

IMPACT OF PELVIC FLOOR MUSCLES REHABILITATION ON QUALITY OF LIVE OF INCONTINENT WOMEN.

Aims of Study

Aim of study was to describe the impact of our perineal rehabilitation course on the severity of symptoms and overall quality of live in patients with urinary incontinence at end of treatment and at 6 or 12 months follow-up control.

Methods

90 women, 40 in postmenopausal and 81 parous, participating in a pelvic muscle course for treatment of urinary incontinence. The indications was: IUS in 63 women (70%), urge incontinence in 12 (13.3%) and mixed incontinence in 15 (16.7%).

Women completed a pre-treatment and post-treatment questionnaires with specifics topics for the severity of symptoms and their repercussion on quality of live. We have treated the problem with a specific attention on subjectivity because we think that in a conservative non-invasive therapeutic program we must be less invasive in the diagnostic and control phase too.

All the patients received the same therapeutic program on 10 lessons:

- FKT
- Biofeedback
- Electrical Stimulation.

After course the patients were asked to perform 60-70 contractions/day at home.

Results

Before and after treatment the severity of symptom and the repercussion on quality of life is reported in tab. 1. 48 women (53.3%) reported to be continent or almost continent after treatment and 30 patients (33.3%) reported a improvement >50%.

55 women (61%) continued exercises at home and the variations of results at follow-up is reported in tab.2

Tab.1

Impact of quality of life	Before treatment	After treatment
Severe	20	2
Medium	47	18
Least/absent	23	70

Tab. 2

CHANGE OF SYMPTOM	END OF TREAT.	FOLOW-UP
Unchanged	8	14
Improved < 50%	4	5
Improved 50-75%	30	20
Improved >75%	30	31
Absent	18	13
Worsed	0	7

Conclusions

Very little activity followed the Kegel experience in conservative treatment of urinary incontinence. However, during the last decade it has been a renewed interest for this treatment method. All urinary incontinence form can respond to perineal muscle rehabilitation, is very important role in the treatment the assisted course either for the instrumentals support or the presence and supervision of therapist.

The very important result in our study is in the impact of urinary symptom on quality of live on women that was least or absent 70/90 after the treatment. At end of treatment 78/90 (86%) patients result continent or significantly cured (>50%). 6 or 12 months follow-up showed the results change and the cure rate drop at 71% (74 pat.) but the worsening of the symptom was reported only in 7/90. The compliance about house exercise was of 61%: 51/90 women maintain house regular exercise.

Our actual opinion is that we must pointed out to the patient all the therapeutics choice even if it is a very binding offer for our Sanitary Organisation. We must however give an alternative therapeutic choice to IUS surgery to the patient who is not completely motivated or an alternative to the pharmacologic treatment and its collateral effects in patients suffering of urge incontinence.