Physical Therapy Helps Women After Pelvic Prolapse Surgery, Study Finds

*Groundbreaking research by Dr. Rachel Pauls of Cincinnati Urogynecology Associates indicates that women who undergo physical therapy after pelvic prolapse surgery attain superior muscle strength, control and relaxation, all essential for urine and bowel control -- and an improved sex life.*

Cincinnati, Ohio (PRWEB) October 01, 2013 -- Women who have physical therapy after pelvic prolapse surgery build better muscle strength, control and relaxation and regain a better quality of life, says a ground-breaking study completed by Dr. Rachel Pauls of TriHealth physician partner, Cincinnati Urogynecology Associates.

“We have long known that physical therapy helps patients who have had orthopedic surgery,” said Pauls, “and I wanted to see if it would help women after prolapse surgery. This is the first study of its kind.”

Pauls conducted the three-year randomized study with 50 women on a grant from the TriHealth Medical Education Research Fund. She presented the findings at the Society for Gynecologic Surgeons convention recently in Charleston, South Carolina. The Female Pelvic Medicine and Reconstructive Surgery journal features the research in its September/October issue.

Half of the women in the study group were enrolled in pelvic floor physical therapy after surgery and the other half were not. “Overall, results indicated that women who had pelvic floor physical therapy had much better muscle coordination in strengthening and relaxing muscles measured by electromyography (EMG), which tests electrical activity in muscles,” said Pauls. “Having strong pelvic floor muscles that can also be relaxed are especially important for emptying the bladder as well as enjoying sex.”

Pelvic floor physical therapy has been used for a variety of complaints related to pelvic floor dysfunction, including urinary incontinence, fecal incontinence, pelvic pain and bladder pain, said Pauls. “However, we lack an understanding of the role of physical therapy can play following vaginal reconstruction. Despite evidence in other surgical fields that therapy improves muscle function and quality of life after joint replacement, the available literature assessing physical therapy impact following pelvic surgery has been scant.”

Physical therapist Kathleen Novicki helped design the study, and her therapists at the Center for Pelvic Floor and Core Rehabilitation at TriHealth’s Good Samaritan Hospital and West Chester treated all the patients.

The physical therapy sessions lasted for 12 weeks after surgery. Muscle function in the physical therapy subjects was superior when assessed after that time. The study also included a survey that rated women’s satisfaction with the surgery and their health outcomes.

Median age of the women participants was 58 years old and participants had an average body mass index of 28. All had delivered babies vaginally.

Several studies have shown connections between strong muscles and better urine control, bladder emptying, bowel function and sexual function.

Pauls is a partner with Drs. Steven D. Kleeman and Catrina Crisp at CUA, with offices in West Chester, Good
Samaritan Hospital in Clifton, and TriHealth Bethesda Arrow Springs in Lebanon.

Although long term data are not yet available, study results support that pelvic floor physical therapy should be offered as an option to all women undergoing vaginal reconstructive surgery, said Pauls. “The rationale is the global improvement in coordination of the pelvic floor seen in the study with potential benefit to an improved quality of life. Future studies may help shed more light on the advantages of this kind of therapy.”

Pauls said a woman’s urogynecologist should recommend a specialized physical therapist to administer the therapy.

A subspecialty within the fields of obstetrics, gynecology and urology, urogynecologists are surgeons who treat women with pelvic floor disorders, urinary incontinence and bladder pain. CUA specializes in urinary incontinence, overactive bladder, pelvic prolapse and pelvic reconstructive surgery.

The CUA Fellows program specializes in patient care, education of Fellows and residents, research and philanthropy. For more information about CUA, call (513) 463-4300 or visit www.TriHealth.com.

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Contact Information
Dr. Rachel Pauls
Cincinnati Urogynecology Associates
(513) 463-4300

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