



# A clinical management framework for pelvic floor disorders

Helena Frawley, PhD, FACP

Department of Physiotherapy, School of Primary and Allied Health Care, Monash University

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## Overview

- Definitions, terminology and reporting guidelines to improve clarification of our communication
- Why do we assess pelvic floor disorders?
  - Importance of this
- How to assess a pelvic floor disorder and identify a neuro-muscular component
  - Opportunities for all healthcare workers to be involved
- Health system challenges to implementation of this evidence-based care

# Terminology and definitions to use in recording / reporting:

## ICS / IUGA Standardisation of terminology documents:

- Haylen 2010
- Sultan 2016
- Doggweiler 2017
- Bo 2017
- Rogers 2018
- Frawley 2020 (in progress)
- etc

## Other taxonomies, classification systems

- IASP 2014
- EUA 2016
- ISSVD, ISSWSH, IPPS 2015
- DSM-V, GPPPD
- etc

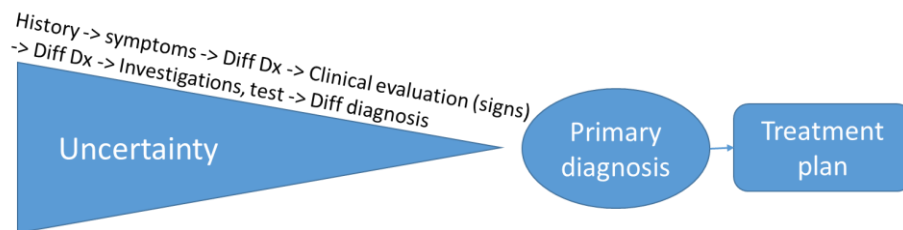
## What is 'conservative management of the pelvic floor'?

(Bo, Frawley et al 2017)

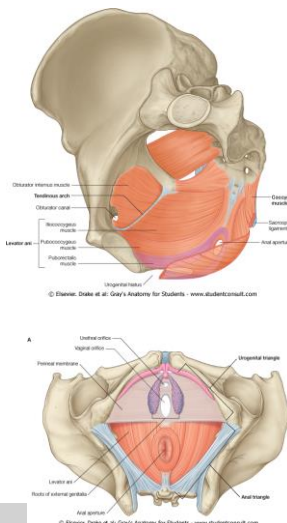
- Conservative: restricted to nonsurgical and nonpharmacological approaches.
- Management: includes the following aspects:
  - a) Screening
  - b) Assessment: including history and physical examination and investigations
  - c) Diagnosis
  - d) Prevention
  - e) Treatment of pelvic floor dysfunction
- Pelvic floor: structures located within the bony pelvis, i.e., urogenital and anorectal viscera, PFM and their connective tissues, and nerves and blood vessels.

# Diagnostic decision-making

(Cochrane Diagnostic Test Accuracy training tools: <http://training.cochrane.org/path/diagnostic-test-accuracy-dta-reviews-pathway/2>).



## Pelvic floor muscle dysfunction and PF disorders



- **Micturition:** Urinary incontinence, urinary urgency, urinary frequency, voiding dysfunction
- **Defecation:** Faecal incontinence, obstructed defecation, anismus
- **Vaginal:** Pelvic Organ Prolapse
- **Sexual Dysfunction:**
  - dyspareunia
- **Pain:** Persistent pelvic pain

(Messelink 2005)

## Why assess pelvic floor disorders?

- Because it is a problem of great magnitude to women & society
  - Significant physical and psycho-social impact
- *Because effective treatments are available!*
  - Urinary incontinence and pelvic organ prolapse:
    - Level of evidence: 1 (Dumoulin 2018)
    - Grade of Recommendation: A
    - For pelvic floor muscle training to be first line intervention
  - Faecal incontinence (LoE 2, Gr B) (Bliss 2017)  
→ Emerging evidence
  - Sexual function
  - Persistent pelvic pain



## To screen or not to screen?

CLINICAL GUIDELINE

Annals of Internal Medicine

Ann Intern Med. 2018;169:320-328. doi:10.7326/M18-0595

### Screening for Urinary Incontinence in Women: A Recommendation From the Women's Preventive Services Initiative

Nancy O'Reilly, MHS; Heidi D. Nelson, MD, MPH; Jeanne M. Conry, MD, PhD; Jennifer Frost, MD; Kimberly D. Gregory, MD, MPH; Susan M. Kendig, JD, WHNP-BC; Maureen Phipps, MD, MPH; Alina Salganicoff, PhD; Diana Ramos, MD, MPH; Christopher Zahn, MD; and Amir Qaseem, MD, PhD, MHA; for the Women's Preventive Services Initiative\*

Annals of Internal Medicine

EDITORIAL


### Routine Screening for Urinary Incontinence in Women: Caution Advised

Robin J. Bell, MBBS, PhD, MPH  
Susan R. Davis, MBBS, PhD  
Monash University  
Melbourne, Victoria, Australia

Conservative approaches to management, such as pelvic floor exercises and weight loss, are unlikely to be risky, but pharmacologic therapy is associated with side effects, including urine retention. Many surgical interventions are available to treat urinary incontinence in women, including midurethral slings; yet, evidence of long-term effectiveness is lacking. Procedures involving some new products have had very serious, long-term side effects, which have their own impact on quality of life.



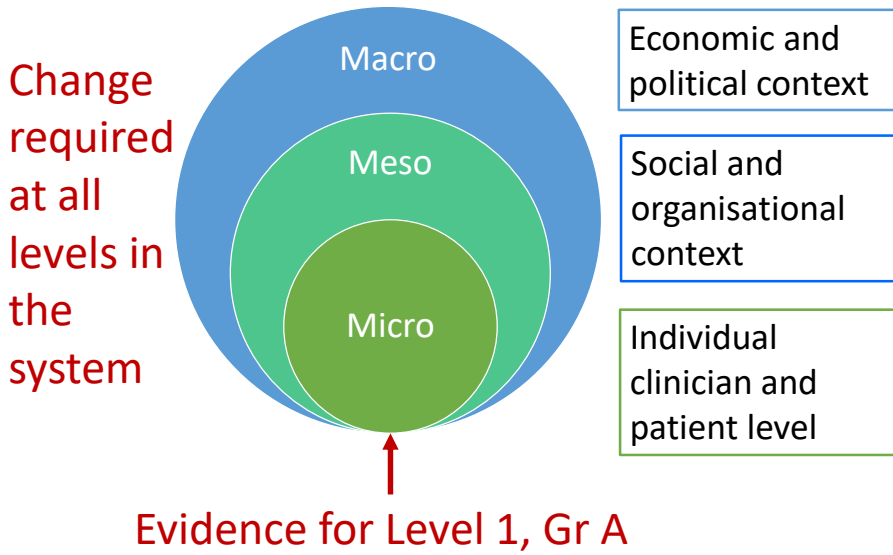
## Teaching and assessing ability to contract correctly

- 
- ~~Written~~
  - ~~Verbal: brief~~
  - Verbal: detailed
    - Supplemented with practice contractions
  - Visual: crook-lying, side lying
    - Clinician if indicated
    - Patient, with mirror
  - Tactile (sensory): finger tips to perineum
  - Digital (PV):
    - Clinician: single digit, gentle, simple, painless, crook-lying
    - Woman / her partner: crook-lying, side-lying

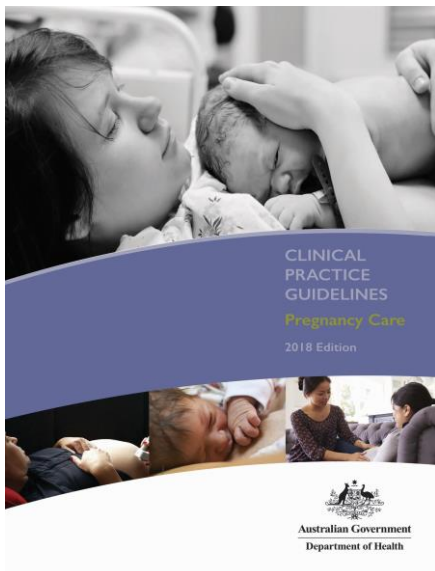


**Evidence-practice gap**

## Whole of health system approach



11



12

## Take home messages

### For urinary incontinence and pelvic organ prolapse:

- Use windows of opportunity in health care encounters
- Screen for presence of pelvic floor disorders
- Assess pelvic floor muscle function
- Instruct in exercise program
- Advise supervised, intensive pelvic floor muscle training for 3 – 6 months

## Thank you for your interest

*Questions?*

