

## DIAGNOSTIC INVESTIGATION OF THE PELVIC FLOOR: A HELPFUL TOOL IN THE APPROACH IN PATIENTES WITH COMPLAINTS OF MICTURITION, DEFECACTION AND/OR SEXUAL DYSFUNCTION.

### Hypothesis / aims of study

Pelvic floor dysfunction is recognized to be related to lower urinary tract dysfunction and, more recently to lower gastrointestinal symptoms as well. It is considered to be an influential factor in dysfunction and subsequently behavior of the genital system in both men and women. Caregivers should be informed regarding normal pelvic floor function in general and should be able to identify specific aspects of pelvic floor dysfunction in patients with related symptoms. In our hospital, this diagnostic consultation is indicated as DIPFF: Diagnostic Investigation of Pelvic Floor Function.

This study looked at pelvic floor dysfunction related to complaints of micturition, defecation and/or sexual dysfunction.

### Study design, materials and methods

The standardized DIPFF is carried out as follows: DIPFF is done by a pelvic floor physiotherapist and starts with taking medical history using the Pelvic Floor Inventories (PeLFIs). The questions in the PeLFIs are related to general health, micturition and defecation and to gynaecological, obstetrical and sexual matters. Patients are asked about Quality of life and the degree of complaints for every domain using a Visual Analogue Scale (VAS).

A qualitative investigation of the pelvic floor function includes a qualitative physical examination of the pelvic floor function consisting of vaginal and anal visual inspection as well as digital palpation (including the ICS POP-Q system). Finally the pelvic floor function is assessed quantitatively by biofeedback registration. Based on our experience we defined an elevated rest tone as greater than 2  $\mu$ V using intravaginal or intra anal EMG.

### Results

Stratification of patients with a single complaint, a combination of two or three complaints of the micturition, defecation or sexual (all compartments of the pelvic floor) resulted in subgroups of respectively 30, 74 and 133 patients. A history of sexual abuse as assessed by the PeLFIs questionnaire was documented in 59 patients (24, 8 %): in 14 men (14.4%) and in 45 women (32.0%)

### Interpretation of results

A total of 238 patients with complaints of micturition, defecation and/ or sexual function were included in this study. Electromyographic analysis revealed an elevated rest tone of the pelvic floor in 141 patients. In 184 patients we found involuntary relaxation of the pelvic floor.

### Concluding message

Pelvic floor dysfunction is correlated with urinary, sexual or gastroenterological complaints. In our retrospective study we found that 77, 2 % of patients who presented to the clinic with urinary, gastro or sexual complaints had measurable pelvic floor dysfunction (69, 3 % overactive rest tone and 7, 9 % under active rest tone). In relation to the ICS terminology there is a need for a well defined normal versus elevated rest tone of the pelvic floor.

**Table** Complaints of patients

Complaints (%)	Men N=97	Women* N=141	Total N=238
Micturition	91.1	96.2	94.1
Defecation	86.1	80.2	82.7
Sexual	63.5	65.7	65.2
One compartment of pelvic floor	10.3	14.2	12.6
Two compartments of pelvic floor	40.2	24.8	31.1
Three compartments of pelvic floor	49.5	60.3	55.9

\* One woman became free of complaints on the waiting list

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*Is this a clinical trial?*

Yes

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*Is this study registered in a public clinical trials registry?*

No

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*What were the subjects in the study?*

NONE

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