

- Selection of the most appropriate pelvic floor myalgia palpation scale may include consideration of clinical relevance in addition to demonstrated validity and reliability.
- Further research is required to develop a standardized, clinically meaningful, reliable and reproducible examination process for pelvic floor myalgia.

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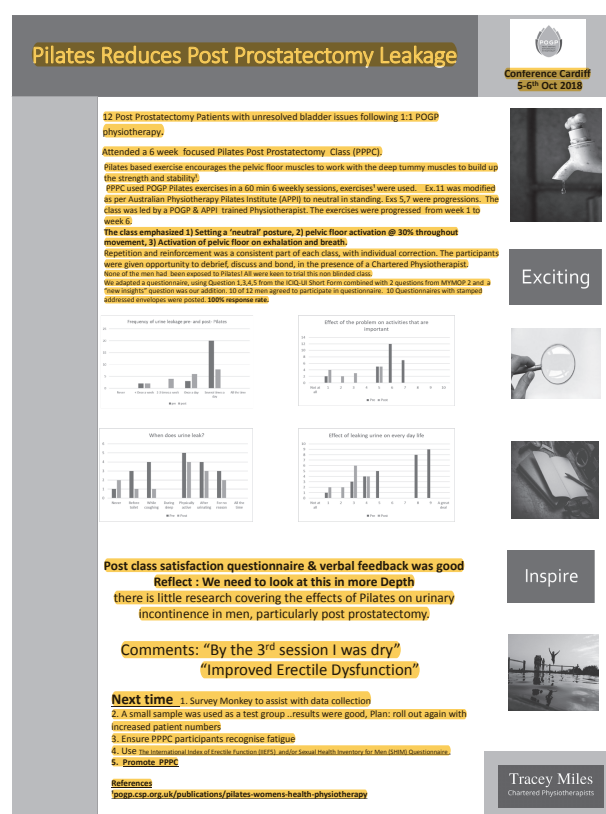
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### A pilot project investigating the impact of Pilates classes for men with post-prostatectomy urinary incontinence

A 6-week course of Pilates classes was trialled to determine the impact that these had on a group of men presenting with bladder symptoms following prostatectomy. Twelve non-blinded post-prostatectomy patients with unresolved continence issues following physiotherapy (one-to-one appointments, electromyography and digital rectal examination) were included in six, 60-min Pilates classes. The classes were led by a physiotherapist who had been trained by Pelvic, Obstetric and Gynaecological Physiotherapy (POGP), and the Australian Physiotherapy and Pilates Institute. The content consisted of POGP Pilates exercises (POGP 2016). The emphasis was on setting a "neutral" posture, pelvic floor activation at 30%, activation of the pelvic floor with the out breath, and repetition and reinforcement. Taking the opportunity to be debriefed by or discuss things with the physiotherapist was encouraged. Ten of the 12 subjects agreed to complete a questionnaire. Their comments included: "was dry by the [third] session"; "improved erectile dysfunction"; and "wet during the class". Deeper evaluation was required. The International Consultation on Incontinence Questionnaire Urinary Incontinence – Short Form was adapted, and questions 1, 3, 4 and 5 were combined with two questions from the Measure Yourself Medical Outcome Profile 2. A



**Figure 2.** "A pilot project investigating the impact of Pilates classes for men with post-prostatectomy urinary incontinence" poster.

"new insights" question was the authors' own addition. The scores for individual questionnaires have not yet been analysed. The primary outcomes were: improvement in everyday life (53%); easier to do important tasks (46%); reduced leakage (23%); and reduction in the number of leaks (20%). The observational outcomes were that men do not debrief or bond in this setting. One subject experienced urinary leakage during the class. The Pilates classes had a positive impact on leakage and activities of daily living. One participant showed signs of fatigue during the period of attendance, as evidenced by an increase in bladder symptoms. A digital rectal examination of this patient revealed no Valsalva, and hence, the increase in symptoms was not believed to be caused by the pelvic floor activation technique used in this case. The increase in symptoms spontaneously resolved at the conclusion of the intervention. Pilates classes appear to have a positive effect on post-prostatectomy pelvic floor symptoms. Using the same methodology, the authors anticipate rolling out these classes with increased patient numbers to fully evaluate the effect of Pilates on pelvic floor symptoms in this population.

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## Reference

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2015) *Pilates in Women's Health Physiotherapy*. [WWW document.] URL [https://pogp.csp.org.uk/system/files/publication\\_files/POGP-Pilates.pdf](https://pogp.csp.org.uk/system/files/publication_files/POGP-Pilates.pdf)

## Management of recurrent UTIs in females aged 16–45 years

Recurrent uncomplicated urinary tract infections (UTIs) are common among young, healthy women, even though they generally have anatomically and physiologically normal urinary tracts. In 16–45-year-old women, if normal, the only test that is recommended is an ultrasound scan, following which education and shared decision-making (SDM) is the preferred approach to treatment. Previously, there were no readily available SDM/education tools available in primary care, and often, the only intervention for these women was an acute course of antibiotics. This project aimed to provide accessible education for women aged from 16 to 45 years with frequent UTIs to help them self-manage. The aim was to reduce: UTI recurrence, antibiotic usage and primary care visits; and subsequently, unnecessary referrals to secondary care. For 16–45-year-old women, the new pathway provides a streamlined dipstick protocol for primary care. The patient then receives signposting to an online SDM/education booklet, and an invitation to self-refer to a physiotherapist-led educational session. Feedback from patients and primary care providers is being collected, and secondary care referral rates are being recorded. The length of time that the pathway has been running has meant that not all outcome measures are available yet, but the authors expect a cost saving for secondary care, with a predicted reduction of 250 in new referrals per year locally. So far, patient feedback has included the comment, “I literally cried with relief when I read the UTI booklet.” Early patient and general practitioner feedback suggests that the education provided is both accessible and valuable. After the initial launch in four primary care practices, the authors are now beginning to roll the project out over the whole

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Service Redesign Project  
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### Background

- UTIs are one of the most frequent clinical bacterial infections in women, accounting for nearly 25% of all infections.
- Approx 10–40% of women will experience a UTI in their lifetime.
- Recurrent uncomplicated UTIs are common among young, healthy women even though they generally have anatomically and physiologically normal urinary tracts.
- In a study of college women with their first UTI, 27% experienced at least one culture-confirmed recurrence within the six months following the initial infection and 2.7% had a second recurrence during this same time period.
- Antibiotic prescriptions for UTI account for 10–20% of all antibiotic prescriptions in ambulatory care and are second only to antibiotic prescriptions for respiratory tract infections.

In 16–45-year-old women the only tests recommended are USS, if normal then we feel education and shared decision making (SDM) is the preferred treatment. Previously, there were no readily available SDM/education tools available in primary care and often the only intervention for these women was an acute course of antibiotics.

The service improvement project aimed to provide accessible education for women aged 16–45 years with recurrent UTIs to help them self-manage, thus reducing recurrence of UTIs and antibiotic usage, whilst cutting primary care visits and subsequently reducing unnecessary secondary care referrals.

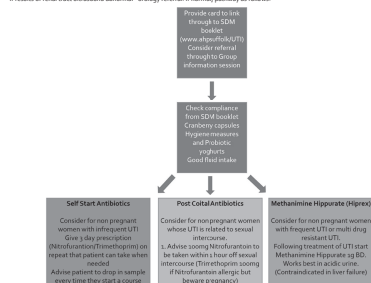
### Methods

For 16–45 year old women the new pathway provides a streamlined dipstick protocol for primary care. The patient then receives signposting to an online SDM/education booklet and an invitation to self-refer to a physiotherapist-led educational session. Feedback from patients and primary care providers is being collected and secondary care referral rates recorded.

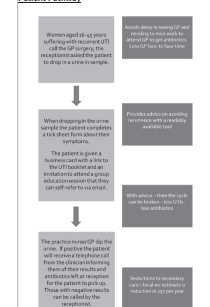
### GP Guidance—Recurrent UTI in Young Women (16–45y)

Definition: 2 or more UTI within 6 months or 3 UTI/year.

If results of renal tract ultrasound abnormal—urology referral. If normal, pathway as follows:



### Patient Pathway



### Outcomes/Results

The length of time the pathway has been running has meant that not all outcome measures are available yet, but we expect a cost saving for secondary care, with a predicted reduction in 250 new referrals per year locally.

Currently each referral to secondary care costs an average of £220 which means we predict an estimated saving of £55000 per year locally.

### Patient Feedback:

"Thank you for taking my UTI seriously!"  
"Can I have my booklet with me please?"  
"At last, something to help me!"  
"I literally cried with relief when I read the UTI booklet!"

### Conclusion

Early patient and GP feedback suggests that the education provided is both accessible and valuable. After launching initially in a primary care practices we are now beginning to roll out over the whole CCS. There is also interest from other providers to adopt the booklet. This new pathway provides accessible education for women aged 16–45 years with recurrent UTIs to help self-manage their condition. The pathway redesign has involved joint working between primary, secondary care and patients alike.

### References

- Al-Balek, A. and Al-Shahin, O. (2015) Recurrent Urinary Tract Infections Management in Women: A Review. *Sultan Qaboos University Medical Journal* 15(3): 359–367.
- Forman, B. (1992) Recurring urinary tract infection: incidence and risk factors. *American Journal of Public Health* 82: 533–5.
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**Figure 3.** “Management of recurrent UTIs in females aged 16–45 years” poster.

clinical commissioning group. Other providers are also interested in adopting the booklet. This new pathway provides accessible education for women aged between 16 and 45 years who have recurrent UTIs that will help them to self-manage their condition. The pathway redesign has involved joint working between primary and secondary care, and patients.

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## Impact of vesicovaginal fistula on quality of life among postpartum women in Kano State, Nigeria

Despite its devastating impact on the lives of girls and women, obstetric fistula is still largely neglected in the developing world. It has