

Author(s)	K. Miska, B.Schussler
Institution, city, country	Department of Obstetrics and Gynaecology, Lucerne/Switzerland
Title (type in CAPITAL LETTERS, leave one blank line before the text)	
<p>THE BENEFITS OF BIOFEEDBACK DURING ROUTINE UROGYNAECOLOGY CLINICS</p> <p><u>Aims of study</u></p> <p>Pelvic floor reeducation programs often involve biofeedback-methods to increase pelvic floor awareness, tone and contraction [1]. It was the purpose of this study to introduce functional video-urethrocytoscopy as a new method of visual biofeedback and to compare immediate responses to three different biofeedback-methods during routine urogynaecological assessment.</p> <p><u>Patients and method</u></p> <p>Up to now thirty-five consecutive urinary incontinent women attending our urogynaecology clinic were asked which of the following three biofeedback-methods they found most beneficial regarding understanding of pelvic floor anatomy and function</p> <ol style="list-style-type: none"> 1. Perineal ultrasound: visualisation of bladder neck at rest, Valsalva, contraction and coughing 2. Video-urethroscystoscopy. visualisation of bladder neck at rest, contraction and coughing 3. Digital assessment of pelvic floor tone and strength of contraction: sensory awareness and verbal feedback <p>The order of biofeedback-methods was randomised to avoid operant conditioning bias. The women completed the questionnaire after the examination in which the following question were obtained.</p> <p>Which is the preferred method to gain awareness in:</p> <ul style="list-style-type: none"> ▪ Anatomic location of the pelvic floor muscle (PFM) ? ▪ Functional understanding of the PFM to urethral closure ? ▪ Understanding the aims of physiotherapy ? 	

Author(s)

Results

The mean age was 55 years (24-86). Twenty-one women complained of stress incontinence, seven of urge incontinence and seven had mixed symptoms. Thirty-seven percent of women found that the awareness of the pelvic floor muscle was best accomplished by cystoscopy.

Table 1 shows the patients preference of biofeedback-methods with respect to understanding of anatomy and function of pelvic floor muscle and its value for preparation of pelvic floor exercises.

Table 1: The women's preferences.

Which methods do you prefer regarding:	Digital biofeedback n (%)	Visual biofeedback		Indifferent n (%)
		Perineal ultrasound n (%)	Video-Urethroscopy n (%)	
Anatomy	5 (14)	11 (31)	6 (17)	13 (37)
Function	2 (6)	10 (29) p=0,02 *	18 (51) p<0,001 *	5 (14)
Physiotherapy	4 (11)	10 (29)	13 (37) p=0,03 *	8 (23)

* significantly different to digital biofeedback (Friedman test, post hoc Wilcoxon test)

Conclusion

Visual biofeedback-methods like cystoscopy and perineal ultrasound seem to be superior to digital feedback. Video-urethroscopy is an effective method to teach function of the pelvic floor. This increases the spectrum of indications of urethroscopy in female urinary incontinence.

Reference

- 1) BJU Int 1999; 83: 1015-1016.