

INDICATIONS FOR PELVIC FLOOR REHABILITATION & STIMULATION

Stress Incontinence

Urge Incontinence

Urinary Frequency

Urgency

Interstitial Cystitis

Chronic Pelvic Pain

Overactive Bladder

Fecal Incontinence

Chronic Constipation

Rectal Pain

Pelvic Floor Relaxation

Frequent Urination

To determine if PELVIC FLOOR
REHABILITATION therapy will help you
ask your health care provider for more
information or a referral to our office.

PELVIC FLOOR REHABILITATION THERAPY

This therapy combines a personalized home program with office treatment visits. A comprehensive plan of care is developed to meet the needs of your specific problem. The office visits consist of measurements of the pelvic floor muscle to establish a plan of care for strengthening, and electrostimulation of the pelvic floor nerve and muscle tissues. The measurement and stimulation are done by using a tampon shaped device, which is inserted into the vagina for women, or a smaller version, which is inserted into the rectum for men. Patients will find PELVIC FLOOR REHABILITATION therapy favorable because:

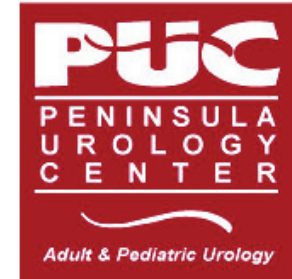
- The treatment is non-invasive and painless.
- It has up to an 80% success rate.
- No significant side effects.
- Covered by most insurance plans.

THERAPY SELECTION GUIDELINES

PELVIC FLOOR REHABILITATION therapy may be appropriate for you if:

- You have a strong desire to take control of your problem.
- You are willing and able to actively participate in your recovery.

In order to receive the maximum benefit, you must be comfortable with the treatment and be willing to comply with the therapy plan prescribed for you.



Pelvic Floor Rehabilitation & Stimulation

**Your
Non-Surgical
Treatment**

PELVIC FLOOR REHABILITATION AND STIMULATION

Pelvic Floor Rehabilitation is not new. It has been used for a number of years in the United States and other countries.

75 - 80% of our patients will see significant improvement or cure with this therapy program. As with any treatment, there will be some individuals who will not benefit from this non-surgical therapy. Patients with the greatest success are those who are motivated.

PELVIC FLOOR REHABILITATION has no significant side effects, and can be done within the comfort of your home after the initial training sessions.

HOW DOES PELVIC FLOOR REHABILITATION & STIMULATION WORK

The pelvic floor consists of muscles that form a sling from the pubic bone to the coccyx (tail bone). These muscles, like all other muscles in our body begin to “sag” and weaken as we age. Since these muscles provide support and bladder control, organs in the abdominal cavity begin to “sag” as well. As the muscles weaken, you may begin to notice some of the symptoms associated with the conditions listed on the front of this brochure. Kegels do work, unfortunately, many patients are unable to perform a proper contraction with simple instructions and up to one fourth will actually promote incontinence with their efforts.

Urgency, frequency and urge incontinence are conditions in which the Detrusor muscle, (the involuntary muscle of the bladder), becomes overactive. Low frequency and low intensity stimulation, along with muscle strengthening, will calm these annoying muscle contractions and symptoms of overactive bladder.

Stress and fecal incontinence usually involve muscle deficit or weakness. The pelvic floor muscles surround the urethra and rectum. When they become weak, they do not provide the support needed to keep the urethra closed tightly resulting in urinary incontinence when coughing or sneezing. These muscles also control gas and bowel contents. By measuring these muscles frequently, to prescribe the exact exercise needed, you can soon gain control.

Recent studies have shown that PELVIC FLOOR REHABILITATION can actually help those individuals suffering from chronic pelvic pain, interstitial cystitis, and rectal pain. While the entire mechanism of action is not understood, PELVIC FLOOR REHABILITATION is offering new hope to individuals plagued by these elusive and often debilitating disorders.

INDIVIDUALIZED PLAN OF CARE

Based on your health history and the pelvic floor muscle measurements taken during your first visit, a plan of care is developed specifically for you. This may include: **1. Pelvic Floor Rehabilitation:** Sophisticated instrumentation is used to determine that the correct muscle is being contracted, and when the muscle begins to fatigue. After isolating the appropriate muscles an exercise plan is developed with specific muscle strengthening instruction much like a personal trainer in a gym. **2. Pelvic Floor Stimulation:** This is also done with a vaginal sensor for women and rectal sensor for men. A mild stimulus is used to stimulate pelvic muscles and cause a comfortable, timed contraction of the pelvic floor muscles. Stimulation aids in muscle reeducation and strengthening, and decreases muscle spasm associated with bladder dysfunction and pelvic pain in both men and women.

3. Bladder retraining: Once strength is improved, the bladder can be “retrained” to hold a larger volume of urine so bathroom stops are not so frequent. **4. Dietary Changes:** Often simple dietary modifications can help alleviate bladder dysfunction.

FOLLOW-UP VISITS

After your initial visit, you will be asked to return to the office for a series of Pelvic Floor Rehabilitation and stimulation visits. These visits will last approximately 30 minutes. Most people require 6-8 treatments before they are discharged with a successful outcome. A positive change in your symptoms should be noticed in 3-4 visits. This does not mean you will be cured in 3-4 visits but you should begin noticing improvement.

We encourage our patients to continue any vacation or travel plans. Instructions can be given to maintain your level of rehabilitation until you return.

If you need to reschedule your appointments we ask for 24 hours notice, when possible. This way we can accommodate other patients who are waiting for an appointment time.

PENINSULA UROLOGY CENTER, INC CENTER FOR CONTINENCE

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