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Title (type in CAPITAL LETTERS, leave one blank line before the text)																							
PELVIC FLOOR REEDUCATION – LONG TERM RESULTS IN WOMEN WITH URINARY STRESS INCONTINENCE																							
<p><u>Aims of Study:</u> Studies on the long term effect of pelvic floor reeducation programs in women with urinary stress incontinence are few. Therefore in 1995 a prospective study was started to evaluate the long term effect of pelvic floor training programs in women with urinary stress incontinence. This report gives the results after 4 years</p>																							
<p><u>Methods:</u> in 1995 36 women with pure urinary stress incontinence, mean age 60.8 ys, entered the study; the evaluation comprised of a questionnaire, pad-testing, videourodynamics, urethral pressure profiles and perineometry. 14 pat.s suffered from grade I, 10 of grade II and 1 of grade III urinary incontinence, according to Ingelmann-Sundberg. After an intensive pelvic floor reeducation training program during 6 weeks with biofeedback and electrotherapy if indicated, the patients continued a home training program with controls performed every 3 months, using a questionnaire, pad-testing and perineometry.</p>																							
<p><u>Results:</u> After 4 years 24 of 36 women (66 %) were still under control. Up to 2 years 11 of 36 pat.s dropped out, in the following 2 years only 1 pat. The results after 4 years (III) were compared to those after 6 weeks (I) and 2 years (II).</p>																							
<p><u>Pad-testing</u></p> <table><tr><td>I</td><td>10 continent</td><td>17 improved</td><td>7 unchanged</td><td>2 deteriorated</td><td></td></tr><tr><td>II</td><td>6 continent</td><td>13 improved</td><td>4 unchanged</td><td>2 deteriorated</td><td></td></tr><tr><td>III</td><td>6 continent</td><td>11 improved</td><td>6 unchanged</td><td>1 deteriorated</td><td></td></tr></table>						I	10 continent	17 improved	7 unchanged	2 deteriorated		II	6 continent	13 improved	4 unchanged	2 deteriorated		III	6 continent	11 improved	6 unchanged	1 deteriorated	
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<p><u>Perineometry</u> (cm H₂O x sec): I: 171.5, II: 144.1, III: 197.5</p>																							
<p><u>Pelvic floor training at home:</u></p> <table><tr><td>I</td><td colspan="5">all 36 pat.s (100 %) trained more than 3-times a day</td></tr><tr><td>II</td><td>3-times daily 2</td><td>once daily 10</td><td>3-times/week 6</td><td>once/week 4</td><td>occasionally 1</td></tr><tr><td>III</td><td>3-times daily 2</td><td>once daily 10</td><td>3-times/week 4</td><td>once/week 8</td><td></td></tr></table>						I	all 36 pat.s (100 %) trained more than 3-times a day					II	3-times daily 2	once daily 10	3-times/week 6	once/week 4	occasionally 1	III	3-times daily 2	once daily 10	3-times/week 4	once/week 8	
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<p><u>Body weight during the years</u> (kg): I: 73.03, II: 72.19, III: 70.93</p>																							
<p><u>Conclusions:</u> 24/36 are still under control and perform home training programs; of those 24 (71 %) became and remained continent or are still improved and do not wish or need an operative treatment. Our results demonstrate that with correct initial education programs including biofeedback and electrotherapy and consequent therapy at home, favourable long-term results can be achieved and maintained.</p>																							