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1. *Pelvic Floor Secrets*

HOLISTIC HEALTHCARE A USEFUL TOOL FOR CONSERVATIVE MANAGEMENT OF URINARY INCONTINENCE

Hypothesis / aims of study

This original abstracts addresses the conservative treatment for stress urinary incontinence (SUI). The hypothesis combines biomechanical, emotional guarding and anecdotal evidence to show how the holistic approach to SUI significantly improves urethral closure, PF strength and conditioning, confidence and quality of life (QoL).

Study design, materials and methods

SUI affects women (and men) in varying degrees, which in turn negatively impacts everyday functional activity and PF health and/or happiness. Statistics from 2013 state that 3 – 6 million people in the UK suffer some degree of SUI {1}. In the main common treatment has involved some form of surgical procedure, cream or medication, which usually needs to be repeated within five to ten years. When offered a conservative holistic approach women are able to gain the confidence to manage or reverse the damage by combining pelvic floor muscle training (PFMT) with skeletal and postural corrective exercise (SPCE), vaginal stimulation, electrical devices and emotional history. This conservative treatment is time centred, something the Cochrane report {2} recognized as valuable to the continued success of the patient. The review recommended women have continued supervision, which produced better improvement than when left with little or no supervision.

PFMT is a non-invasive approach that helps women strengthen weak PF muscles. The drawback to its long-term success is compliance, since it is not linked with a whole body approach that motivates the patient, with tangible rewards. There is little scientific research on conservative management for SUI that involves SPCE or emotional guarding which can alters breathing and cause sensory dysfunction of the PF. Three main factors that are integral to PFMT are co-ordination (sensory awareness), strength and endurance. There are three main pumping mechanisms within the body; the diaphragm, the abdominal wall and the pelvic floor. By addressing the synergistic relationship between the respiratory, urogenital and pelvic diaphragms it is possible to minimize the impact intra-abdominal pressure fluctuations have on the endopelvic fascia and levator ani muscles of the PF, since it is the intra-abdominal pressure during activity that plays a major role in SUI. The diaphragm is the main muscle of respiration that supports abdominal and pelvic floor activation. Releasing the respiratory and pelvic diaphragms allow these biological pumps within the body to stimulate movement and sensory responsiveness (co-ordination). Once this is achieved urethral closure can be attained giving better tonic control to both the postural and phasic muscles, to assist in improving response, alignment and movement.

During pregnancy urinary incontinence may significantly increase, as postural alignment becomes a bigger issue with the increasing size and position of the ureteral sac. The chart demonstrates statistics of UI in women pre and post partum between 2009 – 2013. It is interesting to note that women suffer UI before pregnancy so it is not good enough to only address for those who have experienced pregnancy and childbirth.

Results

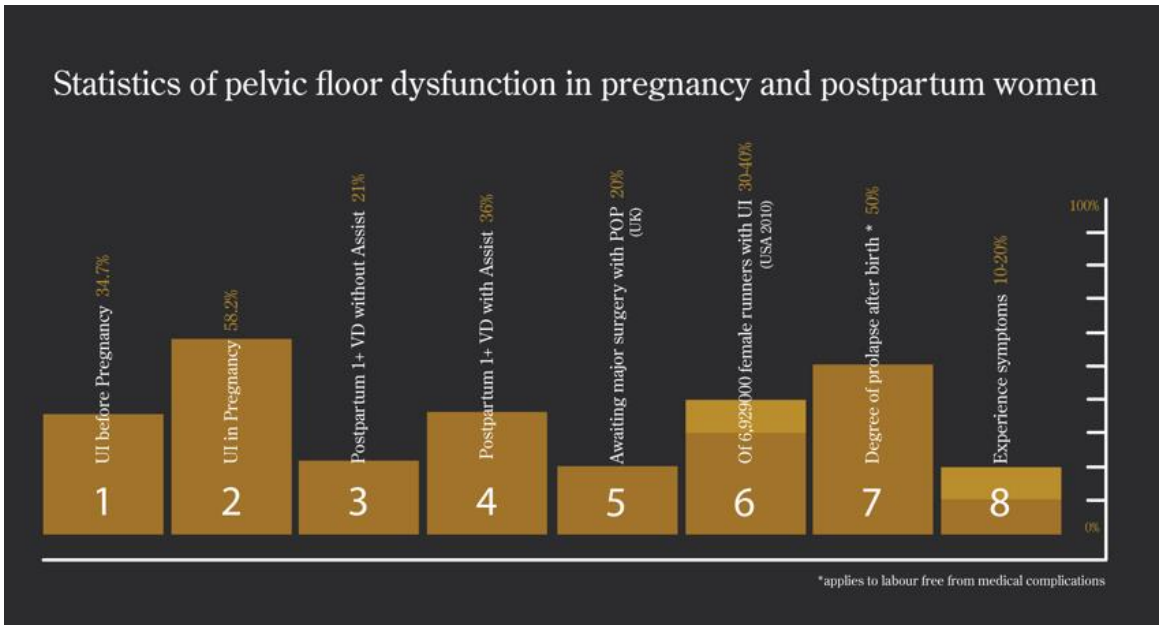
When 27 women addressed SPCE and emotional guarding with specific PFMT they were able to reduce levels of UI by 96% within 12 weeks. These women reported their QoL and relationships significantly improved, as they were able to begin to return to their normal functional everyday activities with a renewed confidence. Their diet and lifestyle information including circadian health, stress and digestive health was used in conjunction with a full postural and PF assessment. They were then guided through a structured tailored programme for 24 weeks reporting significant changes in confidence within the first six weeks, motivating them to continue. Addressing the breath – stimulating diaphragmatic movement is the first step to improving sensory retraining. The beauty of muscles fibres is their ability to assimilate new fibres, where others have been damaged. Once this is achieved the use of vaginal devices and electrical stimulus have a much better affect on PFMT, since the patient plays a conscious role in activating the muscles to respond to load and electromagnetic pulse (EMG). They are able to measure progress as urethral closure becomes stronger and more supportive with incremental increase in functional activity. Results from these PF aids especially the manual products give better real time results when sensory awareness is improved and assimilates functional movement if used in more than just the conventional supine positions since gravity needs to included in order to measure true progress.

Interpretation of results

Using holistic healthcare looks after all the patients needs. Addressing SUI and weak PF is only one part of global issues that manifest in these two weaknesses. By helping the patient to improve respiratory response they are able to balance PH within the body and offset many other lifestyle weaknesses tha can impact their elvic floor health and happiness as they age and go through the menopause. This conservative treatment where the patient takes control removes a lot of the pressure on public health and empowers the patient first and foremost.

Concluding message

Many physiotherapists, doctors and midwives recognize the role that conservative treatment can play on improved patient care, where the patient keeps the control of their body. If health clubs are able to address the pelvic floor muscles as part of their overall health and fitness timetable, they may be able to help reduce the instance of UI in women especially after childbirth or after the menopause, removing some of the pressure from the National Health Service (NHS) or mainstream public healthcare. When QoL is improved by both visible and invisible results the long term success is maintained and the cost to public health reduced as the education required is for life.



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2. http://www.cochrane.org/CD009508/INCONT_comparisons-of-approaches-to-pelvic-floor-muscle-training-for-urinary-incontinence-in-women

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