



Treatment pre and post-surgery of patients with prolapsus.

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Prolapsus are disorders of pelvic statics and cause a variable functional symptomatology (urinary and/or rectal incontinence, sexual disorders) or a simple bearing-down. Treatment of pelvi-perineal pathologies is multiple and complex. A multi-disciplinary approach is necessary : various hormonal and non-hormonal treatments, surgery, reeducation. The latter is an absolute must and is essential in pre or post surgery. Reeducation consists of doing exercises in order to improve perineum and sphincter muscle tone. It can be associated with electro-stimulation and bio-feedback which allows for visualisation of the contraction efforts.

HUBER is a new physiotherapy/rehabilitation tool. It is equipped with unique, and patented, cutting-edge technology. The equipment comprises an oval motorized platform with rotary oscillating movements that works in different ranges and at different speeds and a system of handles equipped with sensors that measure the energy used. The platform throws the user off balance and requires he/she to make postural adjustments to regain balance. By its action on the muscle chains, HUBER is able to act on the perineal muscles and can therefore provide a way of working on the pelvic floor to increase its potential support function and in this way fight against prolapsus and correct stress incontinence.

A controlled study carried out is currently underway. It proposes to use the muscle chains that make easier the work of the pelvic floor – the serratus anterior, transverse and pelvitrochanterian. Its main objective consists of analyzing and quantifying, via different evaluation techniques (clinical evaluation, quality of life questionnaires and electromyographic recordings) the efficacy of the HUBER system (10 sessions) as part of the regular treatment of patients suffering from stress incontinence after the classic techniques for working on the pelvic floor muscles – all static rehabilitation techniques - have proved ineffective. Effectiveness is sought particularly in the frequency of the urine loss, the feeling of distress/heaviness, improvement in quality of life, perineal and abdominal "competence" as part of dynamic rehabilitation in the standing position in comparison with the classic rehabilitation technique (2 groups with 30 patients in each).