

Does Pelvic Surgery Impact the Efficacy of Pelvic Floor Physical Therapy for Pelvic Pain?

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Introduction

- Pelvic floor physical therapy (PFPT) is effective for myofascial pelvic pain.
- Pelvic reconstructive surgery can result in pelvic pain.
- The Pelvic Floor Distress Inventory (PFDI) and the Pelvic Floor Impact Questionnaire (PFIQ) have been shown to be psychometrically valid, reliable and responsive to change in women undergoing surgical and nonsurgical treatment for pelvic organ prolapse.¹⁻³
- We evaluated whether a history of prior pelvic surgery affected patient outcomes.

Methods

- Retrospective chart review of patients referred for PFPT due to pelvic pain between March 2015 and February 2016.
- Patients with a history of pelvic surgery (SGY) were compared to those who did not (No SGY).
- Data collected:
 - History and baseline demographics
 - Numerical Rating Scale (NRS) (0-10) for pain (both average (AVG) and worst day scores)
 - Pelvic Floor Distress Inventory Questionnaire (PFDI) at first and last encounter
 - Pelvic Floor Impact Questionnaire (PFIQ) at first and last encounter

Results

- Of 91 patients total, 50 were in the SGY group and 41 were in the No SGY group
- Most common surgery was hysterectomy (36/50)
- 9/50 patients had surgery using mesh
- SGY group was significantly older (mean 53 vs 41, p = 0.0002) and had undergone more deliveries (median 2 vs 0, p = 0.004).

- Median NRS pain score for AVG and Worst at first encounter were significantly higher for SGY than No SGY; this was not found at last encounter.
- Both groups had significant intragroup AVG and Worst NRS pain score improvements from first to last encounters.
- PFDI was significantly higher for SGY at first and last encounters; within group analysis showed only No SGY significantly improved (SGY: n = 23, -19, p = 0.24; No SGY: n = 22, -31, p < 0.0001).
- Baseline PFIQ scores were not different for SGY vs No SGY, however, within group improvement was significant for both groups (SGY: n = 24, -28, p = 0.004; No SGY: n = 17, -28, p = 0.004).

Table 1. Median average (AVG) and worst day numerical rating scale (NRS) pain scores for surgery (SGY) and no surgery (No SGY) groups at first and last encounters (ENC).

	Surgery (n)	No Surgery (n)	p-value
First ENC AVG Pain Score	6 (44)	5 (35)	0.019
Last ENC AVG Pain Score	4 (19)	2 (11)	0.17
Intragroup p-value	0.035	0.012	
First ENC Worst Pain	9 (42)	8 (33)	0.016
Last ENC Worst Pain	7 (18)	4 (11)	0.14
Intragroup p-value	0.012	0.002	

Table 2. Median PFDI scores for surgery and no surgery groups at first and last encounters. p25 and p75 represent first and third quartile cutoffs, respectively.

	Surgery (p25, p75; n)	No Surgery (p25, p75; n)	p-value
First Encounter PFDI	127 (79, 164; 23)	86 (51, 103; 41)	0.007
Last Encounter PFDI	94 (50, 149; 23)	43 (17, 64; 22)	0.003
Intragroup p-value	0.24	<0.0001	

Table 3. Median PFIQ scores for surgery and no surgery groups at first and last encounters. p25 and p75 represent first and third quartile cutoffs, respectively.

	Surgery (p25, p75; n)	No Surgery (p25, p75; n)	p-value
First Encounter PFIQ	122 (82, 158; 24)	81 (33, 152; 17)	0.34
Last Encounter PFIQ	81 (22, 162; 24)	43 (19, 90; 17)	0.22
Intragroup p-value	0.004	0.004	

Conclusion

For patients who underwent PFPT for pelvic pain, significant improvement in NRS and PFIQ scores were seen regardless of whether or not they had a history of pelvic organ surgery. PFDI scores were significantly improved after PFPT for the No Surgery group only.

References

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DISCLOSURES: None