

Comprehensive, Nonsurgical Treatment Improves Pelvic Floor Dysfunction in Women

Women who completed therapy experienced significant improvement in urinary incontinence, defecatory dysfunction and pelvic pain

Jan. 09, 2014

COLUMBIA, Mo. – One in three women suffer from pelvic floor dysfunction (PFD), a range of symptoms which include bladder and bowel problems as well as pelvic pain, according to the American Urogynecologic Society. Now, University of Missouri researchers have demonstrated that a comprehensive, nonsurgical treatment significantly improves symptoms in women with PFD.

“Pelvic floor rehabilitation is effective in helping women overcome pelvic floor problems with little or no medication,” said Julie Starr, a doctoral student in the Sinclair School of Nursing and a family nurse practitioner at the University of Missouri Women’s Health Center. “The treatment involves muscle strengthening for improved bladder control and muscle relaxation for those with symptoms of constipation and pelvic pain.”

Starr and other MU researchers analyzed data from nearly 800 women with symptoms of pelvic floor dysfunction who underwent therapy for bowel, urinary or pelvic pain, and sexual dysfunction. The researchers found patients who completed at least five comprehensive pelvic floor rehabilitation therapy sessions reported an average of 80 percent improvement in three main areas: urinary incontinence, defecatory dysfunction and pelvic pain.

“We attribute the success of our program to patients’ regular contact with health care providers who provide biofeedback and vaginal electrogalvanic (e-stim) therapy as well as advice on behavior modification,” Starr said. “The e-stim therapy, a painless treatment in which a stimulator is used to send electrical pulses to relax pelvic muscles, improves symptoms of bladder and bowel incontinence as well as pelvic pain and pain with intercourse. We rarely prescribe medications for these complaints; in fact, many women are able to stop taking their medications for bladder control and pain after therapy.”

Starr says women of any age with bladder, bowel or pelvic pain symptoms could benefit from pelvic floor rehabilitation, as could women who experience tearing after vaginal deliveries.

“Most women are embarrassed to talk about these types of problems, or they don’t think there is anything anyone can do to help them,” Starr said. “Some women have been to multiple providers without relief of their symptoms, so they become discouraged and give up. A nurse practitioner who provides pelvic floor therapy will focus on decreasing all of the patients’ unpleasant pelvic symptoms instead of referring them to multiple providers.”

Many women are offered medication to treat their symptoms and are not aware that alternative treatment methods exist for their pelvic pain, Starr said.

“Non-operative management of pelvic floor dysfunction is a safe and effective way to overcome many pelvic floor complaints,” Starr said. “Medication and surgical management are options that always will be available if pelvic floor rehabilitation does not provide the desired relief.”

For maintaining a healthy pelvis, Starr recommends women do Kegel exercises two to three times a day and take daily fiber supplements. Also, Starr encourages women who have symptoms of pelvic floor dysfunction to discuss their concerns with their health care providers. For more information about pelvic floor dysfunction, treatment options and specialists throughout the country, visit www.muhealth.org/urogyn or <http://www.voicesforpfd.org/>.

“Outcomes of a Comprehensive Nonsurgical Approach to Pelvic Floor Rehabilitation for Urinary Symptoms, Defecatory Dysfunction, and Pelvic Pain,” was published in *Female Pelvic Medicine & Reconstructive Surgery*.

Source: [University of Missouri News Bureau](#)

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