

POP research

Bo K. Pelvic floor muscle training in treatment of female stress urinary incontinence, pelvic organ prolapse and sexual dysfunction. World J Urol. 2011 Oct 9. [Epub ahead of print]

Systematic reviews on PFM training for SUI, POP and sexual dysfunction. To date there are 5 RCTs showing significant effect of PFM training on either POP stage, symptoms or PFM morphology. Supervised and more intensive training is more effective than unsupervised training. There are no adverse effects.

Breakken IH, Majida M, Engh ME, Bo K. Can pelvic floor muscle training reverse pelvic organ prolapse and reduce prolapse symptoms? An assessor blinded, randomized, controlled trail. Am J Obstet Gynecol. 2010 203(2):170.e1-7.

Eleven (19%) women in PFM ex group improved POP sx index, vs 4 (8%) controls Compared with controls, the pelvic floor muscle training group elevated the bladder and rectum and reduced frequency and bother of symptoms compared with controls.

Stüpp L, Resende AP, Oliveira E, Castro RA, Girão MJ, Sartori MG. Pelvic floor muscle training for treatment of pelvic organ prolapse: an assessor-blinded randomized controlled trial. Int Urogynecol J Pelvic Floor Dysfunct. 2011 Apr 12. [Epub ahead of print]

The intervention group showed significantly greater anatomic improvements in the anterior and posterior vaginal wall prolapses than did the control group ($P < 0.001$ and 0.025 , respectively) and a decrease of symptoms. In addition, the intervention group had greater improvements in muscle strength ($P < 0.001$), endurance ($P < 0.001$), and electromyography parameters ($P = 0.008$) compared to the control group.

Piya-Anant M, Therasakvihya S, Leelaphatanadit C, Techatrisak K. Integrated health research program for the Thai elderly: prevalence of genital prolapse and effectiveness of pelvic floor exercises to prevent worsening of genital prolapse in elderly women. J Med Assoc Thai 2003;86(6):509-515.

After 24 months of PFNM exercises worsening of POP was 27.3% in treatment group and 72.2% in control group. No sig difference in group with mild POP.

Frawley H, Phillips BA, Bo K, Galea MP. Physiotherapy as an adjunct to prolapse surgery: as assessor blinded controlled trial Neurourol and Urodynam 2010 Jun;29(5):719-25

Treatment group included one pre-operative and seven post-operative treatment sessions over 12 months. There were no significant differences between groups on the change scores of the UDI nor the IIQ .

Hagen S et al. A multicentre randomized controlled trial of a pelvic floor muscle training intervention for women with pelvic organ prolapse. Neurourol and Urodynam 2011;30(6):983-984.

ICS abstract. 12 month follow up. “Feeling of something coming down 72% treatment group 84.4% control group. Treatment group sig better – POP-SS score, POP severity, further treatments, self-reported change, PFM function, cost.