The role of physiotherapy in the management of endometriosis

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Introduction

• Chartered Physiotherapist- Pelvic Floor Specialist
  – Pelvic Pain, Sexual Dysfunction, Incontinence (Females & Males)

• Beacon Hospital, Dublin
  – Referrals from
    • Beacon Women’s Centre & Urology Department
    • GPs & Consultants
    • Patient self-referral

• Private Practice- Kildare & Wicklow
  – Newbridge & Blessington
Outline

• Why physiotherapy?

• The overactive pelvic floor

• What does physiotherapy involve?

• Case Studies
Why physiotherapy?

• Typically pain in abdominal & pelvic region
  – Referred pain: Inside ↔ Outside (viscera ↔ somatic site)
  – Hyperalgesia (eg vulvar pain)

• Musculoskeletal Involvement
  – Trigger Points
  – Adhesions

• Pelvic Floor Dysfunction
  – Bladder Symptoms, Pain during sex, Constipation

Herzig & Stein
The Pelvic Floor Muscles (PFMs)

- Control bladder and bowel
- Support pelvic organs
- To date emphasis on “Strengthening” and “Tightening”
Overactivity of the PFM

- Loss of ability to effectively CONTRACT AND RELAX

Nomenclature:
- Spasm
- High/Increased Tone
- Vaginismus
Conditions linked to PFM Overactivity

- Endometriosis
- Interstitial Cystitis
- Recurrent UTI’s
- Vulvodynia
- Pudendal Neuralgia
- Chronic/recurrent vaginal infection
- Trauma to the pelvis
- Stress/ Anxiety
- Excessive/Incorrect “core” exercise
Features of Overactivity

• Taught bands & Trigger Points

• A **taut band** is a palpable rope-like hardening of a group of tense muscle fibres that may harbour a trigger point

• A **trigger point** is hyperirritable nodule located within a **taut band** of skeletal muscle that when palpated is tender and reproduces referred pain
  
  (Dommerholt 2011)

• (+/-) Hypersensitivity
Symptoms of Pelvic Floor Spasm

1. **Pain:**
   - Pelvic region
   - lower back, tail bone, buttocks, legs
   - genitals, anus, rectum

2. **Bladder Symptoms:**
   - Urinary urgency, frequency
   - Hesitancy, slow stream, incomplete emptying,
   - Symptoms of urinary tract infection
Symptoms of Pelvic Floor Spasm

3. **Bowel Symptoms:**
   - Constipation
   - Difficulty emptying bowels

4. **Sexual Dysfunction:**
   - Pain during or after sex
   - May be worsened by orgasm

5. **Difficulty tolerating speculum examination or inserting tampons**
Guidelines- Chronic Pelvic Pain (incl Endometriosis)

- Overactivity of the pelvic floor muscles is related to chronic pelvic pain, bladder and vulvar pain

- Treatment of pelvic floor overactivity and myofascial trigger points is recommended

- Relaxation of the pelvic floor muscles is recommended
Physiotherapy Assessment

- Initial Assessment up to 1 hour
- In-depth history is vital
- Musculoskeletal
  - Abdominals
  - Hips & Groin
  - Pelvic floor

Pain
PFM dysfunction
Bladder
Sexual
Bowel
Physiotherapy Treatment

- Education
  - Awareness
Individualised Downtraining Program

• Pelvic Floor Relaxation Techniques

• Whole body relaxation

• Manual therapy

• Stretching Exercises

• Self Massage

• Vaginal Trainers (dilators)
  • Sexual dysfunction
  • Hypersensitivity
Case Study- “Maria”

- 19 year old female referred by gynaecologist with probable endometriosis

- Commenced oral contraceptive pill

- Pain in abdomen, pelvis and into thighs (9/10 at worst) for 18 months.
  - Intermittent

- History of dysmenorrhea

- Sexual Symptoms: Pain during sex for 6 months

- Bladder Symptoms: Increased urgency over past 6 months
Case Study - “Maria”

• Assessment:
  • Overactive abdominals - trigger points
  • High tone pelvic floor+
    • Unable to contract or relax
  • Trigger points in pelvic floor muscles
Case Study- “Maria”

- Treatment
  - Pelvic floor downtraining program - Awareness
    - Pelvic floor release techniques
    - Self massage - abdomen
    - Manual therapy to pelvic floor and abdominals
  - 3 sessions over 4 months
Case Study- “Maria”

- Treatment Outcomes
  - Reduction in pain (60-70% improved)
  - Upper abdominal & leg pain resolved
  - “Pelvic pain worse with certain movements”
  - Urinary urgency resolved
  - Sex- much improved- occasional pain
  - As pain had not completely resolved-
    - Laparoscopy
    - Superficial lesions of endometriosis- bipolar diathermy ablation
Case Study- “Jennifer”

- 47 year old female referred by gynaecologist

- Pain in left lower abdomen (8/10)- worse in last 6 months, “cyclical”- worse during ovulation & menstruation

- 8 laparoscopies, uterine embolisation for fibroids. Last laparoscopy did not have any effect on pain. Pain relief doesn't effect pain.

- History of dysmenorrhea & constipation

- Sexual Symptoms: Pain with orgasm

- No bladder symptoms
Case Study- “Jennifer”

• Assessment:
  • Increased myofascial tone left lower abdomen
  • Decreased Range of motion in left hip
  • Trigger points in left groin and lower abdominals
  • High tone pelvic floor
  • Trigger points in left pelvic floor muscles*

*Recreated Jennifer’s pain
Case Study- “Jennifer”

• Treatment
  • Pelvic floor downtraining program- Awareness
    • Pelvic floor release techniques
    • Stretching for left hip
    • Self massage: abdomen, groin
  • 4 sessions over 3 months
Case Study- “Jennifer”

• Treatment Outcomes
  • Reduction in pain (3/10 at worst)
  • No pain on orgasm
  • “Like a light bulb was switched on”
  • “Made sense of my symptoms”
References & Resources:

