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way to cure stress
incontinence forever.*



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For a Free Brochure.
(no salesman will call)

Cochrane Review Antenatal PFMT in Continent Women

- 38 trials of 9892 women
- 62% less likely to have UI in late pregnancy
- 29% less likely to have UI at 3-6 months postpartum
- Insufficient evidence for effect greater than 6-12 months postpartum

Woodley SJ et al 2017

Cochrane Review Antenatal PFMT in Continent Women - Conclusions

“Targetting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum.”

Woodley SJ et al 2017

PREVPROL

A study of the effects of physiotherapy
to prevent pelvic organ prolapse

A multicentre randomised controlled trial of a pelvic floor muscle training intervention for the prevention of pelvic organ prolapse

**Hagen S, Glazener C, McClurg D, Macarthur C, Herbison P, Wilson D,
Tooze-Hobson P, Bain C, Hay-Smith J, Collins M, Elders A**

NMAHP Research Unit, Glasgow; Health Services Research Unit, Aberdeen;
University of Birmingham; Dunedin School of Medicine, University of Otago;
Birmingham Women's Hospital; Aberdeen Royal Infirmary;
Yunus Centre, Glasgow Caledonian University



Funded by Wellbeing of Women

The Lancet. [doi.org/10.1016/S0140-6736\(16\)32109-2](https://doi.org/10.1016/S0140-6736(16)32109-2) (2016)

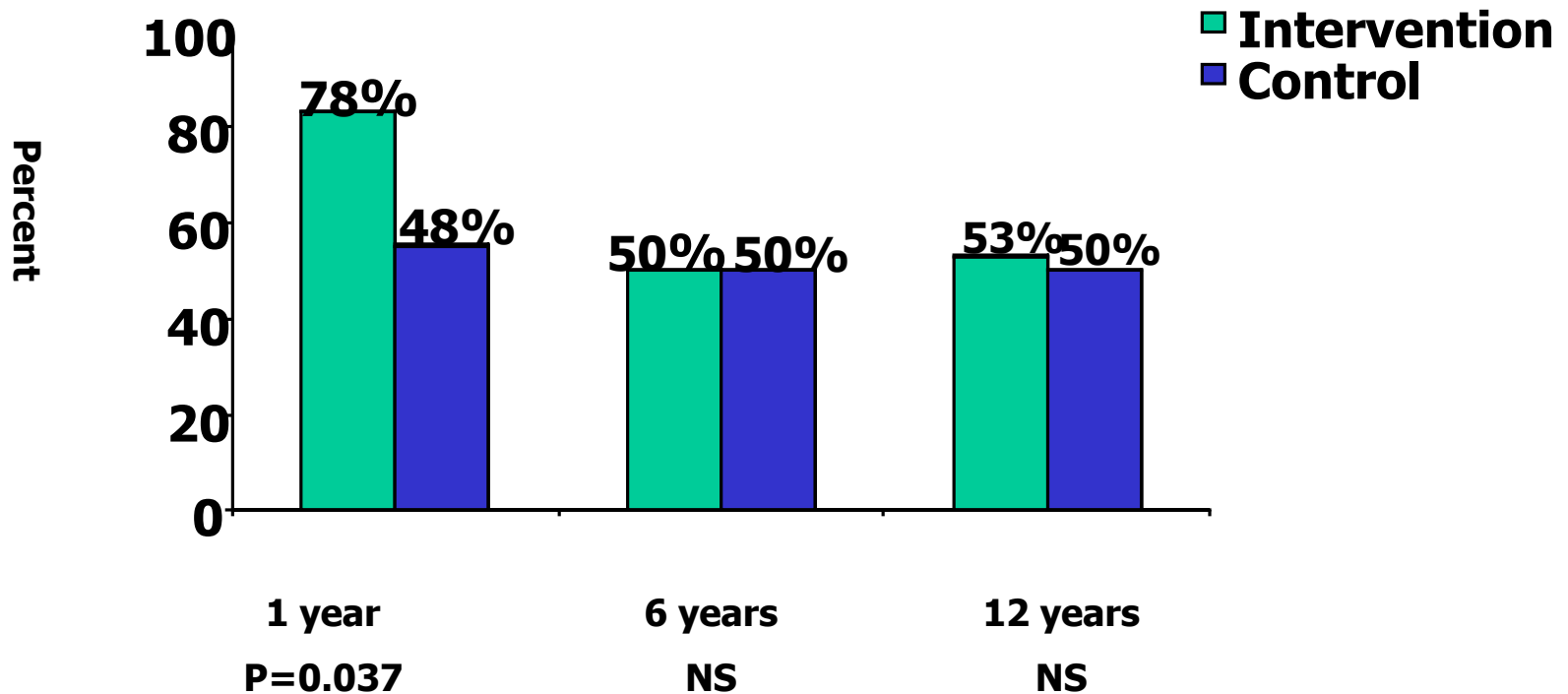
PREVPROL – 2 Year Follow Up - Conclusions

- ❑ Women in the Intervention group more likely to report doing PFM exercises (77% v 53% P <0.001) and to say they felt a health-related benefit (44.2% v 9.8% P <0.001) compared to Controls.
- ❑ Significantly lower POP-SS score at 2 years in the Intervention Group compared to Control P = 0.004
- ❑ Further treatment for prolapse symptoms was less common in the Intervention Group (5.9% v 14.4% P = 0.007)
- ❑ Rate of GP consultations related to prolapse symptom was lower in the Intervention Group (2.9% v 12.2% P = 0.01).



Women should be recommended to undertake PFMT even before they have bothersome symptoms

PINT RCT. Results – woman performing pelvic floor muscle training



(Glazener et al 2014)

Pelvic floor muscle training to prevent pelvic floor dysfunction

- It works!
- Challenge – How do we increase motivation, and adherence to PFMT?

Current Main Prevention Strategies

- Caesarean Section and other delivery modes
- Pelvic floor muscle training
- **Modifiable risk factors/lifestyle interventions**

Modifiable Risk Factors/Lifestyle Interventions Preventing Urinary Incontinence

- Women should aim at normal weight before pregnancy (Grade A)
- Aim at regaining pre-pregnancy weight postpartum (Grade B)
- Constipation should be avoided during pregnancy and postpartum (Grade C)

Wesnes & Lose. *Int Urogynecol J* (2013) 24:889-899

Current Main Prevention Strategies

- **Caesarean Section and other delivery modes**
- **Pelvic floor muscle training**
- **Modifiable risk factors/lifestyle interventions**

Influenced by UR-CHOICE “Score” giving personalised “Risk”/likelihood of developing PFD (UI, FI & POP)