiofrequency (RF) is a new therapeutic possibility that may aid in one of the pathophysiological mechanisms of SUI that is the decrease of collagen in the urethral walls. Therefore, theo objective of this study was to verify the clinical response of radiofrequency in the treatment of stress urinary incontinence in women.

Materials and methods

It is a randomized clinical trial. Women with stress urinary incontinence attended at the Pelvic Floor Care Center (CAAP), aged 18 to 65 years, who presented pelvic floor muscles function on the OXFORD scale greater or equal to 3, result of 1-hour Pad Test greater 1gram and excluded those with sensory deficits in the genital region, with pacemakers and pregnant women. The initial anamnesis, consisted of evaluation evaluation of the function of the pelvic floor (Oxford Scale and Surface Electromyography) and the 1-hour Pad test. Randomization was performed by block 4 and stratified by age. The allocation concealment was ensured by a secretary who was not part of the research. The study was divided into two groups, the study group (SG) in which it consisted the application of the RF was performed by trained physiotherapists by means of Tonederm® Spectra (figure 1) model with non-ablative transfer method with a frequency of 1.5 MHz, monopolar using handle with active electrode region of the urethral meatus and external coupling passive electrode placed participant's back. For application, the participant was in lying position.

The protocol consisted of five sessions, with one session per week. RF was applied to the external urethral meatus for two minutes after reaching 39 °C. The temperature was mentioned by an infrared thermometer. The protocol consisted of five sessions, with one session per week. In addition to RF, kinesiotherapy of the pelvic floor muscles (5 sessions) was performed. In the control group (CG) the protocol performed was the same(RF off + kinesiotherapy) as the study group, differing that the radiofrequency device was switched off and the gel used was heated to mask the thermal effect for the patient.

The evaluation the clinical responde were: Pad test 1hr to quantify the urine loss one week after the last session RF, and to assess the degree of

satisfaction of the treatment was applied to Likert scale: 1) very dissatisfied, 2) dissatisfied; 3)little dissatisfied 4)unchanged; 5) little satisfied; 6) satisfied 7) very satisfied. For the statistical analysis of intra-group urinary loss, the Wilcoxon test was used, and the mann-whitney test was used to compare the mean difference of intergroup urinary loss. All participants signed an informed consent form. The research was carried out following the principles of the Helsinki Declaration(CAAE – 35038914.3.0000.5544). This randomized clinical trial study was recorded in clinicaltrial.gov.com NCT02617797.





Figure 1 – Application of radiofrequency with rotational movements

Results

The study group consisted of 9 women with a mean age of 48,5±10 and the control group with 7 women with a mean age of $49\pm7(p=0.890)$. The groups were homogeneous on the oxford scale (Oxford 3 for all), the initial urinary loss Pad test in the SG was 7 (5,5-12) and the CG was 8 (3-15) (p=0,837) and the BMI was SG 25,6 \pm 5 and CG was $26,5\pm5$ (p=0,760). In the analysis of intragroup urinary loss, the SG presented a modification in the median of the pad test of: 7(5,5-12) for 1(0-4) (p=0,007) and the CG initial median 8(3-15) for 1(0-38) (p=0,865). In the intergroup comparison of urinary loss the study group was a median 5 (3-7,5) and the control group was a median of 3 (-23-7,5) (p=0,200). In the satisfaction of the treatment all the women in the study group reported being very satisfied or satisfied, however in the control group of the 7 women 5 reported they are very satisfied / satisfied but 2 reported they are not very satisfied with the treatment.

Concluding message

It suggests that the RF presents positive clinical responses in the reduction of the urinary loss, but without presenting an intergroup difference.

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Key Words: Treatment; Stress Urinary incontinence; Radiofrequency.

