

PELVIC HEALTH PHYSIOTHERAPY

INNOVATION – STOMAL THERAPY NURSES

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PELVIC HEALTH PHYSIOS ASSIST WITH THOSE PATIENTS THAT.....

– can't hold it in

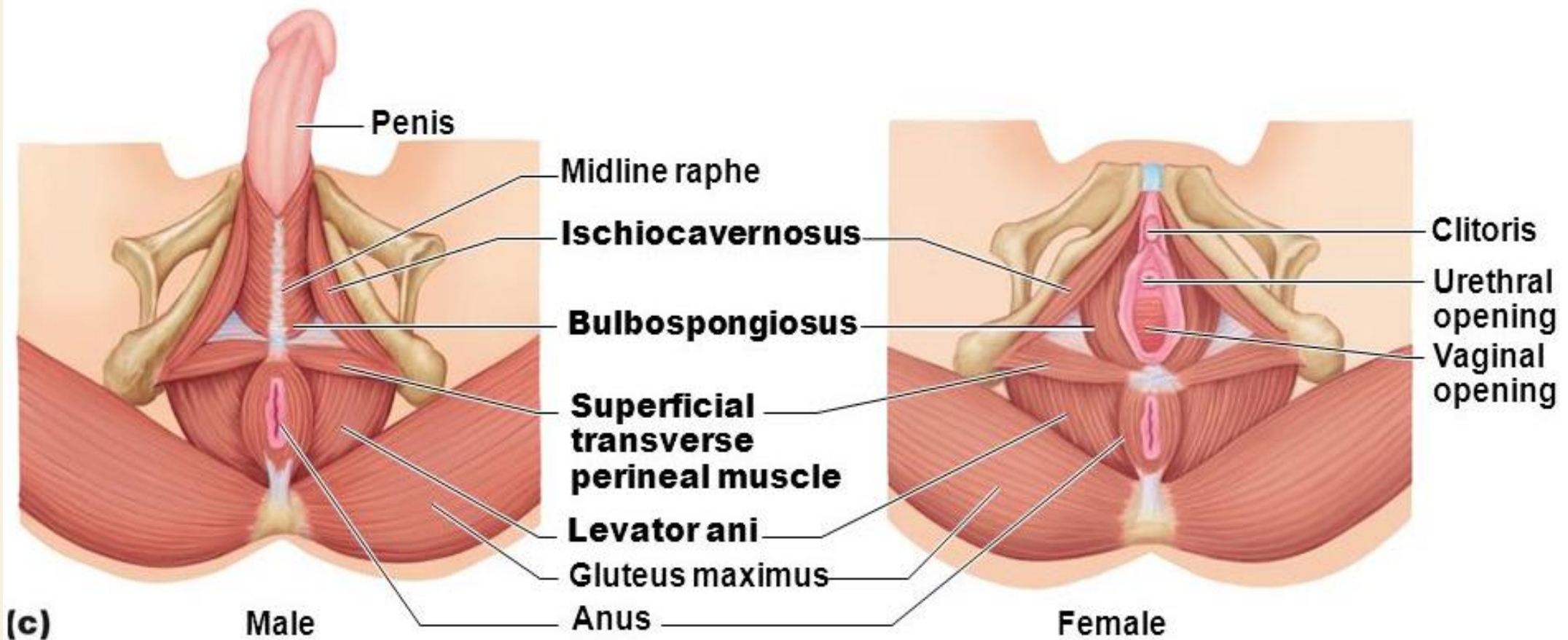
- bladder/bowel incontinence
- pelvic organ prolapse

– can't get it out

- bladder incomplete empty, poor flow
- difficult / obstructed defaecation

– have pelvic pain

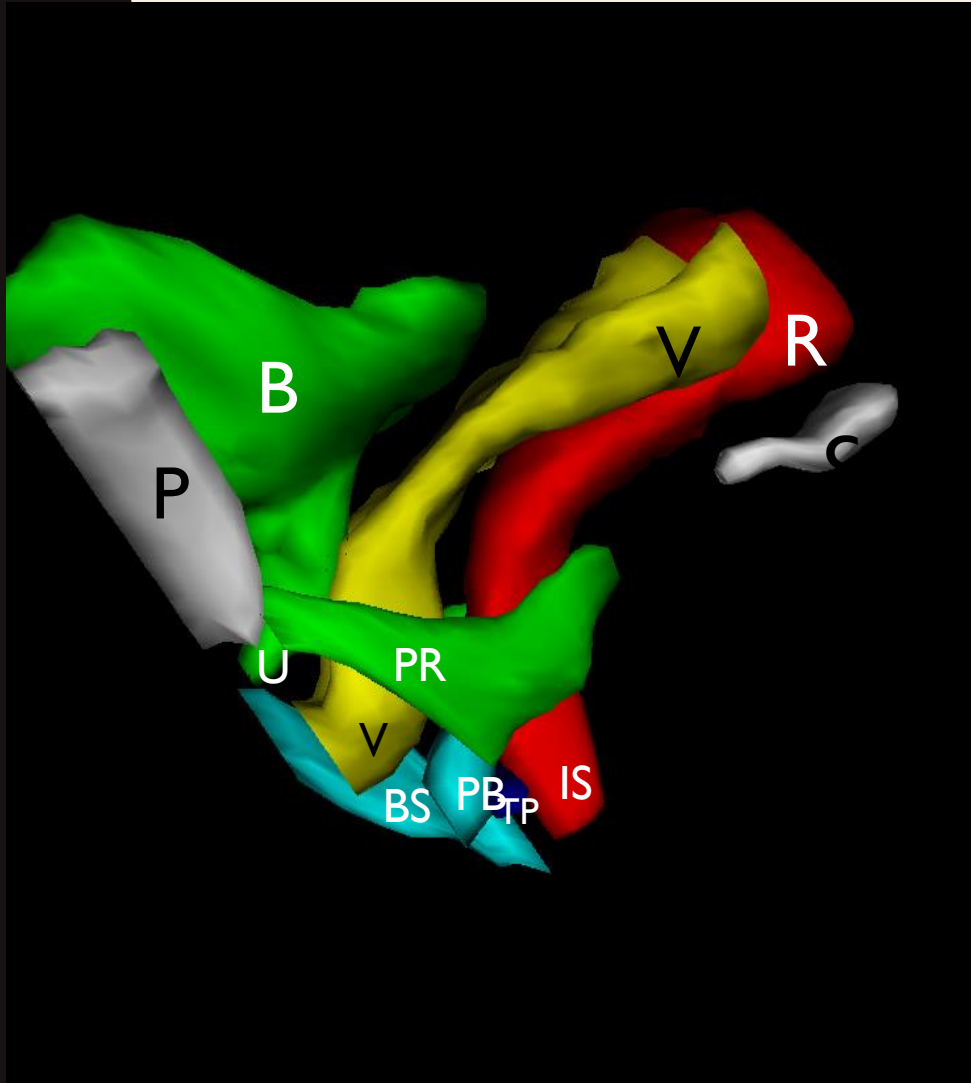
- Sexual pain eg penetration difficulties, pain with ejaculation, pain with orgasm
- Musculo skeletal, pelvic girdle pain,
- Endometriosis unresolved post op pain due to over-activity



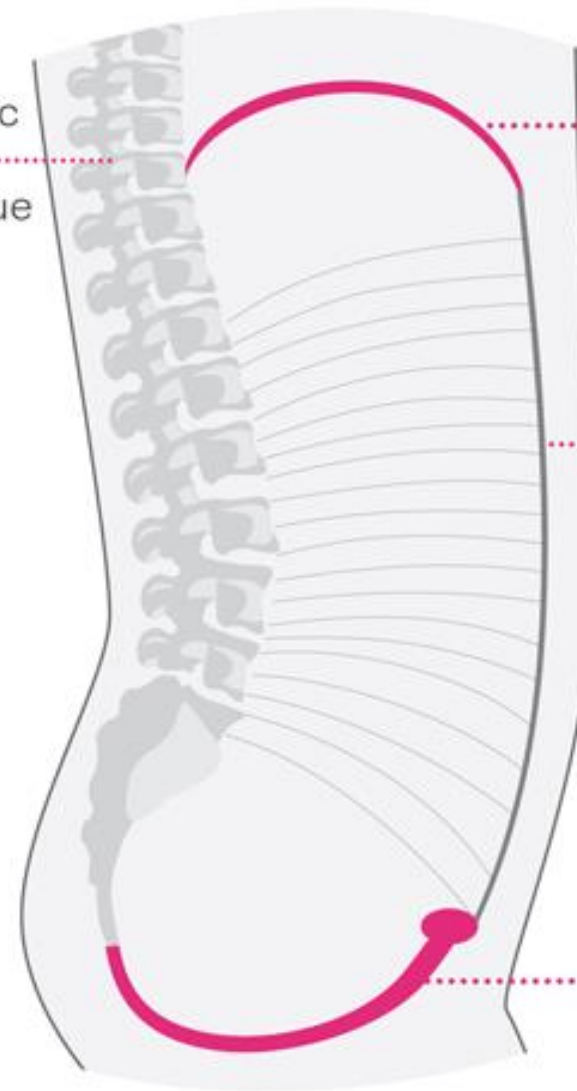
(c)

Male

Female



Lumbar/Thoracic
Muscles &
Connective Tissue



Diaphragm

Abdominal Wall
Muscles &
Connective Tissue

Pelvic Floor
Muscles

**Core Activation: The 'Expansion and Compression'
cycle of the Core driven by the breath**

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PELVIC FLOOR MUSCLES SHOULD...

- contract and relax voluntarily
- create a forward, upward & medial movement
- be a hammock to resist the downward movement of viscera & urethra (DeLancey)
- co-contract with low transverse abdominals
- maintain & release anorectal angle, give rectal support
- contract 200-250msec prior to \uparrow IAP (Constantinou, Govan '82)

AS WELL AS....

- inhibit detrusor (bladder) contraction (Godec et al)
- enhance urethral closure pressure
- assist pelvic stability during movement
- assist creation of intra-abdominal pressure
- play a role in vaginal birth process
- be involved in normal sexual function
- pull coccyx forward - flexion



MUSCLE CATEGORIES:

OVER ACTIVE

NORMAL

UNDERACTIVE

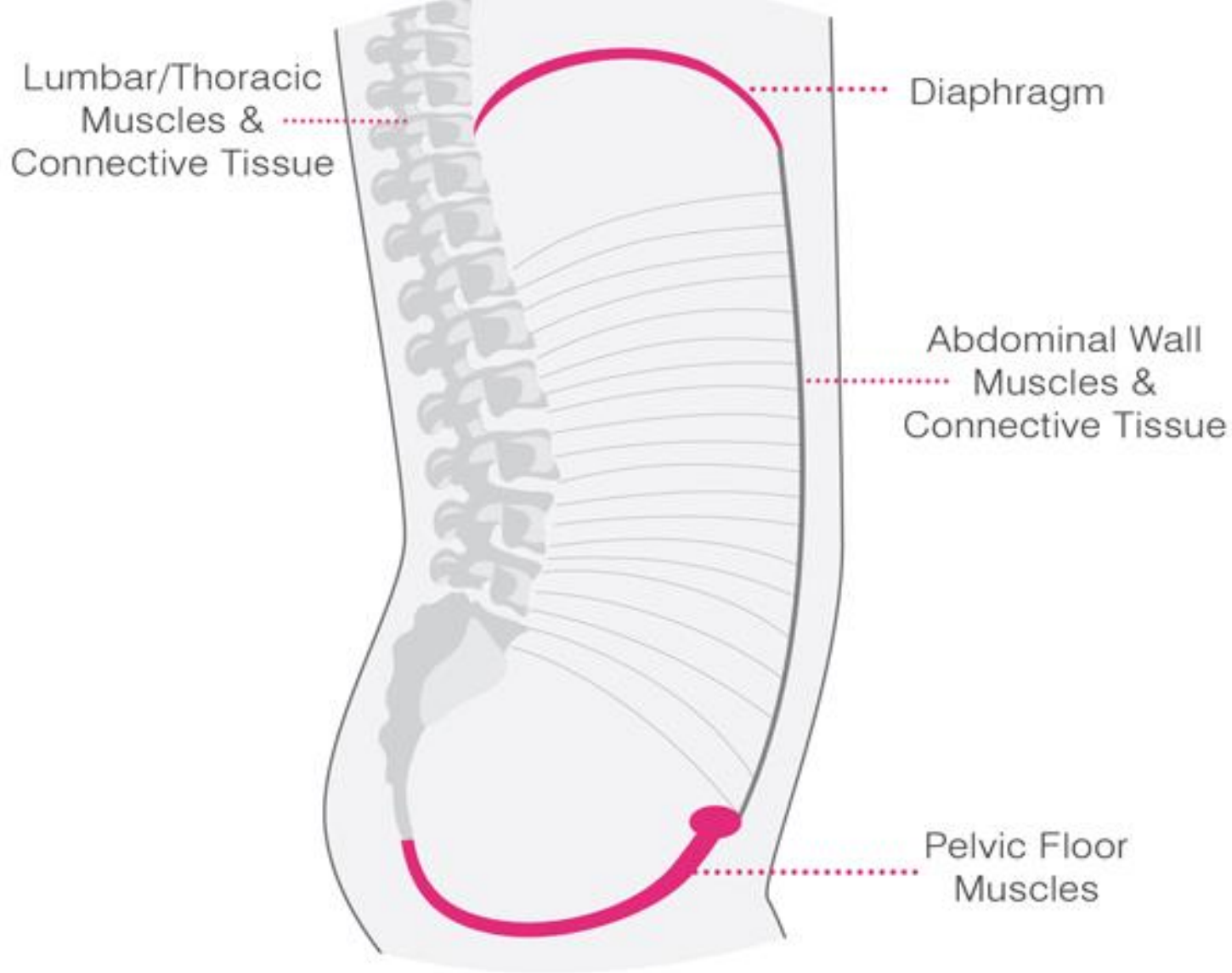
UNDER-ACTIVE

- Incontinence- stress urinary, flatus, faecal
- Urgency- urinary & faecal
- Constipation, incomplete empty B&B, frequency
- Lump / bulge at vagina- prolapse
- Altered pelvic sensations, dragging, heavy, low backache
- Decreased sexual sensation
- Tampons fall out

v

OVER-ACTIVE

- Urinary urgency/frequency , OAB dry
- Obstructive defaecation - PPC
- Strain to empty bladder/bowel
- pelvic pain / dyschezia / erection difficulties
- Incomplete empty
- Penetration issues- tampons/cups, sex, gynae exams
- Altered pelvic sensations, pain, burning, tight, fullness
- Ongoing back/pelvic pain



PFM ARE INSIDE THE BONES

Speed work

Endurance and strength work

Relaxation

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FUNCTION

**BOWEL
BLADDER
SEXUAL**

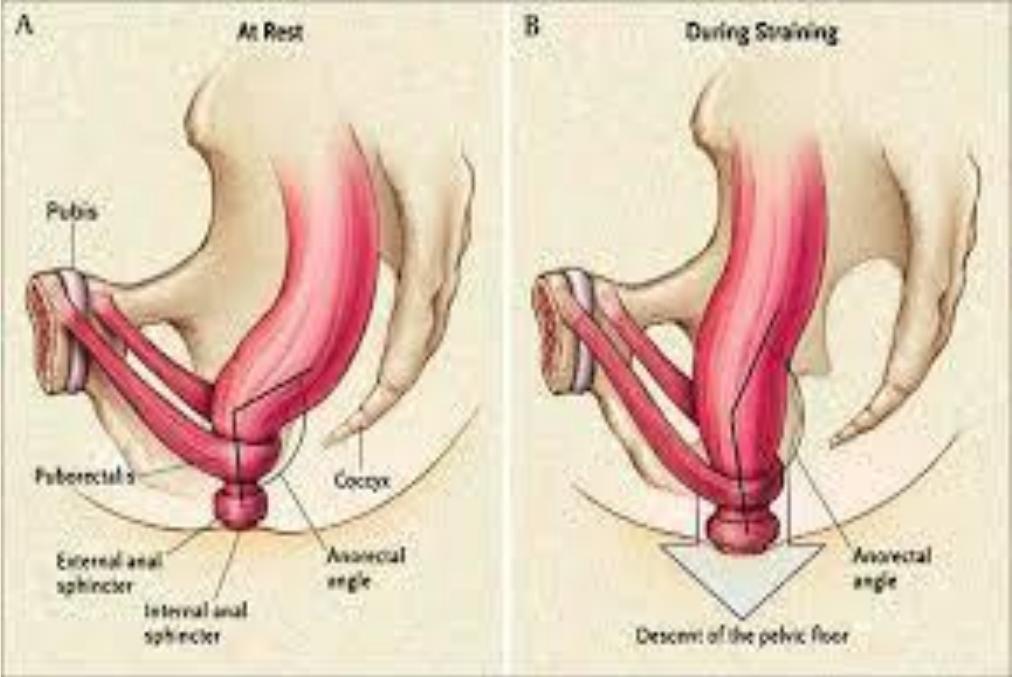
LETS LOOK AT BOWEL

CAN'T WAIT CARD

The holder of this card has a medical condition and needs to use the toilet quickly.

Please help

0800 650 659

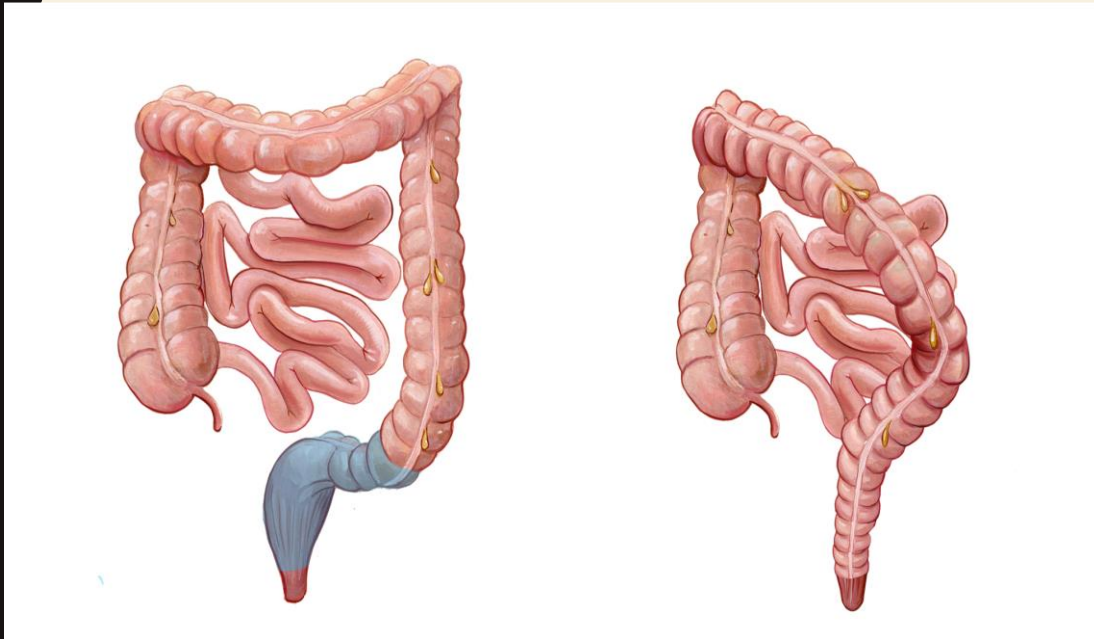
LOW ANTERIOR RESECTION

- Sphincter preserved
- Mesorectal excision
- Colon anus joined

Low Anterior Resection Syndrome - LARS

- 60-90% have issues after resection (Keane 2020)

Bowel function issues



LARS

- **Symptoms**

- Variable unpredictable bowel function
- Difficult emptying
- Altered stool type
- Urgency
- ↑ frequency - cluster
- Incontinence
- Soiling
- Pain

- **Consequences**

- Toilet dependence/ preoccupied with bowel
- Dissatisfied with bowel
- Lifestyle compromises
- Impact
 - on mental wellbeing
 - Interference daily activities
 - Relationships / intimacy
 - Social activities

MANAGEMENT

- **Management strategies being used:**
 - Anti-diarrhoeal medication
 - Diet
 - Enemas
 - Wait for improvement – time

PHYSIO

- Prescribe exercises or treat muscles tension and pain
- Assessment to check for ability to relax and contract muscles and general level of tension of pelvic floor muscle group. (Asnong et al. Annals of Surgery 2022)
- LARS questionnaires / Bowel diary - **most valuable tool is a bowel diary**

How do we know the status of the muscles ?? We can offer a rectal exam

- **Digital palpation**

- Tenderness, stricture, ?stool present
- Feel the mucosa and surrounding muscle, bone, ♂ prostate

- **Resting tone**

- Assess resting sphincter tone and resting pelvic floor muscle tone

- Normal, decreased or increased

- Pain? Elasticity ?

- **Squeeze & relax**

- (EAS & Puborectalis)

- Ask the patient to squeeze and hold as long as possible (up to 20s)

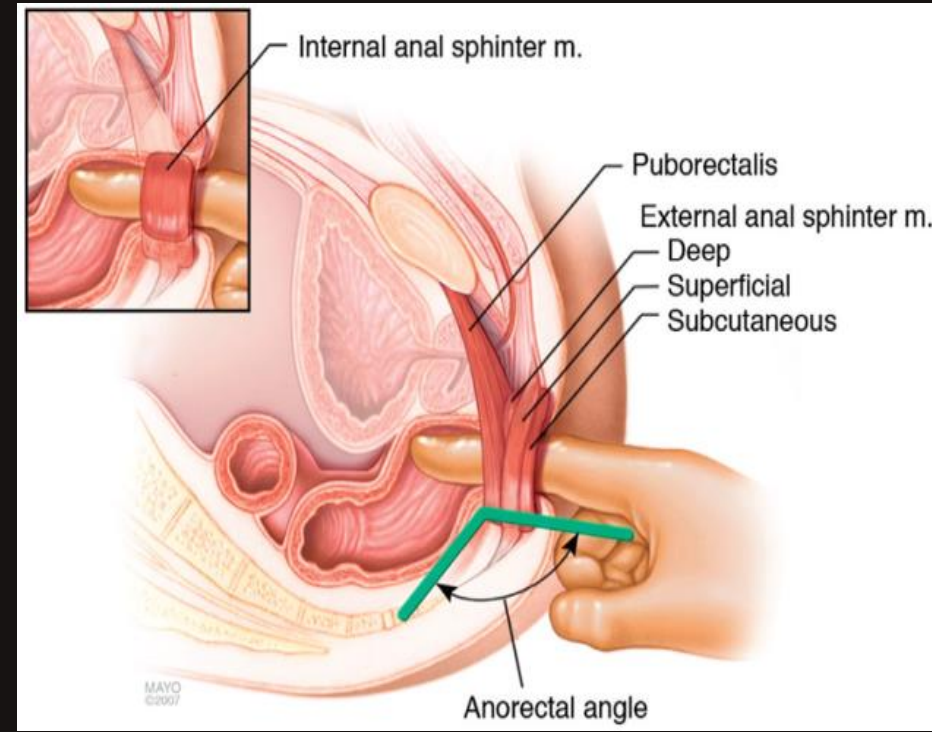
- Ask for complete relaxation, simulate BO

- Strong, moderate, weak or absent

- ROM?

- Complete, incomplete, absent

RE WITH CONSENT



PHYSIO

- Education –
 - anatomy
 - Stool management, small changes to fluids, diet, nodia/imodium
 - Containment
 - Morning routine
- Toileting position + defaecation technique
- Abdominal massage
- Biofeedback training using rectal electrode / external skin electrodes
- Balloon re-training – rectal distal colon
- Pelvic floor rehab as appropriate – strengthening or releasing + relaxing
- Functional training – breathing, general improvement in fitness/activity

QUESTIONS?

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