

The MASIC Foundation

MOTHERS WITH ANAL SPHINCTER
INJURIES IN CHILDBIRTH

*Supporting mothers, making the public aware,
educating the profession*

USE OF BIOFEEDBACK IN WOMEN WITH OBSTETRIC ANAL SPHINCTER INJURIES

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DISCLOSURES

- Clinical Director Femeda Ltd
- Consultant to deSmit Medical Systems Ltd
- Speaker honorarium Astellas Pharma UK Ltd
- Speaker honorarium Oakmed Ltd
- Speaker honorarium Shire UK Ltd
- Consultant to Lucid Innovations

AIMS OF THIS PRESENTATION:

The aims of this presentation are to:

- ❖ Define what is meant by the term Biofeedback
- ❖ Review the various types of Biofeedback and equipment available
- ❖ Examine the role of Biofeedback in the treatment of women with Obstetric Anal Sphincter injury

DEFINITION OF BIOFEEDBACK

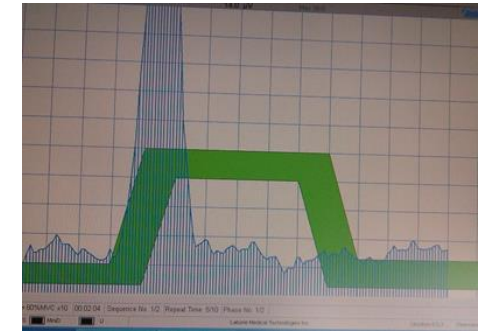
Biofeedback therapy is a technique in which physiological activity (neuromuscular and autonomic) is monitored, amplified and conveyed to the patient via visual or acoustic signals

(Newman and Wein 2009)



TYPES OF BIOFEEDBACK

▶ Manometric – air filled balloon



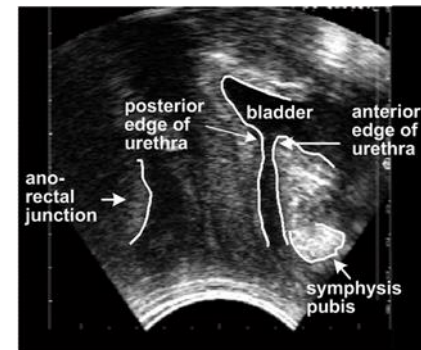
▶ EMG - Electromyography

Home use devices / computerised clinic devices

▶ Cones – weighted vaginal cones



▶ Real-time Ultrasound



BIOFEEDBACK FOR WOMEN POST OASI

Assessment:

Bowel dysfunction +/- bladder dysfunction v's
pelvic floor muscle dysfunction

Problems:

- Bowel urgency
- Incomplete emptying
- Incontinence of stool
- Incontinence of flatus
- Loss of awareness of rectal filling
- Urinary stress, urgency or mixed incontinence

BIOFEEDBACK FOR WOMEN POST OASI

Treatment:

Strength training

- Improve external anal sphincter (EAS) squeeze pressure
- Improve endurance EAS (50% of maximum squeeze)
- Improve co-ordination of EAS

Sensory training

- Uptrain / downtrain rectal sensation threshold

Urge resistance training

BIOFEEDBACK PRACTICAL

