

Which patients can benefit from pre and post op Physical Therapy (SUI and POP)  
Dr Beth Shelly PT, DPT, WCS, BCB PMD

Jarvis SK 2005

- POP and SUI surgery with and without Pre operative PT
- Follow up 3 months
- Those with pre op PT had significantly better QOL, urinary symptoms, day time frequency

Sung VW, 2019

- MUI sling alone vs PT before and after (1 before and 5 after)
- Follow up 12 months
- Small statically significant difference that did not meet MCID

Zaccardi JE, (2010)

- SUI surgery with and without behavioral training and PFMT
- Follow up 3 weeks.
- No statically significant difference in groups,
- 100% of patient in intervention group found information helpful and worth their time.

Weidner AC, (2017)

- POP and SUI surgery with and without 5 perioperative PT visits
- Follow up 24 months
- No statically significant difference in groups

Barber MD, 2014

- POP surgery with and without behavioral and PFMT
- Follow up - urinary scores at 6 months, or prolapse scores at 24 months
- No statically significant improvements

Frawley HC, 2010

- POP surgery with and without PFM exercises
- Follow up at 12 months
- No statically significant difference in groups

Haya N, Cochrane Database of Systematic Reviews 2018,

- 2 small studies on PFM exercises before and after treatment - at 12 and 24 months - inconclusive

Dumoulin C, et al. Adult conservative management, in Incontinence 6th ed 2106, ICS.

- There is no evidence of improved outcomes with perioperative PFMT for women undergoing surgery for apical prolapse and SUI, (Level of Evidence: 2).

Barber MD, Brubaker L, Burgio KL, Richter HE, Nygaard I, Weidner AC, *et al.* Comparison of 2 transvaginal surgical approaches and perioperative behavioral therapy for apical vaginal prolapse: the OPTIMAL randomized trial. *JAMA*. 2014;311(10):1023-34.

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Frawley HC, *et al.* Physiotherapy as an adjunct to prolapse surgery: an assessor blinded randomized controlled trial. *Neurourol and Urodynam* (2009) 2010 Jun;29(5):719-25.

Haya N, Feiner B, Baessler K, Christmann-Schmid C, Maher C Perioperative interventions in pelvic organ prolapse surgery (Review) *Cochrane Database of Systematic Reviews* 2018, Issue 8. Art. No.: CD013105.

Jarvis SK, Hallam TK, Lujic S, Abbott JA, Vancaillie TG. Peri-operative physiotherapy improves outcomes for women undergoing incontinence and or prolapse surgery: results of a randomised controlled trial. *Aust N Z J Obstet Gynaecol*. 2005 Aug;45(4):300-3.

Sung VW, *et al.* Effect of Behavioral and Pelvic Floor Muscle Therapy Combined With Surgery vs Surgery Alone on Incontinence Symptoms Among Women With Mixed Urinary Incontinence: The ESTEEM Randomized Clinical Trial. *JAMA*. 2019 Sep 17;322(11):1066-1076.

Weidner AC, Perioperative behavioral therapy and pelvic muscle strengthening do not enhance quality of life after pelvic surgery: secondary report of a randomized controlled trail. *Physical Therapy* (2017) 97(11) 1075.

Zaccardi JE, Wilson L. The effect of pelvic floor re-education on comfort in women having surgery for stress urinary incontinence. *Urological Nursing* (2010) 30(2): 137-146.