

# Women's Health Community Physiotherapy

Jodie Hayward  
Specialist Physiotherapist in  
Women's Health

November 2016

# Learning Outcomes

- Conservative management in urogynaecology
- Community physiotherapy for pelvic organ prolapse and incontinence
- Conditions that benefit from referral to Community Physiotherapy
- Advice to your patients following vaginal delivery
- Outcomes of physiotherapy in the community setting

# The Team

- Central London and H&F Physiotherapy
  - 6 different sites
  - 4 different therapists
- Imperial – one of the largest team women's health physiotherapist's in UK
- Referred to CGS via S1
- Patients must be mobile / able to attend OP appointments

# Facts & Figures

- Affects **3 million** adults in UK
- Affects women (33%) > men (5%)
- 1 in 10 young women (aged 18-25)
- 1 in 3 new mums at 3 months post partum
- 40% incidence in mothers at 6 years postnatal
- **Only 1 in 4 patients seek help**

# NICE Guidance Urinary Incontinence (2013)

Conservative management as 1st line treatment  
Full history / clinical assessment  
Vaginal exam - check PFM contraction prior to PFME  
Bladder diary

UDS only as  
standard prior to  
surgery for SUI / UUI

Aim to  
prevent  
unnecessary  
referrals to  
secondary  
care

Potential savings to pad budget by providing effective  
treatment (currently £100M/yr UK)

# Conditions we assess

- Pelvic organ prolapse
- Stress urinary incontinence
- Urge urinary incontinence
- Post natal pelvic floor dysfunction, e.g. perineal trauma
- Frequency and urgency
- Post gynaecology surgery for advice / prevention
- Vulval pain
- Sexual dysfunction / pain

# Why do these conditions start?

- Pelvic floor muscle weakness
  - Pregnancy and childbirth / Menopause / Ageing / disuse / chronic coughing / lifting / straining to empty bowels / weight
- Bad toilet habits- squatting / pre-emptive voids
- Poor fluids- e.g. high caffeine intake, low volumes
- Recurrent UTIs
- Smoking
- Medications- e.g. diuretics



# What is normal?

## Bladder

Void 4-8 times per day

Void 0-1 times during the night

No leakage- despite activity / deferment

Feeling able to empty bladder

No pain / discomfort / heaviness

## Bowels

3 times per day – 3 times per week

Easy to pass – no straining

Able to hold as needed

Able to control flatus

Able to empty without assistance

First line contact for:  
bladder / bowel incontinence, prolapse, dyspareunia

Detailed questioning  
Vaginal /anorectal exam  
3 day fluid chart

? Predisposing factors /  
? Other diagnoses  
→  
Additional investigation  
/ treatment

Education cause of symptoms  
Outline of potential treatment  
options (inc non-conservative)

# Vaginal & Anorectal examination

- Observation
    - Skin integrity / abnormalities
    - Obvious leakage / discharge
    - Prolapse
    - Sensation
  - Internal palpation
    - Prolapse
    - Abnormalities
    - PFM strength- modified Oxford Scale - power / endurance
- Diagnosis & chance of success with conservative management

# Treatment we provide

- Education- cause of symptoms / diagnosis
- Pelvic floor muscle rehabilitation
- Bladder retraining
- Lifestyle advice- dietary/fluid advice/ weight loss/ caffeine intake / exercise
- Biofeedback
- Manual therapy
- Therapeutic neuromuscular electrical stimulation
- Dilators
- Acupuncture

# Pessaries for internal support



# Anal plugs



# Anal irrigation



# Intra-vaginal devices



# Postnatal Advice

- **Stitch care**- clean / dry / water only
- **PFME**- immediately - 4 months+
- **Return to exercise**- graded
  - At 6 weeks low impact
  - 12+ weeks high impact
- **Return to sexual intercourse**- as wishes ? 6 weeks
- **Management of constipation**- no straining

# Postnatal advice

## **SUI is common but not normal**

Continues in 33% new mothers >3 months postnatal

- Treatment for SUI should be conservative management for at least 12 weeks
- Often PFME are performed incorrectly / at incorrect level which is why it fails
- Need tailored & progressive PFM programme
- Regular contact with therapist to ensure adherence

# Service Outcomes

- 337 new patients seen last financial year
- Improvements
  - Patient self reported average 72%
  - Outcome measures 60%
- <5% referred on to secondary care
- 99% patients likely / extremely likely to recommend service to F&F



Thank you for listening

Any Questions?