MAYO CLINIC

THE PELVIC FLOOR BELONGS TO EVERYONE

Pelvic floor dysfunction

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Transforming Women's Health 2023
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Westin Chicago River North
Chicago, IL

DISCLOSURES

Relevant Financial Relationships

- None

Off-Label and/or Investigational Uses

- Allergan; Botox®

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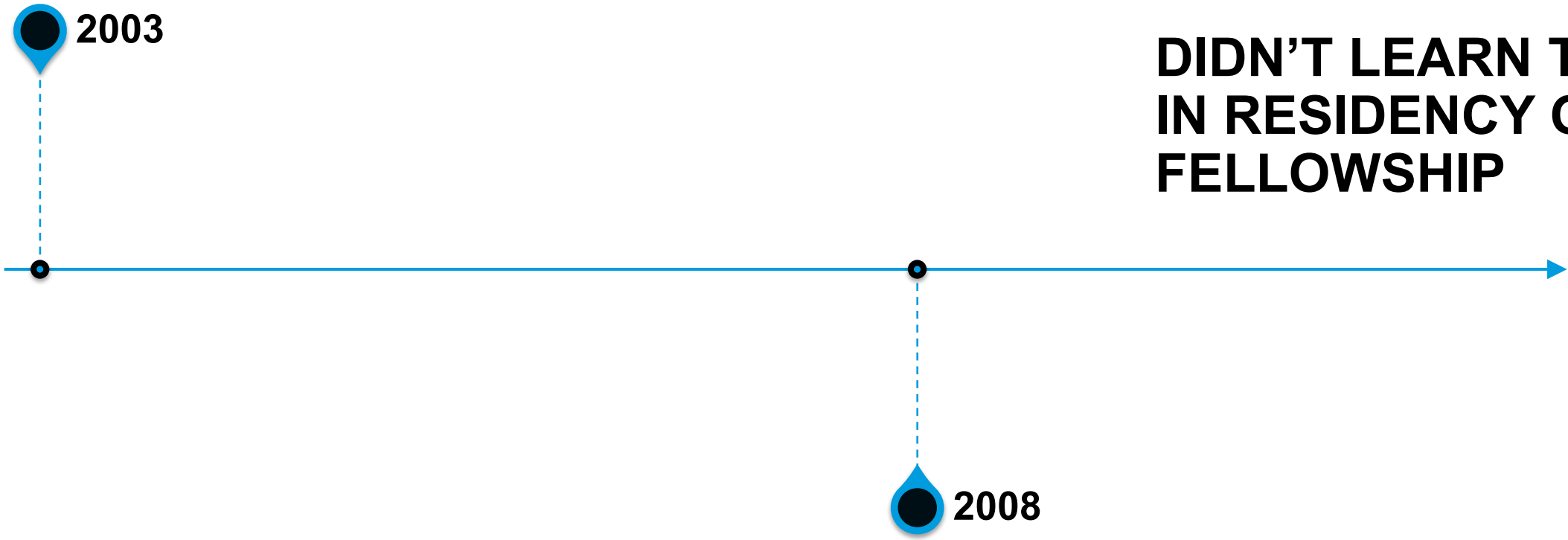

DIDN'T LEARN THIS IN RESIDENCY OR FELLOWSHIP

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LEARNING OBJECTIVES

1. **Recognize symptoms** of pelvic floor dysfunction in the evaluation of pelvic pain
2. **Describe how to perform a physical examination** for pelvic floor dysfunction
3. **Recommend first line treatments** for pelvic floor dysfunction

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DEFINE THE PELVIC FLOOR

PF VIDEO LINK

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PELVIC FLOOR DYSFUNCTION (PFD)

HYPOtonic

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PELVIC FLOOR DYSFUNCTION (PFD)

HYPERtonic

CAUSES

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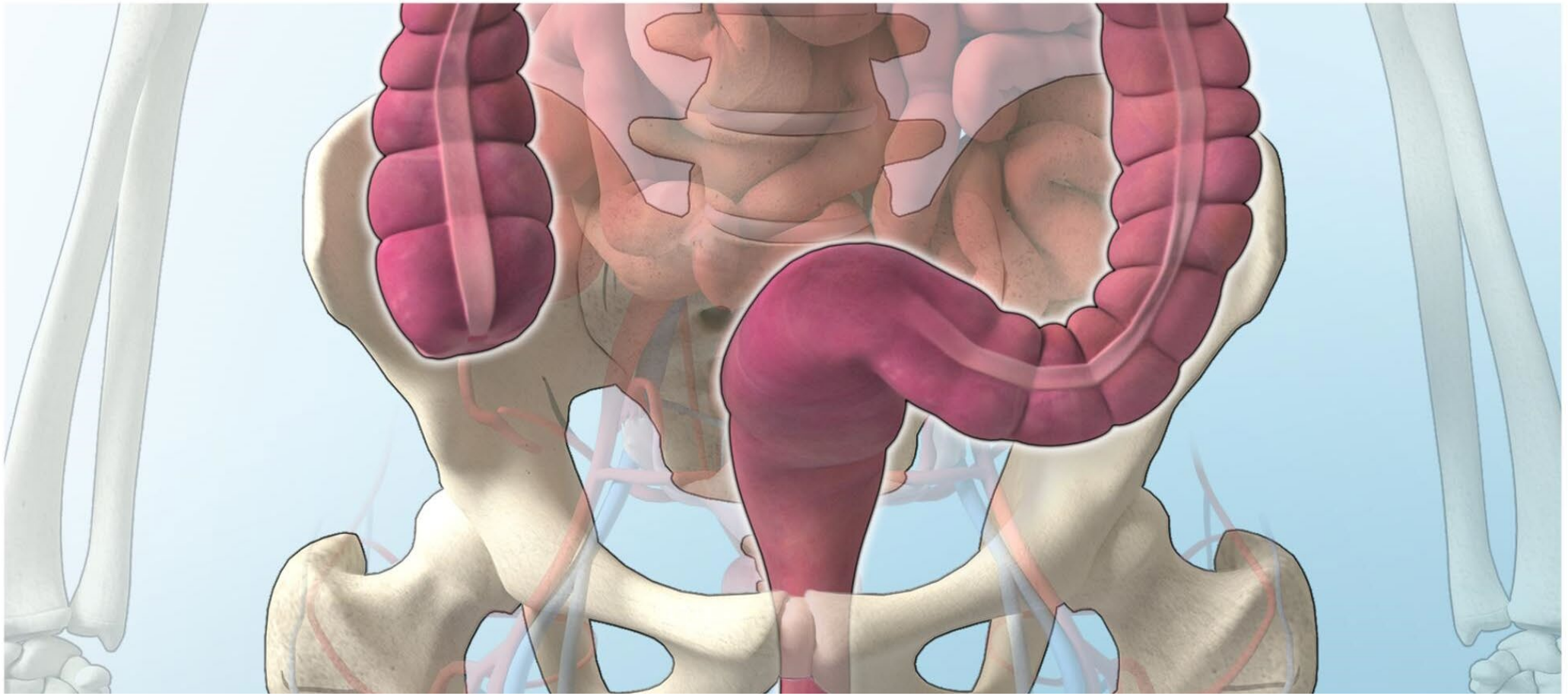
DYSFUNCTION VOIDING/DEFECATION



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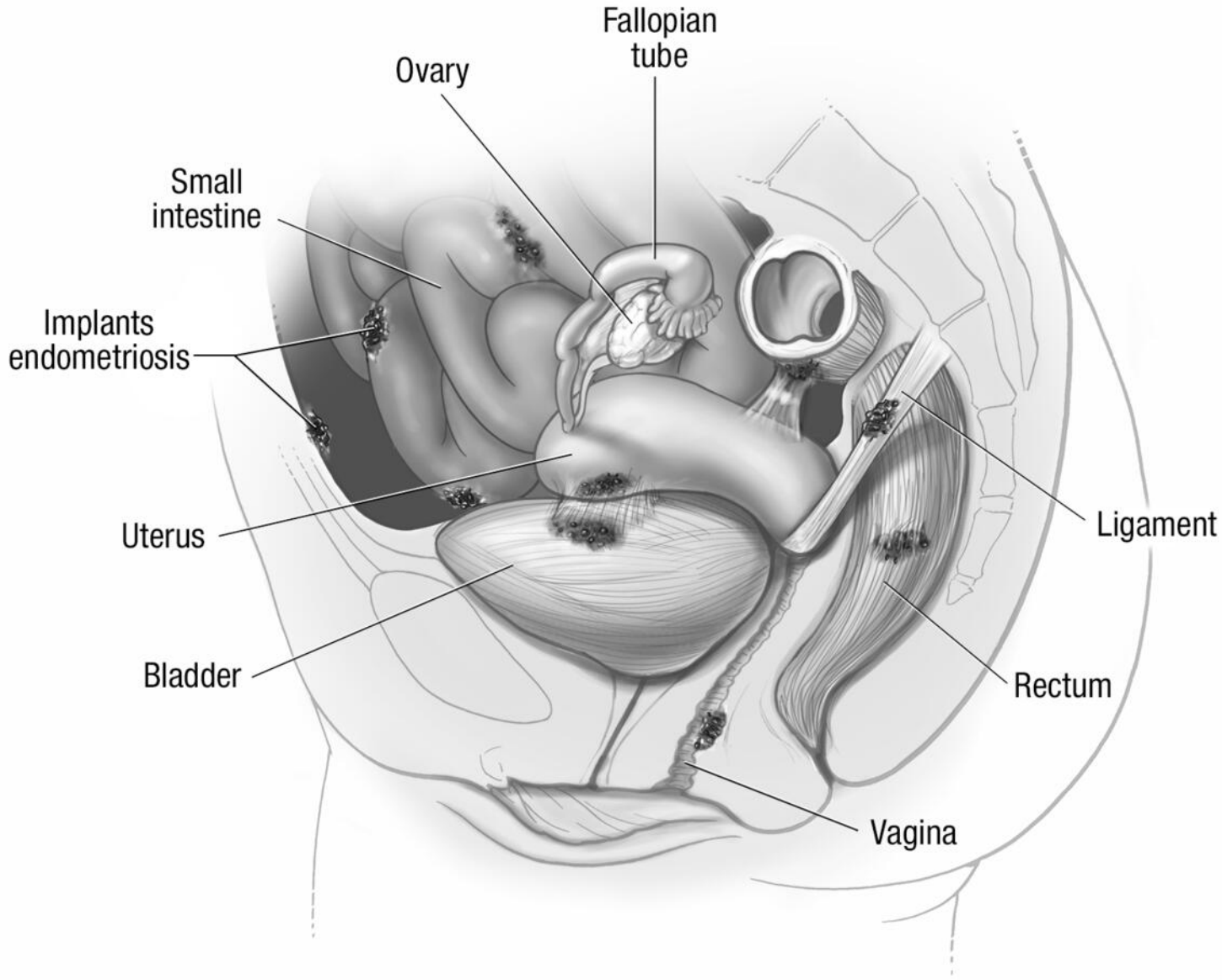
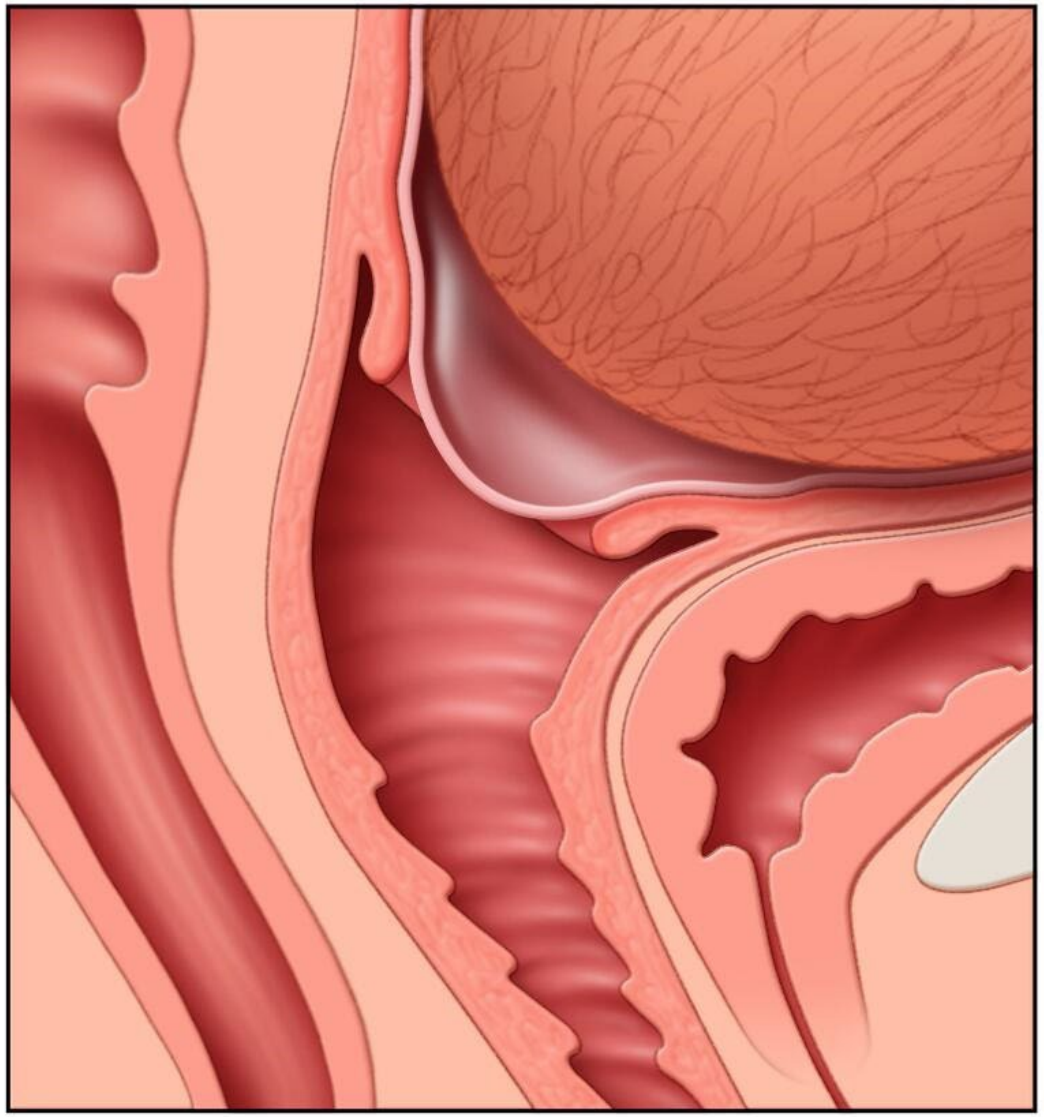
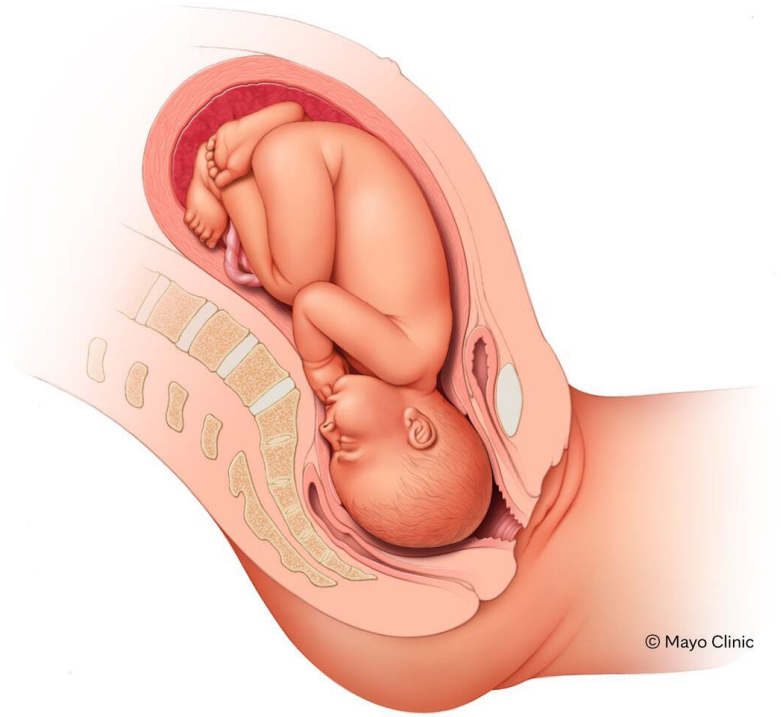
VISCERAL HYPERALGESIA



Endometriosis

INJURY





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KINETICS

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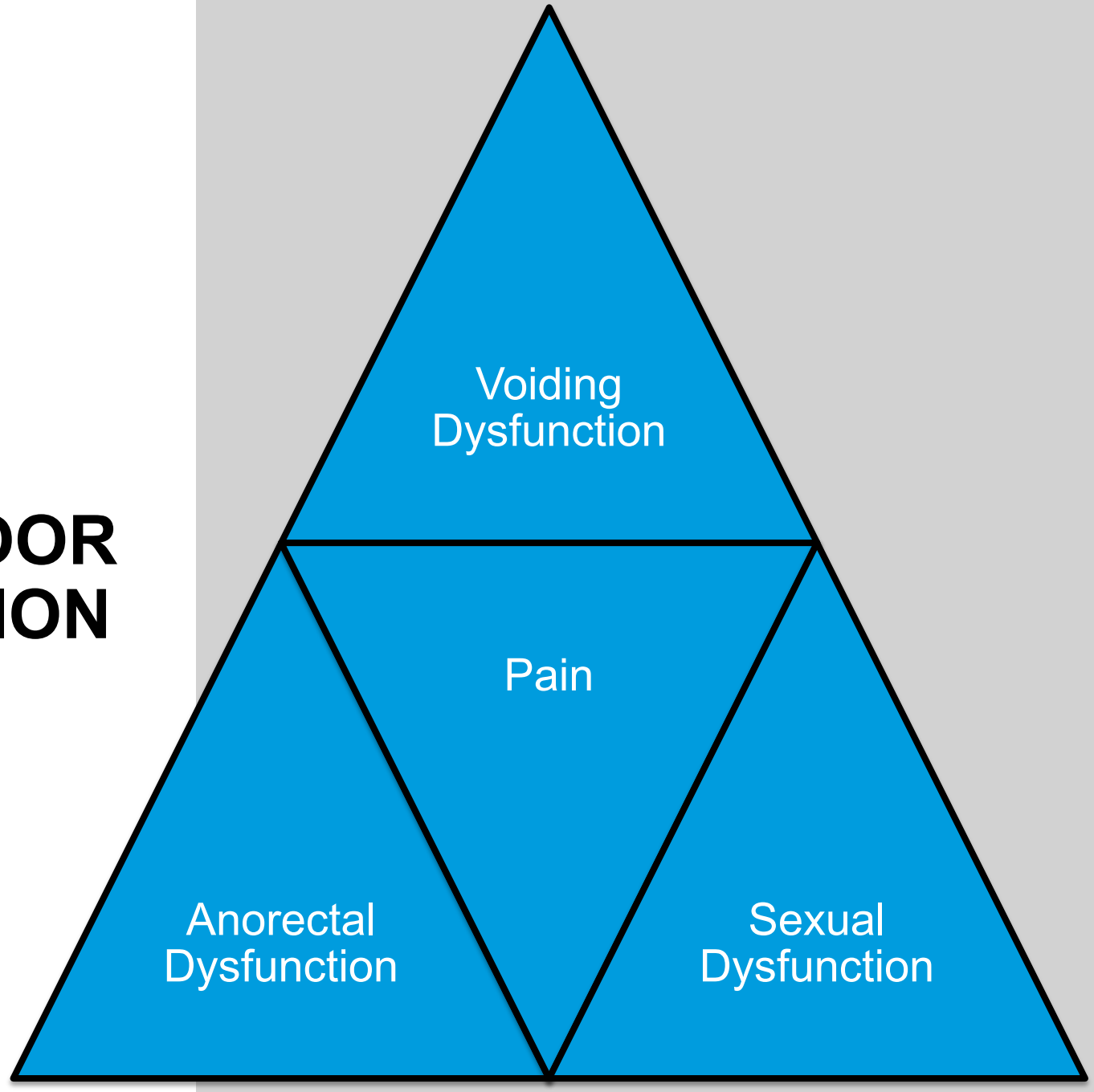
HIGH TONE PELVIC FLOOR DYSFUNCTION



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Who should evaluate a patient for PFD?

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EXAM

PHYSICAL EXAM VIDEO LINK

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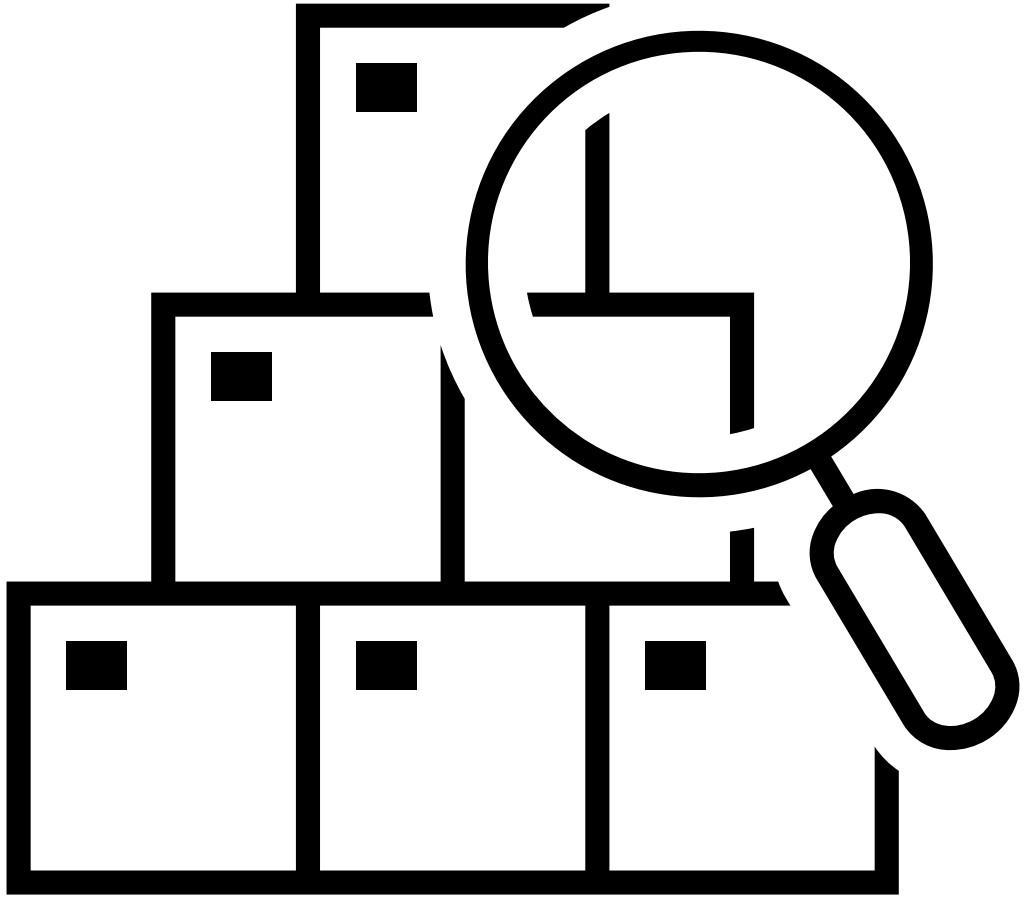
SEARCH & RULE OUT



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TREATMENT

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60-80%

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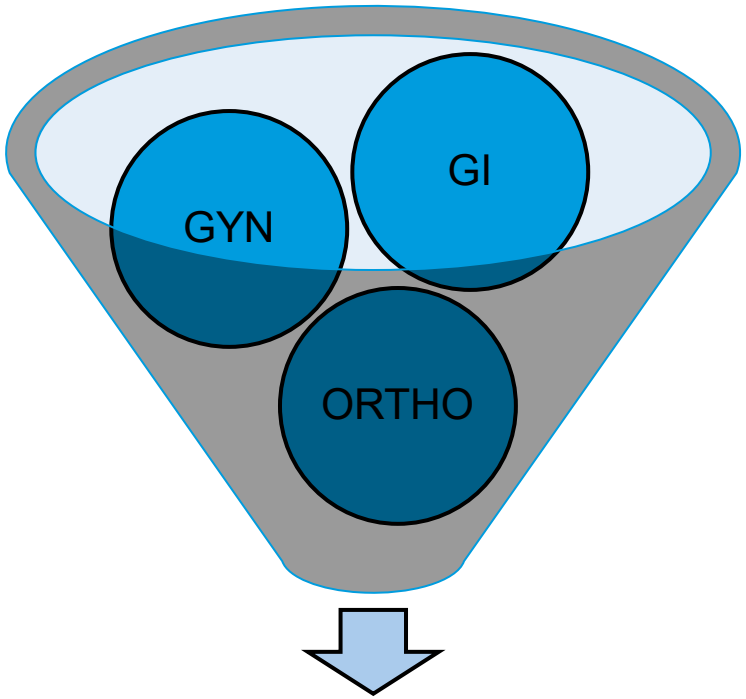
MULTIDISCIPLINARY



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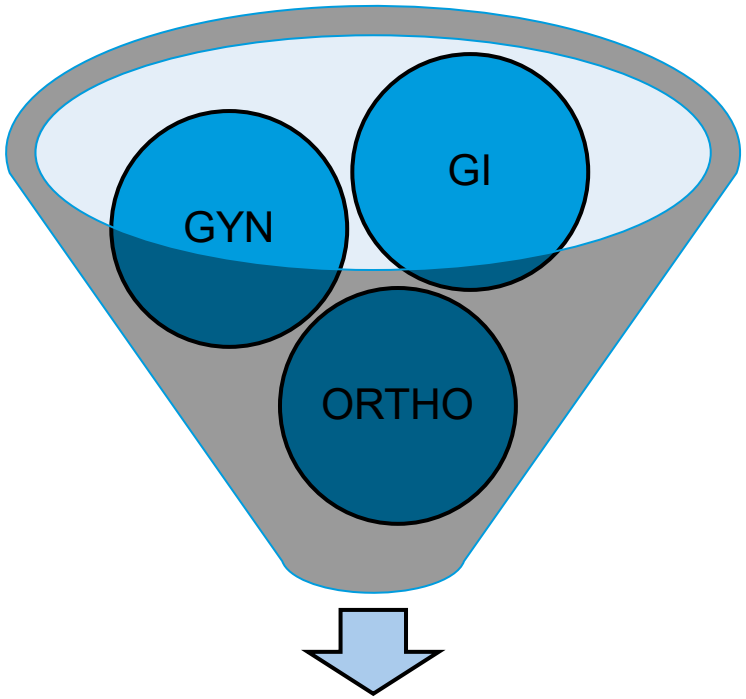
2ND LINE TREATMENTS



- Biofeedback
- Sex Therapy- Pelvic Rest
- Neuropathic Modulators
- Trigger Point Injection
- Neuromodulation

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EXAMPLE

EXAMPLE:

A 24-year-old athlete is seen for new lower pelvic discomfort she describes as cramping. This started about 9 months ago, and she was started on the pill as this was presumed to be menstrual. Pelvic ultrasound showed a 2 cm follicular cyst on the right ovary.

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A 24-year-old athlete is seen for new lower pelvic discomfort she describes as cramping. This started about 9 months ago, and she was started on the pill as this was presumed to be menstrual. Pelvic ultrasound showed a 2 cm follicular cyst on the right ovary.

Over the next few months, she has noticed increased urinary frequency and urgency. In the past month, she now has pain during and after sex. She also has been feeling shooting pains in her vagina. She has not noted improvement with continuous oral contraceptive use.UA and STI screening have been negative repeatedly.

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EXAMPLE:

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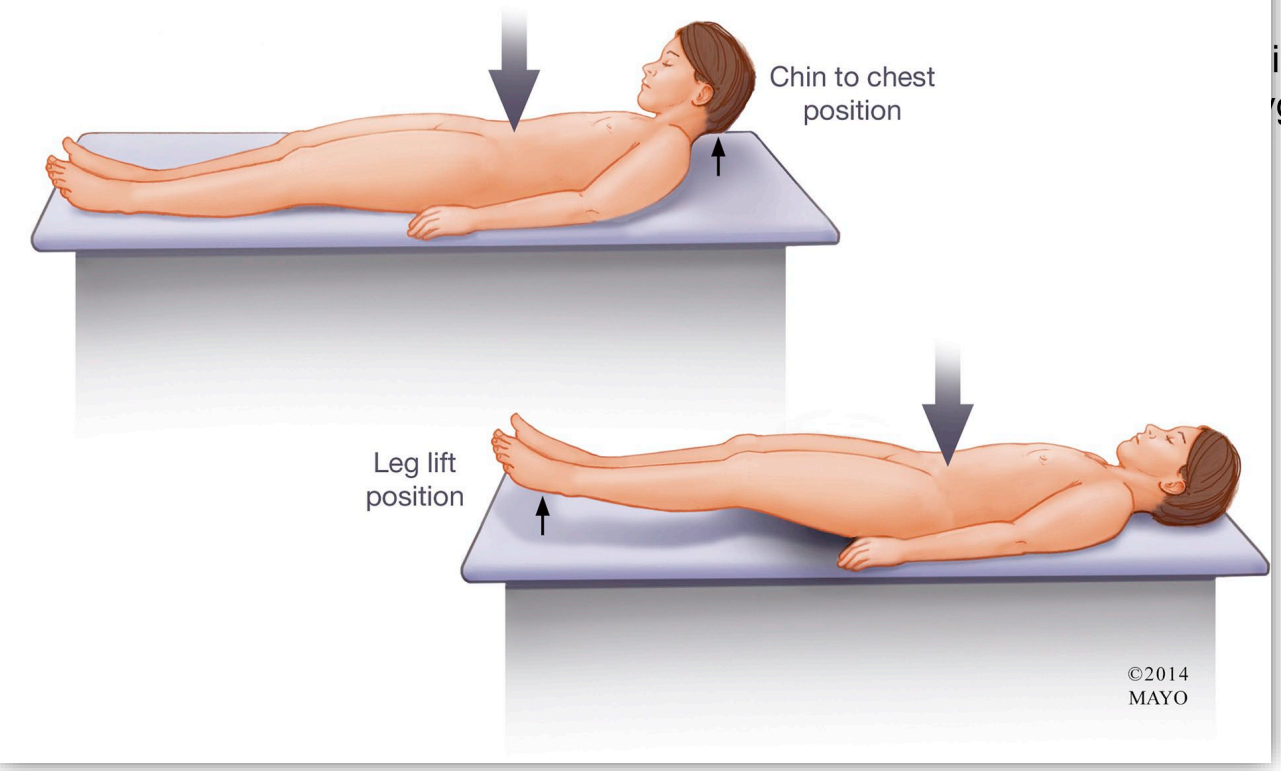
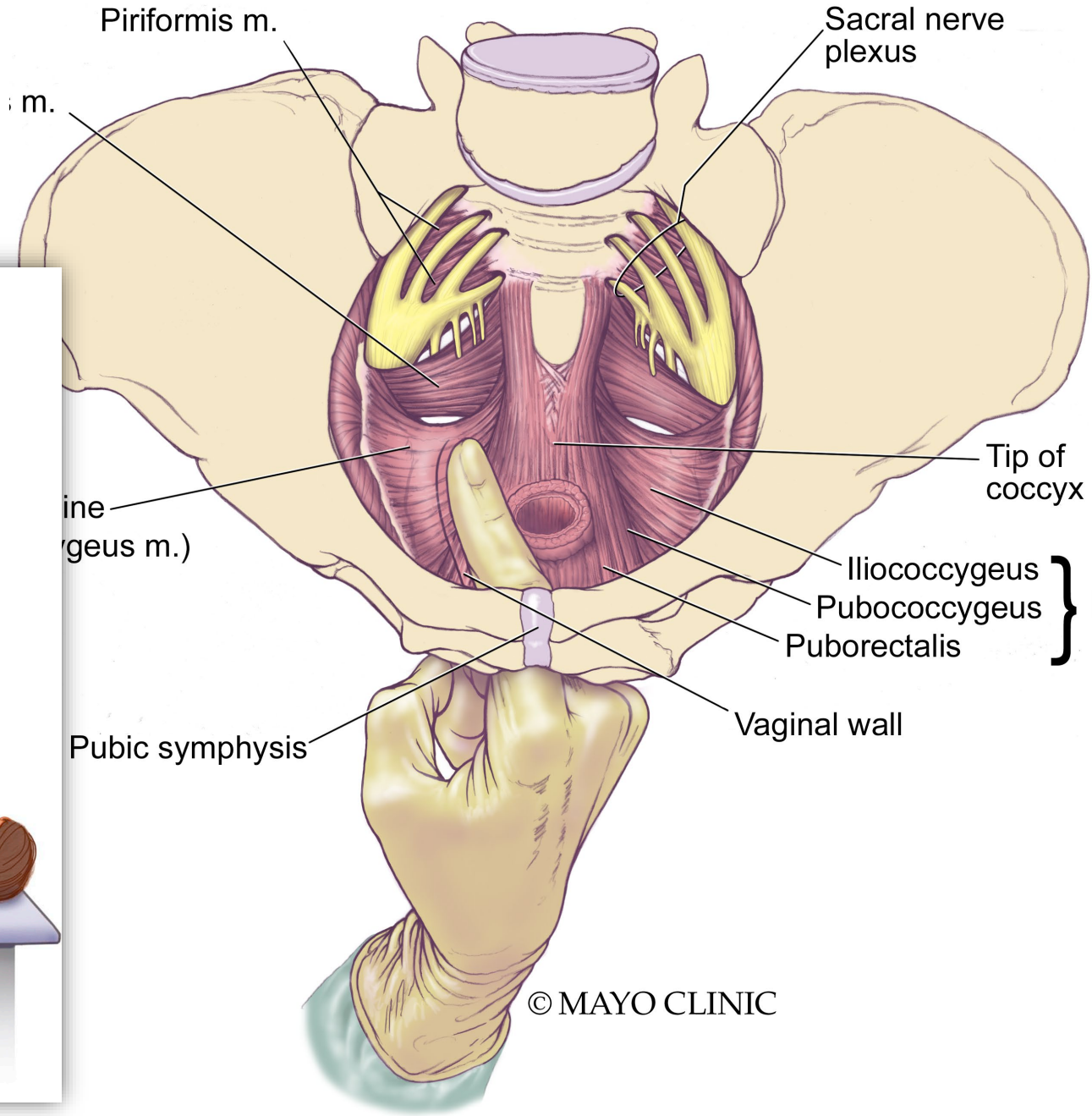
EXAM

Carnett's Sign

1. Palpate site during flexed abdomen
2. If increased pain, source is likely <u>abdominal wall</u>
3. If no increased pain, source is likely <u>visceral</u>





ARS QUESTION

You suspect high tone PFD. In addition to patient education, what will you order next?

A 24-year-old athlete was previously healthy. She is seen for new lower pelvic discomfort she describes as cramping. This started about 9 months ago, and she was started on the pill as this was presumed to be menstrual. Pelvic ultrasound showed a 2 cm follicular cyst on the right ovary.

Over the next few months, she has noticed increased urinary frequency and urgency. In the past month, she now has pain during and after sex. She also has been feeling shooting pains in her vagina. She has not noted improvement with continuous oral contraceptive use. UA and STI screening have been negative repeatedly.

A. CT Abdomen/Pelvis
B. Gyn consult for ovarian cyst
C. Pelvic Physical Therapy
D. Diagnostic X-Ray Lumbar Spine

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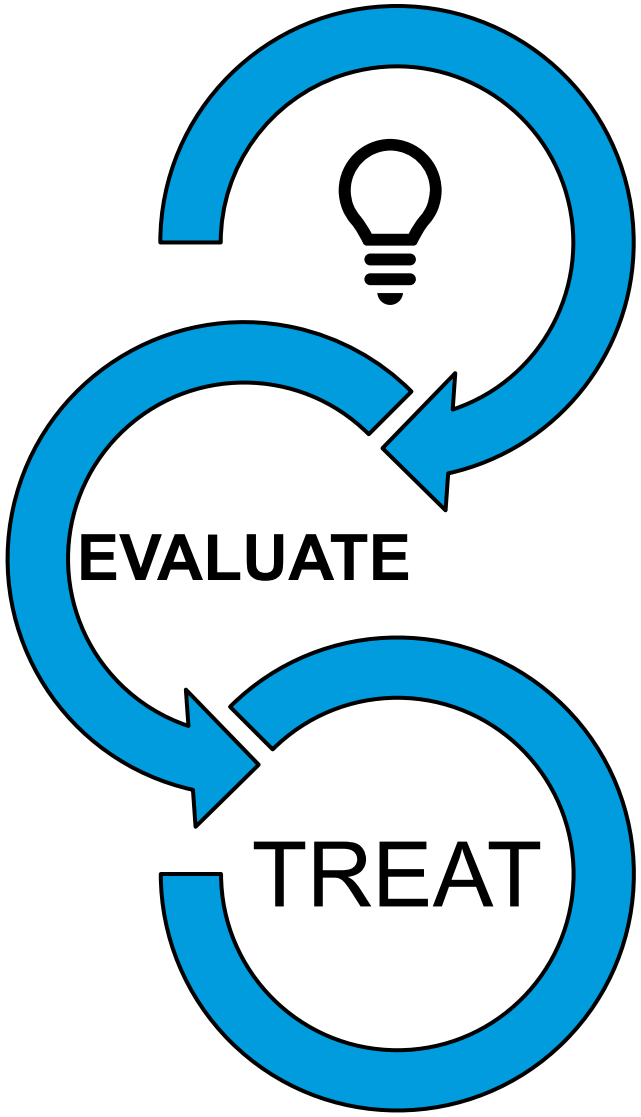

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QUESTIONS & ANSWERS

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Further Reading & Resources

Faubion SS, Shuster LT, Bharucha AE. Recognition and management of nonrelaxing pelvic floor dysfunction. Mayo Clin Proc. 2012 Feb;87(2):187-93. PMID: 22305030

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Mayo Patient Education Material

MAYO CLINIC

PATIENT EDUCATION

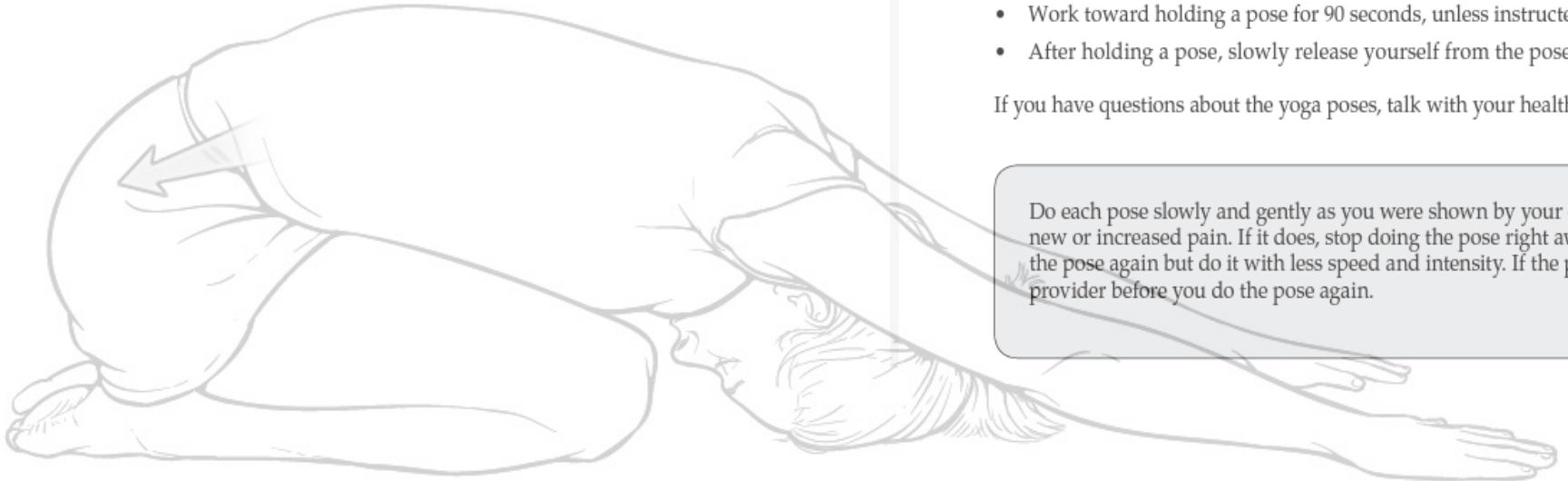
Yoga for Pelvic Pain

Your health care provider recommends that you do certain yoga poses one or two times a day to help with pelvic pain. The yoga poses are gentle stretches that help promote muscle relaxation and decrease pain.

- Move your body slowly and gently to get into each yoga pose.
- As you do each pose, think about the intention or reason you are doing the pose.
- Focus on relaxing your pelvic floor muscles as you keep your breathing relaxed and even.
- Work toward holding a pose for 90 seconds, unless instructed otherwise.
- After holding a pose, slowly release yourself from the pose to return to the starting position.

If you have questions about the yoga poses, talk with your health care provider.

Do each pose slowly and gently as you were shown by your care provider. A pose should not cause new or increased pain. If it does, stop doing the pose right away and relax. If the pain goes away, do the pose again but do it with less speed and intensity. If the pain does not go away, contact your care provider before you do the pose again.



Kneeling lumbar stretch (Child's pose)

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Supplemental Clinical Case Example

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EXAMPLE:

A 79-year-old is referred for consideration of left oophorectomy.

She has been experiencing lower pelvic pain, left sided for the past 3 months.

She feels like it started after a left kidney stone.

WHAT would you order/rule out at this point?

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EXAMPLE:

A 79-year-old is referred for consideration of left oophorectomy.

She has been experiencing lower pelvic pain, left sided for the past 3 months.

She feels like it started after a left kidney stone.

Work-up has shown no recurrence of stones, and no urinary tract infection. Pelvic ultrasound show normal appearing atrophic ovaries. CT fails to demonstrate diverticular or other intrapelvic abnormalities.

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EXAMPLE

On further history:

The pain extends from her right flank down to her pelvis.

It seems worse when she is lying in bed and she has to lay on one side or her back.

She is also having some shooting pains in the vagina; they happen a few times per day.

The pain is limiting her ability to walk and garden.

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EXAMPLE:

On exam she has a notable zone of tenderness in the left lower quadrant. Carnett sign is positive.

On pelvic exam there is atrophic changes of the external genitalia and introitus.

On single digit evaluation of the pelvic floor, the left levator ani muscle is tender, the left obturator internus is tender, and reproduces her “vaginal pain.”

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EXAMPLE:

Diagnosis: Myofascial Pain of the abdominal wall and pelvic floor (PFD).

She has had other acute and emergent causes of pain evaluated prior to settling with this diagnosis.

Oophorectomy is not indicated.

Abdominal wall and pelvic floor physical therapy, abdominal wall trigger point injection are prescribed.

