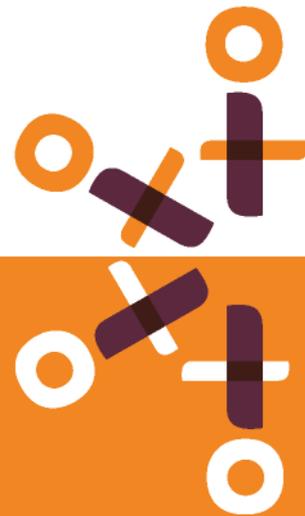


The role of physiotherapy in the management of endometriosis

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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

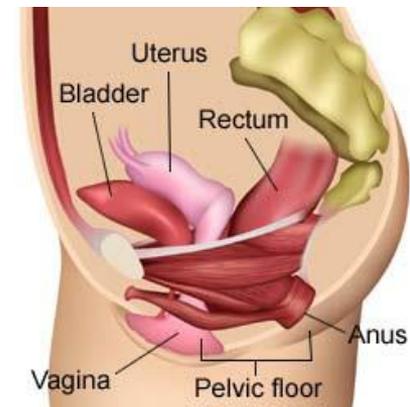
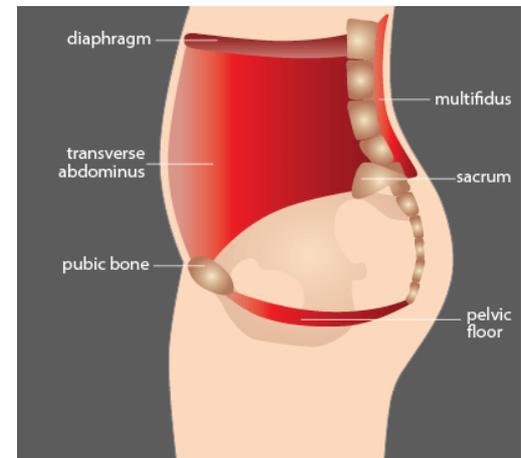
- Why physiotherapy?
- The overactive pelvic floor
- What does physiotherapy involve?
- Case Studies

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

The Pelvic Floor Muscles (PFMs)

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



Overactivity of the PFM's

- Loss of ability to effectively **CONTRACT AND RELAX**

Nomenclature:

- Spasm
- High/Increased Tone
- Vaginismus

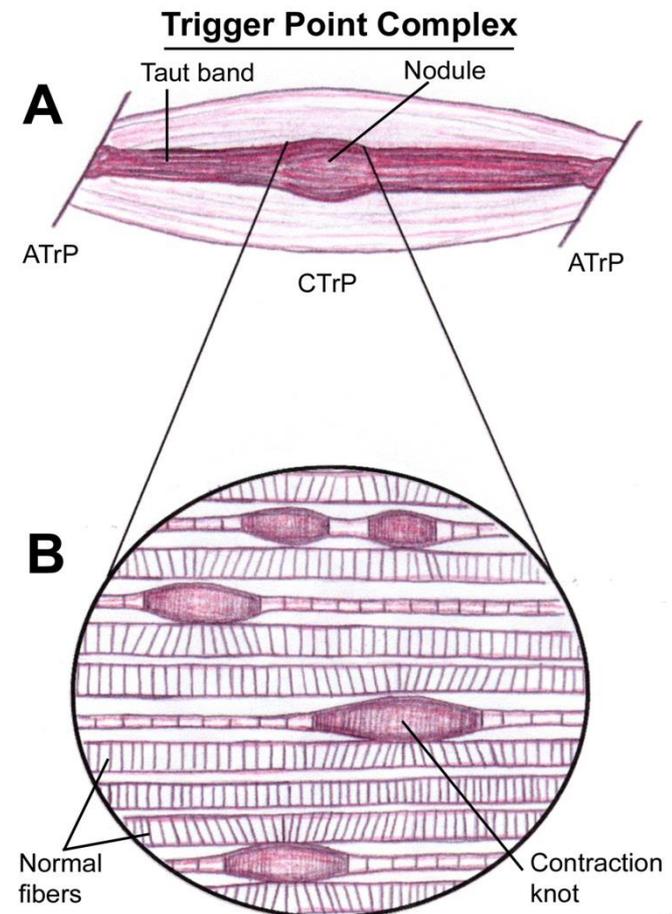


Conditions linked to PFM Overactivity

- **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

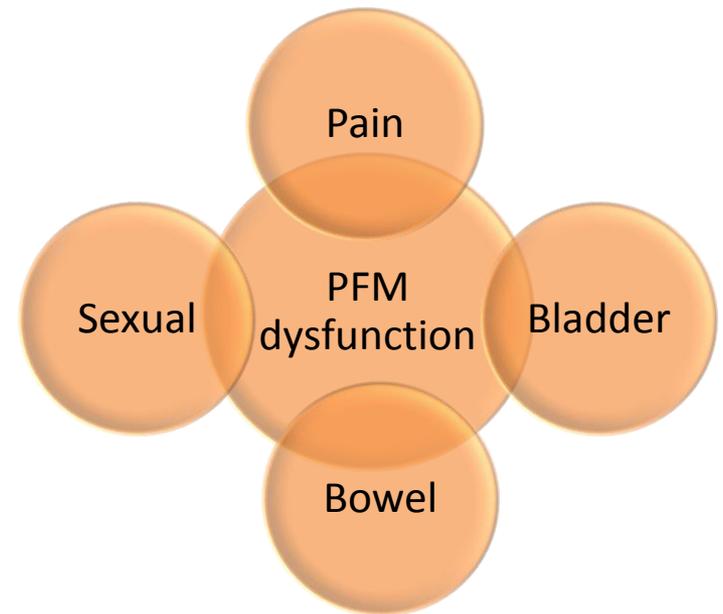
5. Difficulty tolerating speculum examination or inserting tampons

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

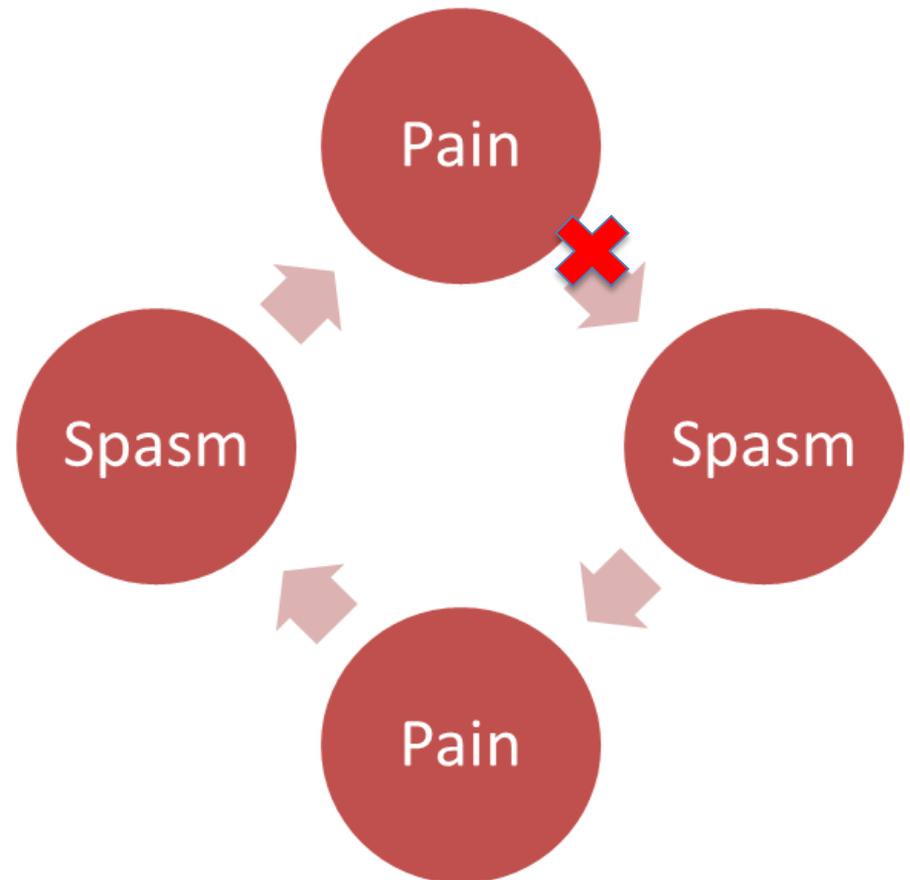
Physiotherapy Assessment

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



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:

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