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OUTCOME OF PHYSIOTHERAPY FOR STRESS URINARY INCONTINENCE

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Background

Urinary incontinence affects 40% of females in the UK and stress incontinence is the most commonly reported symptom. NICE recommends supervised pelvic floor muscle therapy for 3 months duration as the first line management of stress urinary incontinence. We sought to determine the success of physiotherapy for stress urinary incontinence within our unit.

Method

The electronic system from a single site District General Hospital was reviewed to identify all patients referred to the specialist women's health physiotherapy service from 1 January 2019- 31 December 2019 (2611 patients). Referral information was reviewed by two assessors to identify all patients with stress or stress predominant mixed incontinence. Total sample size was 147 patients after exclusions. Clinical notes were compared against standards from NICE guidance and markers of clinical outcome including referral back to clinic, subsequently undergoing urodynamics or surgery.

Results

97% of patients were offered physiotherapy as first line treatment and 69% received at least 3 months of therapy. 61% of patients were happy with the outcome of treatment and were discharged to self manage. 29% of patients were referred back to the Consultant clinic. 23% subsequently underwent urodynamics assessment and 18% (27 patients) subsequently underwent surgery or had other treatment. Of the patients listed for surgery, 37% opted for bladder neck injections (bulkamid), 30% colposuspension, 11% autologous fascial sling, 7% Botox and 15% were on the waiting list . 20% of patients did not complete physiotherapy or attend follow up.

Conclusion

These results suggest that physiotherapy can be an effective treatment for women experiencing stress urinary incontinence with 61% of patients discharged and happy with the outcome. Only 18% of patients opted for further treatment, suggesting the level of satisfaction with treatment may be higher. Further exploration of outcomes using validated patient questionnaires could enhance understanding of this area.

Reference:

Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline 123. April 2019