



Scientific Validation of the Active Perineal Rehabilitation Protocol

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Abstract:

Introduction: Urinary incontinence is a chronic and limiting disease that affects both men and women but is more common in women. A conservative treatment is prescribed as a first therapeutic option for this illness, but we do not know what the appropriate dosage for the exercises is, nor is there a consensus on whether individual sessions are more effective than group sessions, or whether other additional techniques should be used in conjunction with the exercises. **Objective:** To evaluate the Active Perineal Rehabilitation (APR) protocol in the treatment of stress urinary incontinence. **Methods:** Sixty-one women between the ages of 35 and 78 with complaints of urinary incontinence were selected and underwent one of two treatments: The APR protocol, carried out in individual sessions with a combination of kinesiotherapy with biofeedback, electrical stimulation, vaginal cones and home exercises, over a period of three months; or group exercises (GE), carried out in groups of three to five participants, over a period of six months. The volunteers were divided into three groups according to the pelvic floor muscle (PFM) force and the treatment undertaken: APRA (n=14) patients with force 0 or 1, and treated with APR protocol; APRb (n=21) patients with force between 2 and 5, and treated with APR protocol; and GE (n=26) patients with force between 2 and 5, and treat with group exercises. **Results:** All patients in the three groups had a significant improvement in the number and quantity of urine loss, with no statistical difference between the



groups. At the end of the treatment, 33.3% of the APRA group, 70.6% of the APRb group and 68.8% of the GE group said that they had seen an improvement. In the follow-up six months after the last session these percentages were 57.6%, 75%, and 53.8%, respectively. **Conclusions:** The APR protocol is as effective as group exercises in the treatment of stress urinary incontinence. A great APR differential is that it can be indicated to patients with PFM force 0 or 1, still then physical therapy was not considered adequate to treat these patients.

Biography

I chose to work in the field of urogynecology when I started university at Universidade Estadual de Londrina (Londrina State University) in 2002 and I have been involved in several traineeships since then. My father and sister strongly influenced my career choice as both of them are gynecologists and have always encouraged me. After graduating in 2005, I specialize exclusively in Pelvic Floor Muscles Rehabilitation and continually keep up-to-date with the best and latest treatments, practices, and procedures for my patients. I love what I do and I work hard to balance my practice, my courses, and my study and research. Part of my work is dedicated to increasing awareness of this area. I organize and promote several talks to inform the general population and healthcare professionals about the importance of pelvic floor muscle rehabilitation

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