A DAY IN THE LIFE OF A CONTINENCE PHYSIOTHERAPIST

Sue Croft

SUE CROFT is a Brisbane-based physiotherapist with a special interest in pelvic floor dysfunction including urinary incontinence, prolapse conditions, bowel management and pelvic pain. She describes a typical day at her clinic.

Getting up each day for the past 25 years to come to work has always been easy. There is great job satisfaction if you can help just one person achieve continence – and if you can help many, then work is a blast. Patients are often relieved to find someone who is comfortable talking about such private matters, and are always so grateful to have their continence improved and, many times, restored to normal.

Next to incontinence issues, a common scenario in my work day involves alleviating women's fears about vaginal prolapse, and giving them alternative exercises to maintain their physical fitness. Women and men are much better informed these days about bladder, bowel and prolapse issues, thanks to the wonderful work of the Continence Foundation of Australia and, of course, the internet.

But there are some downsides to easy access of information. Increasingly, I am finding women who have been exercising heavily at the gym and overdoing their pelvic floor exercises to the extent that their pelvic floor muscles are too tight (overactive pelvic floor). This can present with dyspareunia (painful intercourse) and other pelvic pain problems. Men, too, can have muscles that are too tight, causing penile and testicular pain and even erectile dysfunction.

My days are not ordinary anymore, because recently I decided to expand and move to a bigger office. My first day in my new premises is exciting and proves to be busy, with a list of varied conditions.

My first patient, **Karen*** is very distressed as she has recently had surgery to remove haemorrhoids and is suffering debilitating flatus incontinence (passing wind involuntarily). Colorectal studies have identified very low pressures in both her internal and external anal sphincters. Like many patients with pelvic floor issues, she is crying throughout the consultation due to her extreme embarrassment. I explain the role of the pelvic floor muscles, the causes of faecal and flatus incontinence, and how managing her diet and stool consistency will help. We discuss the addition of local oestrogen (requiring a script from her doctor) and changing her defaecation position so she completely empties her stool.

My examination of Karen's pelvic floor muscles reveals significant weakness due to extensive nerve and muscle damage resulting from childbirth many years ago, possibly exacerbated by the recent surgery. I arrange for a return visit in a month to see if changes to her diet have helped and to assess how her pelvic floor muscle strengthening has progressed.

Next on my list is a return visit from an anxious woman and her 10-year-old daughter **Sarah**, who has extreme urinary frequency and urgency. Sarah was going to the toilet up to 20 times a day, which caused her much anxiety at school and at home. Car trips were avoided, play visits with friends refused and her school marks were suffering. Again, education was key to her treatment plan, delivered in age-appropriate language so she could understand why the bladder was causing her such angst. I taught her relaxation and breath awareness techniques to assist with managing her stress hormones (cortisol and adrenaline), which were being released in response to her anxiety and making her symptoms worse. She learnt about her bladder's normal capacity and I gave her strategies to improve her ability to control her persistent urges. (I have seen Sarah since and am happy to say she had a significant improvement in just one month. Her confidence had sky-rocketed and her mother reported that the relaxation and breath awareness practices had helped her the most.)

My next patient is **Janice**, a woman in her early 30s who I had seen over the course of a year. She originally presented with an anterior wall prolapse (when the bladder protrudes or bulges into the front wall of the vagina) following the birth of her first baby. She had a number of concerns; a heavy dragging feeling at the end of each day (worse when the baby was unsettled and she'd had to carry the baby in a sling for long periods) and a de-oestrogenising effect on her vaginal tissues as the result of demand feeding her baby every two to three hours.

Janice was distressed about being so young and having a prolapse. I explained that prolapse is common and onset is not necessarily age-related, but rather dependent on damage to muscles during vaginal deliveries or when straining at stool due to constipation. Evidence tells us that conservative treatment from a physiotherapist should be the first line of treatment for prolapse and the treatment plan devised a year ago had included extensive education in, what I call, the *5 Step Plan for Managing Prolapse* (See below)

5-STEP PLAN FOR MANAGING PROLAPSE

1. *Find a prolapse mentor to support you on your journey*
2. *Strengthen the pelvic floor muscles with pelvic floor muscle training*
3. *Pre-contract these muscles and the deep abdominal muscles prior to coughing, sneezing and bending (when the intra-abdominal pressure rises)*
4. *Manage the bowels well using the correct position and dynamics of defaecation*
5. *When returning to exercise, make sure the exercises are pelvic floor-safe so they don't exacerbate the prolapse*

Janice had come to see me a year later, and even though she had been doing well, her prolapse was feeling worse whenever she exercised. I had previously suggested she try using a pessary (a firm ring or cube inserted into the vagina to support the uterus, bladder or rectum) when exercising. While she had been reluctant to use one at first, believing pessaries were only for old ladies, she had now come around to the idea. Because of her significant loss of muscle bulk, the cube pessary was the one that stayed in most effectively.

She is now ecstatic and feels empowered with a strategy that allows her to exercise, which is so important for her mental health. She also now has the option of a vaginal support while her children are little, when she is required to bend and lift repetitively.

You can see why I love going to work each day!

* All names have been changed.