

## LETTER TO THE EDITOR

# LACK OF EMPHASIS ON PELVIC FLOOR REHABILITATION

To the Editor,

It has been observed that most patients with pelvic floor diseases are unaware of the problems they are facing in terms of emotional, psychological, and physical wellbeing. Pelvic floor problems are difficult to diagnose and treat; hence, bothersome for patients who are living with it. The perception about pelvic floor rehabilitation is misplaced, becoming a socio-economic burden for the country. Since, pelvic floor disorders include incontinence; pelvic organ prolapsed, over active bladder, chronic pelvic pain, and sexual dysfunctions.

Recently, various fields in physiotherapy have been emerging from general form of physical therapy to specialized services<sup>1,2</sup>. Physiotherapy plays an important role in gynecological and obstetric patients through postural education, back care, core stability exercise, and strengthening of pelvic floor muscles<sup>2</sup>.

New research in the US revealed the high prevalence of pelvic floor disorders amongst women<sup>3</sup>. Many patients with pelvic floor disorders have consulted a large number of physicians of different specialties, acquiring no relief or even remaining unaware about their condition. This is due to lack of medical schooling and their ignorance about how muscular dysfunction, connective tissues, and joints can cause pain and pelvic floor dysfunction.

According to the World Health Organization (WHO), urinary incontinence is a "wide spread" global disease<sup>4</sup>.

Women usually experience incontinence much earlier than men, often in their thirties, these symptoms are strongly related to pregnancy and childbirth. Women are more prone to develop pelvic floor disorders as compared to men.

Pelvic floor dysfunction increases with each pregnancy, in women. Nygaard et al, reports that, chances of pelvic floor dysfunction increases when women experience child birth by about 32.4% who had three or more children, 24.6% who had two children, 18.4% who had one child and 12.8% in women who had never given birth<sup>5</sup>.

"These circumstances really influence women quality of life. Most of the women hesitate to discuss about it; in fact, she thinks this is something very embarrassing. Many women think this is something related to ageing process and there is nothing you can do about it, but that's not true, that doesn't make sense," Identification and rehabilitation of pelvic floor disorders need to be emphasized.

The practice of pelvic floor exercises during first pregnancy has been shown to reduce the incidence of stress incontinence of urine, both during pregnancy as well as in the postpartum period<sup>6,7</sup>.

Among the available options for treatment for these common disorders is physical therapy to rehabilitate your pelvic floor muscles. Pelvic floor rehabilitation can be performed independently as well as with biofeedback, vaginal cones, electrical stimulation or resistance devices with no feedback<sup>8</sup>. Manual techniques are also performed to release restrictions of pelvic floor muscles.

Pelvic floor disorders have negative influence on lifestyle, with respect to emotional and psychological wellbeing. Pelvic organ prolapsed negatively affects women self-perception of their body image and moral values<sup>9</sup>.

No one really disputes the benefit of pelvic floor exercises, so perhaps the most important question we can address is compliance. I believe it is likely that our patients will be more compliant with a program of pelvic floor conditioning, that involves movement and that can be incorporated into a regular fitness routine. Unfortunately, in our country, lack of research and data is available on pelvic floor diseases and rehabilitation. Awareness about this disease and rehabilitation measures need to be raised amongst physicians, health care providers and general population, especially females.

Unfortunately, most of us are not yet educated enough about pelvic floor rehabilitation. As an emerging specialty, pelvic floor strengthening and rehabilitation plays an integral part and is becoming a prominent measure to reduce morbidity and depression amongst women.

I strongly propose the readers of this journal that, this issue needs to be addressed and awareness programs should be arranged to educate every woman in this country, so that we can fight against this epidemic.

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## REFERENCES

- [1] Memon HU, Handa VL, Vaginal childbirth and pelvic floor disorders. *Womens Health (LondEngl)*. 2013;9(3):265-77 doi:10.2217/whe.13.17.
- [2] Britnell SJ, Cole JV, Isherwood L, Sran MM, Britnell N, Burgi S et al. Postural health in women: the role of physiotherapy. *J Obstet Gynaecol Can*. 2005;27(5):493-510.
- [3] Wu JM1, Vaughan CP, Goode PS, Redden DT, Burgio KL, Richter HE et al. Prevalence and trends of symptomatic pelvic floor disorders in U.S. women. *Obstet Gynecol*. 2014;123(1):141-8 doi:10.1097/AOG.0000000000000057.
- [4] Abdool Z. 2007. Female urinary incontinence: A review. *SA FamPract*.2007;49(6):34-39.
- [5] Nygaard I, Barber MD, Burgio KL, Kenton K, Meikle S, Schaffer J et al. Prevalence of symptomatic pelvic floor disorders in US women. *J Am Med Assoc*. 2008;17(11):1311-6 doi: 10.1001/jama.300.11.1311.
- [6] Morkved S, Bo K, Schei B, Salvesen KA. Pelvic floor muscle training during pregnancy to prevent urinary incontinence: a single-blind randomized controlled trial. *Obstet Gynecol* 2003;101(2):313-9.
- [7] Munawa H, Tasadduq A, Zehra N. Awareness of Obstetricians/ Gynecologists Regarding the Role of Physiotherapy Services in Managing Obstetric Patients. *Pakistan Journal of Medicine and Dentistry* 2013;2(1):17-23.
- [8] Harvey MA. Pelvic floor exercises during and after pregnancy: a systematic review of their role in preventing pelvic floor dysfunction. *J Obstet Gynaecol Can*. 2003;25(6):487-98.
- [9] Jelovsek JE, Barber MD. Women seeking treatment for advanced pelvic organ prolapse have decreased body image and quality of life. *Am J Obstet Gynecol*. 2006;194(5):1455-61.