Exploring the outcomes of pelvic floor physical therapy to treat urinary incontinence 2 years post prostatectomy: a retrospective case report

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Introduction

Prostate cancer (PC) affects approximately 160,000 men per year. Radical prostatectomy (RP) is one of the most successful treatments for PC, reducing incidence of both metastases and mortality. Up to 72% of men report some degree of Urinary Incontinence post RP. Pelvic Floor physical therapy has been shown to be a viable treatment option for men experiencing UI up to one year post RP.

Summary of Literature Review

Filacamo et al. demonstrated that 19% of men treated with early PFPT achieved continence 1 month post RP, and 65% within 6 months of surgery, as compared to 8% and 65% respectively for the control group.

Rosco and Borello-France: Describe the success of PFPT in the resolution of UI 10 years post RP.

Intervention

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<th>Week</th>
<th>PFMT with sEMG</th>
<th>Soft Tissue Mobilization</th>
<th>Patient Education</th>
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Results

- Improvement in resting PF tone did not correlate with significant improvement in UI frequency.
- Data suggests that relative lack of improvement are due in part to timing of intervention.
- Earlier intervention results in earlier resolution of UI.
- Other factors impacting subject’s success.
- Short duration of care
- Chronicity of UI
- Polypharmacy

Clinical Practice Guidelines are needed to provide appropriate care for men experiencing post RP UI.

Further research is required to validate sEMG guidelines and psychometric data for use of functional outcome measures in men with UI.

References