

PELVIC FLOOR REHABILITATION IN FEMALE STRESS URINARY INCONTINENCE: RESULTS OF A PROTOCOL COMBINING BIOFEEDBACK AND ELECTROSTIMULATION

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Background and Aims

Stress urinary incontinence is the involuntary loss of urine during physical effort, sneezing or coughing. The aim of our work was to study the effect of pelvic floor rehabilitation on stress urinary incontinence in women.

Methods

We conducted a prospective study of 52 patients followed in our department for monosymptomatic stress urinary incontinence. A protocol of 30 sessions of perineal rehabilitation was carried out for each patient: the first 10 with biofeedback and 20 others with electrostimulation via an intra-vaginal probe. We assessed the severity and impact of stress urinary incontinence using the Michigan Incontinence Symptom Index before (T0) and at the end of the sessions (T1). We excluded patients with other urinary symptoms and those with cognitive disorders

Results

The mean age was 51.4 years. 59.6% of the patients had given birth vaginally in at least one of their deliveries and 23.07% had undergone labor dystocia. Our patients did not perform any perineal exercises during pregnancy. Assessment of pelvic floor muscle contraction by digital palpation revealed a score of less than 3 on the modified Oxford scale (MOS) in 67.3% of cases. 13.4% had 2nd degree urogenital prolapse and 7.6% 3rd degree. The mean stress urinary incontinence sub score according to the Michigan Incontinence Symptom Index was 8.4 at T0 and 7.1 at T1, and the sanitary pad use sub score was greater than 2 at T0 in 86.5% of patients and less than 2 in 21.15% at T1. The mean boredom score was 6.7 at T0 and 5.7 at T1.

Conclusion

Our results confirm that pelvic floor retraining improves the symptoms and quality of life of women suffering from stress urinary incontinence. Our study is limited because we evaluated our patients in the short term, and further studies on the long-term efficacy of pelvic floor retraining are needed.

Keywords: stress, incontinence, pelvic, rehabilitation