

Labon et al, 2014 Abstract

Physiotherapy For UI After Prostate Cancer Surgery

Objective

The researchers examined the efficacy of physiotherapy for urinary incontinence (UI) in patients following prostate cancer surgery.

Results

The findings of the study showed that a physiotherapy programme can improve or fully restore continence. Data for the entire Group I suggest that early institution of physiotherapy after a prostatectomy procedure contributed to regaining continence. Continence outcomes were better in the rehabilitated group compared to non-rehabilitated controls. The study tools - pad testing, micturition diaries, and surface **electromyography (sEMG)** - proved useful for analyses and presentation of the results of the study.

Participants and Researchers

The study enrolled 81 males aged 53–82 years (mean age 68) with urinary incontinence following radical prostate-only prostatectomy for prostatic carcinoma.

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Methods

The patients were divided into two groups. Group I comprised 49 males aged 54–80 years (mean age 67.9). years). The patients in Group I were additionally subdivided into two subgroups with respect to the physiotherapeutic method used.

The patients of subgroup IA received a rehabilitation program consisting of three parts, including **biofeedback** and **electromyography (EMG)**. The efficacy of PFMT with **biofeedback** was recorded graphically in a chart and numerically (in seconds and microvolts) using **sEMG** with a dual channel software-assisted **NeuroTrac ETS** device from Verity Medical.

The patients of the subgroup IB rehabilitation programme consisted of two parts but did not include biofeedback. A comparison of continence outcomes revealed a statistically significant difference between Subgroups IA versus IB. The physiotherapeutic procedures applied on patients with urine incontinence after

prostatectomy, for most of them, proved to be an effective way of acting, which was supported by the obtained results.

Group II, the control group, had reported for therapy for persistent urinary incontinence following radical prostatectomy but had not entered therapy for personal reasons.

The full abstract can be found at
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4017841/>