

EXTRACORPORAL MAGNETIC INNERVATION THERAPY (EXMI) FOR THE TREATMENT OF INCONTINENCE AND PELVIC PAIN SYNDROME — FACT OR FICTION

Aims of Study

1998 a new treatment modality in form of an extracorporal magnetic Innervation therapy (ExMI) has been introduced to easily treat stress incontinence. Later the indications were broadened for different forms of incontinence and chronic pelvic pain syndrome. We want to present our first experience with this form of conservative treatment.

Methods

Since 2001 we can use a magnetic therapy unit in our clinic. Up to now we have used this treatment modality for women who are stress incontinent, amenable for conservative treatment but vaginal examination reveal that the patients are not able to contract their pelvic floor. We further treat women with urge incontinence and urgency who fail anticholinergic therapy and we treat patients with chronic pelvic pain, who are not eligible for neuromodulation therapy. A rapidly changing magnetic field enters the body from the base of the chair, causing the pelvic floor muscles to contract or relax. Magnetic stimulation is administered while the patient is fully clothed. No probe is necessary and the treatment doesn't cause pain. Patients receive a 20 minute treatment, twice a week for six weeks. Objective measures include bladder diaries, urodynamics and vaginal examination.

Results

32 patients have been treated. 13 patients are treated with stress incontinence I and II° amenable for conservative treatment who can't willingly contract their pelvic floor muscles (Laycock 0-1) After Stimulation nearly all patients successfully learned to control their pelvic floor muscles (Laycock 4-5). Only one patient hasn't improved. Of 11 Patients with urgency and urge incontinence who don't respond to anticholinergic therapy or experience too many side effects 7 patients are treated with success. Frequency rate have decreased under 8/ days and voiding diaries have shown a reduction of incontinence episodes >50%. 8 Patients are treated with chronic pelvic pain symptoms. All patients have had failures of several treatments and symptoms have existed longer than 6 months. Only one patient has reported subjectively less pain after the treatment. No patient has experienced side effects and no patients has dropped out of their treatment regime.

Conclusions

In our clinic we come to the conclusion, that magnetic stimulation is not an automatic solution for all kinds of pelvic floor dysfunction. But nevertheless it can play a useful role in a larger continence clinic. Pelvic floor education can be done efficiently without using a probe. The patient can easily feel the muscles contract and go on with active pelvic floor training. Treating urgency with magnetic stimulation might be a good option for older patients and those not responding to anticholinergic therapy. Patients with chronic pelvic pain don't respond well. Further studies should look how patients with milder pelvic floor dysfunction respond. Magnetic stimulation might also be a good alternative for older patients with stress incontinence. Patients don't have to undress and no side effects are reported.