Hagen S¹, Stark D², Cattermole D¹

1. Nursing Research Initiative for Scotland, 2. South Glasgow University Hospitals NHS Trust

A UK-WIDE SURVEY OF PHYSIOTHERAPY PRACTICE IN THE TREATMENT OF PELVIC ORGAN PROLAPSE

Aims of Study

Pelvic organ prolapse is a common female condition. It is estimated that 50% of parous women experience some degree of prolapse (1) and 30% of attendees at gynaecology clinics present with this problem (2). The aim of the survey was to investigate current physiotherapy practice in the treatment of pelvic organ prolapse, specifically the use of pelvic floor muscle training (PFMT), across the UK. An additional aim was to gauge the level of interest of individuals and centres in becoming involved in a planned multi-centred randomised controlled trial exploring the effectiveness of PFMT in the treatment of prolapse. This type of research evidence is currently lacking (3).

Methods

In August 2002 a questionnaire was mailed out to 484 physiotherapist members of ACPWH, and 54 non-ACPWH physiotherapists working in women's health, which asked about current practice in the treatment of pelvic organ prolapse.

Results

Three hundred and sixty four physiotherapists completed the questionnaire (a response rate of 71%, after excluding 27 cases) representing a range of clinical experience and practice. 92% (n=333) of the respondents were assessing/treating women with pelvic organ prolapse. The questionnaire data showed that the various elements of PFMT (e.g. verbal explanation of techniques, vaginal examination) and outcome measurement (e.g. Oxford Scale) were being delivered by practitioners working throughout the UK. Access to PFMT, however, may be inconsistent, as over three quarters of the study respondents reported that they did not have access to clinical (n=264, 79.3%) or referral (n=296, 88.9%) guidelines for the management of pelvic organ prolapse.

The majority of the sample expressed an interest in being involved in future research in this area of practice. There was interest at both an individual level (n=275, 82.5%) and as a centre (n=205, 86.1%).

Conclusions

This survey revealed that specialist physiotherapy treatment for prolapse is being offered throughout the UK despite the poor evidence-base and lack of referral and clinical guidelines. There is a gap in the research evidence and therefore a need for randomised controlled trials looking at the effectiveness of PFMT, the mainstay of specialist physiotherapy treatment, in the management of pelvic organ prolapse. Standardised referral guidelines for specialist physiotherapy treatment are also required to ensure equal access to assessment and treatment.

References

- 1. Thakar, R and Stanton, S (2002). 'Management of genital prolapse', *British Medical Journal*, 324,1258-62.
- 2. Digesu, GA, Khullar, V, Grey, J and Selvaggi, L (2001). 'Vaginal prolapse and its symptoms: how do they correlate?' The 29th British Congress of Obstetrics and Gynaecology 10-13th July 2001, Birmingham, UK.
- 3. Maher, C, Adams, L (2002) Conservative management of pelvic organ prolapse in women. Protocol The Cochrane Library Issue 1, 2003.