

Update on pelvic health physiotherapy following NICE Guidelines release

New NICE Guidelines for the management of female urinary incontinence and pelvic organ prolapse provide an opportunity to raise the profile of pelvic health physiotherapy.

How can pelvic health physiotherapy help?

It's an effective, low cost and conservative treatment option for women with pelvic floor dysfunctions. There is a need to maximise the potential for conservative therapy, at a time when there is uncertainty about surgical solutions involving mesh. They treat the patient holistically and empower them to self-manage.

Urinary incontinence (NICE NG123)	Pelvic organ prolapse (NICE NG123)
Point 1.4.4 - Offer a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or mixed urinary incontinence.	Point 1.7.5 - Consider a programme of supervised pelvic floor muscle training for at least 16 weeks, as a first option for women with symptomatic stage 1 or stage 2 pelvic organ prolapse.
<p>Physiotherapists are able to provide a comprehensive assessment and management plan for women with symptoms of overactive bladder and stress urinary incontinence. This includes urine dipstick, post-void residual urine, bladder diary as well as physical examination of the pelvic floor muscle complex.</p> <p>This leads to evidence based treatment that includes pelvic floor muscle rehabilitation, bladder retraining and encouragement for lifestyle changes.</p> <p>Physiotherapists are unable to prescribe anti-cholinergics and will liaise appropriately with GPs regarding this. They do not do abdominal palpation to exclude red flags and do not have access to 2WW referral pathways.</p>	<p>Physiotherapists are able to provide comprehensive assessment of Stage 1 and 2 prolapse, pelvic floor muscle function and concomitant urinary/bowel dysfunction.</p> <p>They are able to start a conservative management plan to address lifestyle factors and optimise pelvic floor muscle function and vaginal/bladder/bowel health.</p> <p>Physiotherapists do not fit pessaries or prescribe topical oestrogen and will liaise appropriately with GPs where necessary.</p>

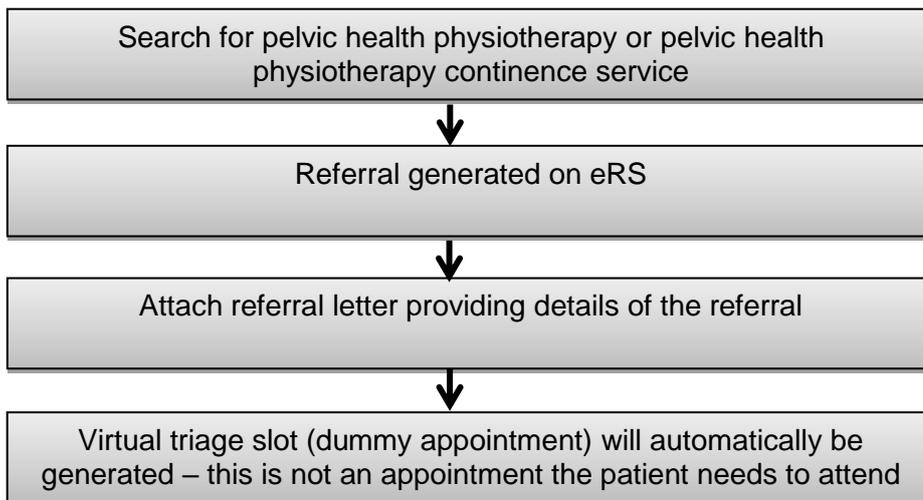
If patients fail to respond to conservative management, then the physiotherapist can refer on to urogynaecology, if it is appropriate.

Key points:

- Pelvic health physiotherapists are able to effectively manage OAB, SUI and POP (Stage 1 and 2)
- Patient information on pelvic floor exercises, bladder health, and prolapse are available on the DynamicHealth website - visit <http://www.eoemskservice.nhs.uk/advice-and-leaflets/leaflet-library> and click on 'pelvic health'
- Referrals can be made through ERS (see reminder of process on page 2)
- Patients can self-refer by calling Physio Advice Line on 0300 555 0210, Mon – Fri 8.15am to 5pm.

How to make a pelvic health referral to DynamicHealth

To make a referral to this service please follow the below process:



Referrals for both Directory of Services will be triaged by the same clinical team and the referrer will be informed of the outcome.

Directory of Services:

- Pelvic Health Physiotherapy - ** Cambridgeshire - CCS (NO PATIENT ATTENDANCE REQUIRED)**
- Pelvic Health Physiotherapy Continence - Cambridgeshire - CCS **NO PATIENT ATTENDANCE REQUIRED**

Please see the clinical criteria for the service to ensure the referral is appropriate.