Advanced Pelvic Floor Course

Prolapse & Stress Incontinence

OVERVIEW

Day One and morning of Day Two- Pelvic Organ Prolapse

The Prolapse component covers the detailed anatomy of POP including the DeLancey levels of support, 3D images of the various components of the endopelvic fascia including paracolpium and parametrium, pubocervical & rectovaginal fascia, and uterine ligaments. A detailed explanation, examination and comparison of the two main prolapse assessment systems (ie the "Baden-Walker half way" as well as the POP-Q) will be given. A session will be given for participants to practice interpreting POP-Q results. Prolapse surgeries including anterior/posterior colporrhaphy, hysteropexy, sacrocolpopexy and sacrospinous ligament fixation are explained (including videos). The research on PFMT for prolapse, understanding the vaginal mesh (changes in usage since the complications, complications, which are still approved for use and which aren't) and practical advice regarding the physiotherapist's role in the use of support pessaries for POP is taught.

Physiotherapists who have completed this course are eligible to attend a WHTA advanced practical pessary workshop.

Day Two Afternoon - Stress Urinary Incontinence Part 1: Urethral Hypermobility

SUI component covers the anatomy of the various Type I/II stress incontinence theories including urethral hypermobility and the "hammock" theory of De Lancey. The implication of these theories when determining optimum pelvic floor muscle activation will be discussed. The various surgical options including suspension procedures and retropubic/transobturator tapes are explained and videos of the procedures are shown. An in depth review of the role, mechanism and success rates of PFMT, vaginal weight devices, biofeedback and mechanical supports (eg contiform, incontinence pessaries etc) is given.

Day Three – Type III Stress Urinary Incontinence – Intrinsic Sphincter Deficiency

On the third day we will spend 4-5 hours talking through the specific anatomy, pathophysiology, assessments and treatment options for SUI related to intrinsic sphincter deficiency. This will include detailed anatomy of the muscles making up the internal and external urethral sphincter. We will exlore multichannel urodynamic assessments to understand urethral pressure profile, MUCP, VLPP, transmission ratios etc. Alterations to urethral function with age will be explored and implications for both physiotherapy and surgical decisions. Finally, urethral bulking agents such as macroplastique and stem cell injection will be discussed.

PLEASE NOTE

Pessary Practical Placements Strictly Limited

TO ENROL PLEASE GO TO

www.whta.com.au

Day 1: PELVIC ORGAN PROLAPSE

REGISTRATION at 8.00am Sharp

TOPIC 1: 8.15 – 10.15am Diagnosis & Assessment of Pelvic Organ Prolapse

Introduction and Welcome to the Course

Historical Understanding of Prolapse

- How long have we known about prolapse?
- What have been the treatment options in the past?
- Incidence of prolapse?

Traditional Classification and Grading of Prolapse

- Traditional Terminology – Cystocele, Rectocele, Uterine, Vault, Enterocele
- Traditional Grading System – Baden Walker Half Way System
- Practical – photo exercises to practice assessment and diagnosis using traditional system

Modern Classification and Grading of Prolapse

- Modern Terminology – Vaginal Wall Description
  - Anterior Vaginal Wall – Central Defect
  - Anterior Vaginal Wall – Paravaginal Defect
  - Posterior Vaginal Wall – high, mid, low
  - Apical – uterine, vault

- Modern Assessment – The POP-Q
  - Understanding the point markers: Aa, Ba, Ap, Bp, C, D
  - Understanding the length measures: GH, TVL, PB
  - Reference points for POP-Q Staging
  - Comparison of Baden Walker Grade and POP-Q Stage
  - Posterior Vaginal Wall
  - Apical – uterine, vault

- Practical – practice understanding and interpreting POP-Q results

Benefits / Downfalls of the two classification methods

- What is the position of the major societies on usage of the various terminologies
- How does Stage 2 POP-Q differ from Grade 2 Baden-Walker? What is the implication?

TOPIC 2 : 10.35 – 12.30pm Anatomy of Prolapse

Concept of Interplay between Muscular and Fascial Pelvic Organ Supports

Muscular

Review of Pelvic Floor Muscular Anatomy

Forms of Muscular Dysfunction Linked to Prolapse

- Decreased Resting Tone / Alteration to Levator Hiatus Size
- Decreased Strength
- Levator Avulsion
- Levator Distensibility and "Ballooning"

Fascial

Understanding Types of Fascial Dysfunction

- Increased Distensibility
- Traumatic Acute onset Disruption
- Chronic Slow onset Discruption

Understanding the DeLancey Levels of Fascial Support

Relevant Fascial Anatomy

- Arcus Tendineus Fascia Pelvis
- Uterosacrals
- Sacrospinous
- Paracolpium
- Parametrium
- Pubocervical Fascia
- Rectovaginal Fascia

Difference between

- Central and Paravaginal Defects
- High / Mid / Low Rectoceles

TOPIC 3 : 1.15 – 3.00pm Conservative Management of Prolapse

Pelvic Floor Muscle Training for Prolapse

- What are we aiming to achieve? How does this alter our instructions?
- What is the evidence for PFMT? Does it work?

Weight Loss

- Low level / diet induced
- High level surgical weight loss

Symptom Management

- Splinting for Defecation
- Advice for Dyspareunia / Sexual Dysfunction
- Advice for Voiding Symptoms / Incomplete Emptying

TOPIC 4 : 3.15 – 5.00pm Pessaries for POP Part 1

Background to the Use of Pessaries

- Historical usage
- Why they fell out of favour
- What they are coming back

Type of Pessaries

- Different designs: Ring, Gellhorn, Cube, Donut, Shaatz, Incontinence pessary
- Materials Traditional rubber latex vs Silicone

Fitting of Pessaries

- How to size for a pessary: measuring for a cube pessary size
  Measuring for a ring pessary size

(5.15pm – 7.00pm Practical Pessary Group 1)

A vaginal examination practical session on fitting, insertion and removal of support pessaries.

Day 2: PELVIC ORGAN PROLAPSE cont…..

(6.15am – 7.45am Practical Pessary Group 2)

TOPIC 5 : 8.30 – 10.30am Surgical Management of Prolapse – INCLUDING VIDEOS!

Understanding Latin to understand the Surgical Terminologies

Apical Prolapse Surgeries

- Vault – sacrospinous fixations, sacrocolpopexy
- Uterine – hysterectomy, hysteropexy

Vaginal Wall Surgeries

- Anterior and Posterior Colporrhaphies
- Paravaginal Repairs
- Perineorrhaphy

Mesh

- Understanding the types of Mesh Augmentation
- Abdominal vs Vaginal Mesh
- The FDA warnings?
- What is the implication for Doctors and Physios?

TOPIC 6 : 11.00 – 1pm Pessaries for POP Part 2

Uses of Pessaries – more than just symptom relief?

- Symptom relief
- Prevention?
- Treatment?
- Diagnostic use of pessaries?

How does their success and risks compare with the surgical options???

The Role of Physiotherapy in use of Pessaries

- Scope of practice
- When should you refer on to medical?
- Working with GP's / Gynaecologists in the joint pessary management of pt's with POP

END OF PROLAPSE SECTION…… ONTO STRESS INCONTINENCE!!

Day 2 Afternoon: Stress Urinary Incontinence

TOPIC 1 : 1.30pm – 1.45pm Physiotherapy for Stress Incontinence – Does it work?

True Success Rates

- Understanding the Research on Pelvic Floor Muscle Training for SUI
- What are the true success rates?
- What is the implication of this when counselling patients on options?

TOPIC 2 : 1.45 – 3.45pm Anatomy of Stress Incontinence & Surgical Procedures

The Concept of "Types" of SUI – Urethral Hypermobility vs Intrinsic Sphincter Deficiency

Understanding the Anatomy of Urethral Hypermobility

- Understanding the anatomy and implication of Bladder Neck Position
    - Implication for Pressure transmission to urethra
    - Link with surgical procedures such as the Burch Colposuspension

- Understanding the "Hammock Theory" of urethral pressure transmission
    - Implication for pressure transmission and urethral closure
    - Link with surgical procedures such as mid urethral tapes

Surgical management of Stress Incontinence

- Concept of Outside In vs Inside Out Procedures
- Transvaginal Tapes
- Transoburator Tapes
- Mini-slings

TOPIC 3 : 4.00 – 4.45pm Physiotherapy Management of Stress Incontinence

Pelvic Floor Muscle Training – What are we aiming for

- Increased Strength or increased Co-ordination? What really is improving our patients?
- Increased Resting tone?
- Increased closure action?
- Increased Lifting action?
- Implication for Physio? What should be our cuing technique?

Other Options

- Electrical Stimulation

(5.00pm – 7.00pm Practical Pessary Group 3)

Day 3: Stress Incontinence Continued

(6.15am – 7.45am Practical Pessary Group 4)

A vaginal examination practical session on fitting, insertion and removal of support pessaries.

TOPIC 9 : 8.15 – 10.45am Other Treatments for Urethral Hypermobility SUI

- Oestrogen and HRT: Does it work?
- Weight Loss: Small weight loss vs surgical weight loss
- Mechanical Support Devices

TOPIC 10 : 11.00 – 12.00pm Which Patients need Physio? Which patients need surgery?

- Can we triage women better?
- Who is likely to work with Physio / PFMT?
- Who is likely to need something else?

TOPIC 11 : 12.30 – 4.30pm Stress Incontinence – Intrinsic Sphincter Deficiency

Understanding Types of SUI

- Comparison of Urethral Hypermobility and Intrinsic Sphincter Deficiency as a cause of SUI

- Advanced Anatomy of the Urethral
  - EUS – rhabdosphincter, compressor urethrae, urethrovaginal sphincter
  - IUS – longitudinal and circular fibres
  - Urethral mucosa
  - Urethral Vasculature

Assessment for ISD

- Multichannel urodynamics - procedure
- Interpreting Results – MUCP, VLPP, UPP
- Other Objective assessment options
- Subjective Markers to identify ISD in a clinical setting

Treatment of ISD

- Conservative Management
- Surgical Options – does the TVT and TOT work in the presence of ISD?
- Which medications effect SUI?
- Bulking agents
- Stem Cell