

Interpretation of results: There is no evidence to indicate the optimal method of follow-up after OASIS. A vaginal examination with a digital palpation could be useful before starting a PFM training program. Patients with an underactive or non-functioning PFM would need a different program.

Conclusions: More than a half of patients with history of OASIS showed an underactive or non-functioning PFM at 6 months postpartum. Patients who delivered with forceps presented a lower MOS score.

Reference

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Variation of elasticity in the pelvic floor muscles for incontinent and prolapsed women

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Introduction and aim of the study: The biomechanical assessment of the pelvic floor tissues is important to understand the pelvic disorders - urinary incontinence and pelvic organ prolapse - and also to improve clinical outcomes, as well as the decreased elasticity of the tissues often causes inability to maintain the normal positions of the pelvic organs [1,2]. These disorders may result from inadequate biomechanical properties of the supportive structures such as muscles, ligaments or pelvic fascia associated with hormonal changes, vaginal delivery, aging, among others [3].

The aim of the present work is to present distinct values of the elasticity of the pelvic floor from women with pathological disorders and also from asymptomatic women.

Materials and methods: To determine biomechanical properties of the PFM with incontinence and prolapse, and without pathologies was used a non-invasive methodology through of computational models coupled with information acquired by Magnetic Resonance Imaging (MRI).

Results: The estimation of the in vivo biomechanical properties evidenced a significant difference between the different groups of women. When comparing the incontinent women with prolapsed women, the difference in the properties was approximately 54%.

Interpretation of results: The results show that the PFM of incontinent women have an elasticity 38% lower than women without pathology and there were no morphological differences between the two groups, while for the women with prolapse was 43% higher.

Conclusions: The computational models can represent mechanical phenomena such as the Valsalva maneuver and

they seem to be a promising possibility to determine the in vivo biomechanical properties of the PFM, leading to a relationship between for the incontinent women and women with prolapse, which may contribute to the clinic.

Reference

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3D/4D ultrasound findings compared to pelvic floor symptoms in women diagnosed with obstetric anal sphincter tear

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Introduction and aim of the study: The prevalence of obstetric anal sphincter tear in the Netherlands is approximately two percent [1]. 3D/4D transperineal ultrasound is a non-invasive imaging method which can be considered as a valuable investigation method for the detection of anal sphincter defects [2].

This study was designed to evaluate pelvic floor symptoms with the findings after primary sphincter repair on 3D/4D ultrasound.

Materials and methods: Two hundred and twelve women who were diagnosed with anal sphincter tear visiting a tertiary pelvic floor clinic between 2006 and 2016 were asked to fill in a standardized questionnaire. Pelvic Floor Distress Inventory (PFDI) scores and St. Mark's incontinence scores were noted. All patients underwent a standardized 3D/4D pelvic floor ultrasound at least three months postpartum (Table 1).

Table 1

Degree of sphincter tear based on ultrasound	Number of patients	Mean PFDI score	Mean St. Mark's score
3A	17	44.59 (0–159.79)	4.88 (0–13)
3B	27	38.44 (0–192.92)	4.22 (0–17)
3C	15	29.93 (0–95.42)	3.13 (0–7)
No defect on ultrasound	14	62.80 (0–111.46)	4.39 (0–11)

Results: Seventy-three women filled in the questionnaire.

Interpretation of results: Severity of the PFDI score and/or St. Mark's score was not associated with the severity of the anal sphincter injury.

Conclusions: Persistent complaints occur in 54.17% of the patients (St. Marks score > 4 and/or PFDI score >45)

Reference

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