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22° Congresso SIUD Fisioterapisti Infermieri Ostetriche

Raccolta Fisioterapisti, Infermieri e Ostetriche

1F - L'IMPORTANZA DELLE YELLOW FLAGS NELLA CRONICIZZAZIONE DEL DOLORE NELLA DISMENORREA: STUDIO OSSERVAZIONALE TRASVERSALE ANALITICO

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

La dismenorrea è un disturbo frequente con impatto significativo sul benessere delle donne, spesso sottodiagnosticata e normalizzata. Questo studio mira a esplorare i fattori bio-psico-sociali che influenzano la cronicizzazione del dolore in donne con dismenorrea primaria e secondaria. L'obiettivo è individuare strategie per una gestione ottimale, che includano interventi sulle "yellow flags", fattori contribuenti al mantenimento del dolore nel tempo.

MATERIALS AND METHODS / MATERIALI E METODI

È stato condotto uno studio osservazionale trasversale analitico su 903 donne indagate tramite questionario Google Form, raccolto in cinque settimane. Il campione finale di 864 donne è stato diviso tra dismenorrea primaria e secondaria. Il questionario ha esplorato dati socio-demografici, ginecologici e utilizzato scale di valutazione per dolore, catastrofizzazione (PCS), e autoefficacia (PSEQ). L'analisi statistica ha incluso test di normalità, F-test per la varianza e test di Wilcoxon Mann-Whitney. Per gli indici delle scale PCS e PSEQ sono state eseguite una stepwise regression ed una regressione multivariata.

RESULTS / RISULTATI

		Totale n=864 Media ± SD	PD n=471 Media ± SD	SD n=393 Media ± SD
	TOTALE (x/52)	19,71 ± 13,46	16,87 ± 12,34	23,12 ± 13,97
PCS	HELPLESSNESS (x/24)	8,17 ± 6,54	6,74 ± 5,98	9,89 ± 6,77
	SOTTOSCALE RUMINATION (x/20)	9,52 ± 5,94	8,51 ± 5,62	10,72 ± 6,09
	MAGNIFICATION (x/8)	2,02 ± 2,18	1,16 ± 1,95	2,5 ± 2,34
PSEQ	TOTALE (x/60)	30,75 ± 14,66	32,93 ± 14,48	28,13 ± 14,47

Tabella 1: "Confronto tra donne con Dismenorrea Primaria (PD) e Dismenorrea Secondaria (SD) per gli indici PCS e sottoscale e PSEQ"

Le donne con dismenorrea secondaria mostrano un indice PCS più alto $F(392, 478) = 1.28$, $p = 0.01$ e PSEQ più basso $F(392, 478) = 0,999$, $p = 0,996$ rispetto a quelle con dismenorrea primaria. (Tab.1) La catastrofizzazione e la self-efficacy sono influenzate da intensità del dolore, tipo di dismenorrea, uso di farmaci, strategie di coping, assenteismo, psicoterapia, e fumo.

INTERPRETATION OF RESULTS / DISCUSSIONE

Un indice PCS più alto nelle donne con dismenorrea secondaria potrebbe indicare endometriosi. L'intensità del dolore influisce su entrambe le scale, confermando la correlazione tra catastrofizzazione maggiore e minore autoefficacia. L'assenteismo per dolore riduce la PSEQ, mentre il lavoro è significativo per la PCS. L'attività fisica riduce la catastrofizzazione. L'uso regolare

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di farmaci aumenta la catastrofizzazione e riduce la PSEQ. Il fumo è associato a una minore autoefficacia. La psicoterapia è correlata a un indice PCS più alto e minore PSEQ.

CONCLUSIONS / CONCLUSIONI

Le donne con dismenorrea secondaria presentano maggior catastrofizzazione e minore autoefficacia. Una gestione completa del dolore mestruale dovrebbe considerare sintomi associati e fattori psicosociali. La fisioterapia è consigliata come intervento primario. Affrontare il legame tra catastrofizzazione e dolore può ridurre il rischio di dolore cronico. Limiti: la PCS potrebbe non essere completamente efficace nel rilevare i processi di pensiero catastrofico; sarebbe vantaggioso sviluppare uno strumento più preciso per misurare la catastrofizzazione nella dismenorrea e le distorsioni cognitive.

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2F - The Role of Telenursing in Neurogenic Bowel Dysfunction Management: Preliminary Results

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INTRODUCTION AND AIM OF THE STUDY

In recent years, the role of telemedicine and medical innovation has become crucial, particularly highlighted by the rapid advancements and widespread adoption necessitated by the COVID-19 pandemic. This acceleration led to significant breakthroughs and expanded applications in medicine. Telenursing, a key component of this digital transformation, is extensively explored in the literature, with a focus on managing chronic diseases and offering promising interventions in neurological dysfunctions, especially for patients with spinal cord injuries. This study aims to evaluate the feasibility and efficacy of telenursing in the specific context of neurogenic bowel dysfunction (NBD) management, while also assessing patient satisfaction derived from these telehealth interventions.

MATERIALS AND METHODS

We enrolled patients diagnosed with NBD. Our telenursing intervention (30 minutes session) was aimed at the following objectives: providing education on proper dietary habits, advising on bowel care routines, managing medications, and monitoring symptoms. For patients undergoing transanal irrigation (TAI), the goals included: providing instruction on the proper technique and addressing any concerns or questions about confidently and safely performing TAI at home. To monitor bowel function, the Mentor Tool and SF Qualiveen scales were administered.

RESULTS

Sixty-six patients were recruited (70% male; 51 with spinal cord injury, 15 with multiple sclerosis). Of these, 41% used transanal irrigation and 59% used laxatives. According to the Mentor Tool scale, 45% had good management (green), 33% had suboptimal management (yellow), and 22% had poor management (red). On the SF Qualiveen scale: 53% experienced moderate, 29% mild, and 18% severe impact on life quality. 80% of participants favored continuing telenursing, which all nurses found effective for NBD follow-up.

INTERPRETATION OF RESULTS

The telenursing service identifies 55% of patients needing better bowel management, offering advice or early medical check-ups as needed. It enables prompt responses to patient queries and effective counseling, reducing unnecessary medical visits. Although long-term outcomes are pending, as the pilot began three months ago, initial results are promising for both patients and healthcare professionals.

CONCLUSIONS

Telenursing could aid in enhancing self-care, ensuring continuity of care, and improving treatment adherence. This, in turn, leads to improved patient quality of life and reduced healthcare utilization, effectively assisting in managing chronic diseases. Telenursing is a significant tool for patient health and wellness, and the authors hope that this model, supported by multidisciplinary teams, can be successfully adopted by other centers.

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3F - Promuovere l'inclusività nella Fisioterapia: Survey nazionale sulla formazione universitaria e l'assistenza sanitaria della comunità LGBTQIA+

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

Negli ultimi anni, in linea con l'art.3 della Costituzione italiana e l'art.21 della Carta dei diritti fondamentali dell'Unione Europea, c'è stata una crescente consapevolezza ed un maggiore interesse circa i diritti delle minoranze sessuali e delle forme discriminatorie contro di esse. Nel settore sanitario c'è la necessità di potenziare la formazione degli operatori sanitari per rimuovere le barriere sociali all'accesso dei pazienti, garantendo cure efficaci ed adeguate. A tal scopo è stato condotto uno studio per valutare l'integrazione di una formazione sanitaria specifica per la gestione delle minoranze sessuali nei programmi curriculari dei Fisioterapisti italiani e quanto questa necessità fosse da loro percepita. L'obiettivo è promuovere le competenze culturali dei Fisioterapisti ed implementare la gender affirming care (OMS).

MATERIALS AND METHODS / MATERIALI E METODI

Nel mese di Agosto 2023 è stata diffusa tra i Fisioterapisti italiani, tramite Social Network una survey composta da 21 quesiti. Gli items indagavano lo stato di formazione in ambito di salute e gestione sanitaria dei pazienti LGBTQIA+. È stata presa in considerazione età, sesso, area geografica della sede di formazione, specializzazione post-laurea, inclusione nei programmi curriculari delle tematiche Queer, considerazioni personali circa le cause di carenza di formazione in tale ambito ed interesse ad approfondire la tematica.

RESULTS / RISULTATI

Al questionario hanno risposto 75 Fisioterapisti ed i dati sono stati valutati attraverso analisi statistica quali-quantitativa utilizzando il Test chi-quadro, il test esatto di Fisher e l'indice Odds Ratio.

Dai test statistici emerge una carenza di ore didattiche sull'argomento e una correlazione tra il livello di conoscenza riguardo alla gestione dei pazienti LGBTQIA+ e le variabili "età" e "specializzazione". È evidente una relazione tra la variabile "sesso" e il grado di preparazione nella gestione della tematica.

INTERPRETATION OF RESULTS / DISCUSSIONE

I risultati suggeriscono che le Fisioterapiste sono più sensibili al tema e si sentono meno preparate, indicando la necessità di integrare i programmi curriculari con materie riguardanti la salute sessuale e le sfide affrontate dai pazienti LGBTQIA+. La mancanza di insegnamento è attribuita alla mancanza di interesse all'argomento e di personale qualificato.

CONCLUSIONS / CONCLUSIONI

La natura volontaria della partecipazione alla Survey potrebbe portare a un bias di risposta; è inoltre necessario sviluppare ulteriori studi con campioni più ampi per una migliore valutazione. La carenza osservata impone una riprogrammazione curricolare universitaria dei corsi triennali e di quelli specialistici più attinenti alla materia.

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4F - Tailored Physiotherapy for Male Chronic Pelvic Pain Syndrome: A Case Study on Evidence-Based Physiotherapeutic Interventions

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO:

Chronic Pelvic Pain Syndrome (CPPS) is a common clinical presentation among men. The condition often remains unrecognized or underestimated due to the variability in its incidence and therapeutic efficacy. Historically, therapeutic strategies for men have been extrapolated from female-centric studies, which may not account for the complexities inherent in gender-specific presentations. It is imperative to tailor treatments to the patient's age, gender, and personal values. This case report aims to assess the complexities involved in treating CPPS in men and to introduce a multimodal physiotherapy approach that aligns with Evidence-Based Practice.

MATERIALS AND METHODS / MATERIALI E METODI:

A 43-year-old male presented at our clinic with persistent pelvic pain, exacerbated by prolonged sitting. Without a definitive medical diagnosis, the patient experienced chronic pain in the anal, testicular, and suprapubic regions, impeding daily and physical activities. Assessments were conducted in alignment with the International Continence Society (ICS) criteria, including the Central Sensitization Inventory (CSI) and the Pain Catastrophizing Scale (PCS). Pelvic floor palpation pain was evaluated using the Numerical Pain Rating Scale (NRPS). An innovative rehabilitation strategy was implemented, comprising therapeutic interventions focused on modulating central pain mechanisms and integrating the patient's preferences, involving external manual therapy techniques, 'Hands Off' treatment, behavioral education, pain neuroscience education, and therapeutic exercise.

RESULTS / RISULTATI:

Following a series of ten physiotherapy sessions, the NPRS was reduced by 4 points and marked improvements on the CSI and PCS assessments. The patient was able to resume daily life activities and sports, ceasing the use of maladaptive strategies at work.

INTERPRETATION OF RESULTS / DISCUSSIONE:

The 'Hands Off' treatment paradigm offers a sustainable alternative to traditional rectal treatments, paralleling the long-term benefits of centrally acting medications. Such active treatment modalities promote patient self-efficacy, engaging patients as active agents in their clinical progress and rehabilitation.

CONCLUSIONS / CONCLUSIONI:

The manual therapy alone may not be sufficient to reduce pain but should be considered in support of other techniques. In the present study, a patient-centered approach along with therapeutic exercise and modern neuroscience seems to be a promising option in reducing pain. Research on the effectiveness of physiotherapy for CPPS in males remains limited. Future research should focus on developing gender-specific physiotherapy techniques to enhance the management of CPPS in the male population.

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5F - The role of the physical therapist in the treatment of symptoms of Endometriosis: a case report, combination of pelvic perineal and visceral manual therapy.

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

Endometriosis is a chronic inflammatory disease characterized by the presence of endometrium-like tissue outside the uterus, which affects women predominantly in the fertile period.

This case report aims to present the abdomino-pelvis-perineal manual therapy, understood as the set of myofascial, articular and visceral intra and extra cavitory techniques, such as a valid complementary strategy to medical pharmacological treatment to improve pain, biopsychosocial well-being and quality of life of patients with symptomatic endometriosis.

MATERIALS AND METHODS / MATERIALI E METODI

A 35-year-old woman, sporty, complains of dysmenorrhea due to menarche, characterized by cramping pain in the lower abdominal area of high intensity (NPRS = 8/10) to the point of forcing her to take Ibuprofen for the management of daily activities, work and sports, and profound dyspareunia (NPRS = 6/10) on penetrative intercourse that results in reduction in pleasure, orgasm intensity, sexual satisfaction, and perceived quality of life (SF - 36 = 92; FSFI = 55). The intervention focused on the use of manual techniques, within a multimodal program, aimed at reducing spasm pelvic floor muscle disease, rigidity of fascial, visceral and articular structures such as uterosacral ligaments, large ligament of the uterus, uterine cervix, sacrococcygeal and sacroiliac, found in evaluation, with the aim of inducing a neurophysiological effect on pain, improve organ function and consequently implement psychophysical and social well-being of the patient.

RESULTS / RISULTATI

At the end of the therapeutic pathway, which included 8 rehabilitation sessions distributed in a 5-month period, the patient reports a significant reduction in the intensity of the pain symptoms both during the menstrual cycle (NPRS = 3/10 without taking Ibuprofen, 0/10 with drug intake), and penetration (NPRS = 1/10), with consequent increase in the level of well-being and quality of life of couples, work and social perceived (SF - 36 = 100; FSFI = 93).

INTERPRETATION OF RESULTS / DISCUSSION

Still few and of poor methodological quality are the studies on the efficacy of manual neuromusculoskeletal and visceral therapy for the treatment of symptomatic endometriosis, therefore the use of manual therapy in the context of multimodal therapy may be underestimated.

CONCLUSIONS / CONCLUSIONI

We can say that the use of a multimodal rehabilitation program personalized, tailored to the patient's symptoms signs and needs and based on intracavitory, extracavitory, extracavitory, musculoskeletal and visceral manipulation manual therapy has produced significant positive effects on dyspareunia, dysmenorrhoea and psychosocial well-being of the patient.

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6F - The role of the physical therapist in taking care of the patient with Lichen Sclerosus: case report from diagnosis to treatment

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

Lichen Sclerosus is a chronic inflammatory disease that predominantly involves the anogenital areas. The most frequent symptoms include: itching, local irritation, skin fragility, dyspareunia, genital pain and stenosis. Long-term inflammation can lead to changes in the external genitalia, such as fusion of the labia minora with the labia majora, burial of the clitoris, and narrowing of the introitus. All this causes urinary and sexual disorders, seriously compromising the patients' quality of life. Currently, there is no single (medical or surgical) strategy that can be recommended for LS treatment. In the literature, regarding the management of patients affected by Lichen, we find studies that aim to demonstrate the effectiveness of pharmacological treatment and regenerative surgery.

The aim of this case report is to evaluate the effectiveness of the rehabilitation treatment, in association with the regenerative surgery treatment and an initial pharmacological treatment, in improving the symptoms and quality of life of the patient diagnosed with Lichen, with follow-up in the long term.

MATERIALS AND METHODS / MATERIALI E METODI

The patient in this case report, a 35-year-old woman diagnosed with Lichen Sclerosus, has been cared for from 2017 until the current date. The management includes both tissue regeneration treatments with LP-PRP, performed by a specialist in regenerative surgery; and rehabilitation treatments performed by a physiotherapist specialized in pelvic-perineal rehabilitation. The patient underwent various rehabilitation treatments at decreasing rates, as time passed and the symptoms improved. Initially, the symptoms reported by the patient included burning and itching in the vulvar area (NPRS:6), inability to have vaginal intercourse, with FSFI Female Sexual Function Index: 25/36 and DLQI Dermatology Life Quality Index: 14/30.

RESULTS / RISULTATI

The patient reports an improvement in symptoms and reports having intercourse, in the absence of burning. The previous rating scales are administered, with the following results: FSFI: 35/36, DLQI: 2/30.

INTERPRETATION OF RESULTS / DISCUSSIONE

What we could observe from one case was the patient's need to combine her surgical course with a rehabilitation and behavioral course that could help her in daily life, relationships, and symptom management.

CONCLUSIONS / CONCLUSIONI

This case report suggests that the rehabilitation treatment strategy combined with a regenerative surgical treatment and an initial pharmacological approach appears to be a winning weapon for the long-term management of patients affected by Lichen, for the control of symptoms and for the restoration of lost functionality.

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7F - To Contract or Not to Contract: Should We Use Pelvic Floor Muscle Exercises in the Treatment of Dyspareunia? A Narrative Review.

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

Dyspareunia is a common condition of the chronic pelvic pain that affect sexual activity. Within the physiotherapy community and on social media platforms, there is a prevailing belief that relaxation techniques should be prioritized for managing pain associated with dyspareunia, while exercises targeting the pelvic floor muscles (PFM) should be avoided. This research evaluates the existing literature to explore the role of PFM exercises in the treatment of dyspareunia, aiming to discern both the benefits and limitations of this treatment modality. Furthermore, it investigates the rationale behind the recommendation to avoid PFM exercises in cases of dyspareunia.

MATERIALS AND METHODS / MATERIALI E METODI

Studies included in this review were derived from searches conducted for the purpose of other reviews performed by the authors of this paper conducted in January 2023 and updated in December 2023. Additionally, complementary searches were carried out in PubMed in December 2023, utilizing a combination of keywords associated with dyspareunia, physiotherapy, and pelvic floor exercises. We also searched reference lists of previous review articles in this area.

RESULTS / RISULTATI

Depending on the specific type of dyspareunia and treatment objectives, PFM exercises may enhance muscle contractility and relaxation, boost strength and endurance, and improve blood flow. These exercises can also improve the condition and elasticity of vaginal mucosal tissue. Furthermore, they may foster greater bodily awareness, motor acuity and sensation. Recent systematic review on PFMT showed effectiveness of PFM exercises, also in terms of improvements in sexual pain.

INTERPRETATION OF RESULTS / DISCUSSIONE

The evidence presented indicates that PFM exercises can be effective in treating dyspareunia. Their efficacy is particularly notable when the exercises are performed thoughtfully and under supervision, emphasizing precise contraction, relaxation, and awareness, rather than being carried out automatically without consideration. Therefore, the objective of PFM exercises in addressing pain in dyspareunia may encompass not only traditional strengthening but also fostering awareness, coordination, and enhanced relaxation.

CONCLUSIONS / CONCLUSIONI

Based on the presented data, PFM exercises may have multiple applications in the treatment of dyspareunia. It appears essential to consider them as a multifaceted intervention that can be adapted in various forms and for diverse objectives, which extend beyond simple strengthening. PFM exercises have been widely incorporated in research studies, which suggest positive outcomes and the safety of the interventions implemented, contrary to the prevailing beliefs.

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8F - How the presence of a proctor specialist in the operating room impacts the experience of the scrub nurse during the implantation of the sacral neuromodulator

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INTRODUCTION

The surgical procedure for sacral neuromodulator implantation involves placing a small device, typically near the sacral nerves, to modulate or stimulate these nerves electrically. Neuromodulation can help regulate bladder and bowel function, alleviating symptoms of urinary incontinence, overactive bladder, and specific pelvic pain conditions.

The proctor specialist emerges as an essential figure in supporting the surgical team and ensuring the optimization of the implantation. This study aimed to investigate the experience of the instrument nurse who approaches sacral neurostimulation as a novice under the guidance of the specialist proctor.

MATERIALS AND METHODS

The analysis involved 16 instrument nurses from a reference hospital who approached sacral neurostimulator implantation as novices, supported by a proctor specialist during the initial surgical sessions. Each participating scrub nurse completed a questionnaire to record their approval regarding the "novel" sacral neuromodulator implantation procedure, satisfaction with the presence of the proctor specialist in the operating room, any lingering concerns or fears despite the proctor's presence, and the potential impact of the proctor's presence on the successful outcome of the implantation. Responses were provided on a Likert scale, with any additional suggestions recorded in an open-ended format.

RESULTS

Scrub nurses appreciated the introduction of the new procedure. They valued the presence of the proctor specialist in the operating room, perceiving this figure as providing additional safety during the intervention. Lingering concerns were only marginally present, and the proctor's presence was seen as positively impacting the procedure's success. Nurses suggested the opportunity for frontal training sessions to acquire helpful information about neuromodulator implantation before their involvement in the operating room.

DISCUSSION

Current scientific literature has not highlighted the proctor specialist's impact on the scrub nurse's performance. Our data indicate that the proctor's presence during sacral neurostimulator implantation positively influences the nurse's technical and emotional management of the procedure. Participation in frontal lessons would allow nursing staff to acquire fundamental theoretical knowledge to understand the device and its implantation better.

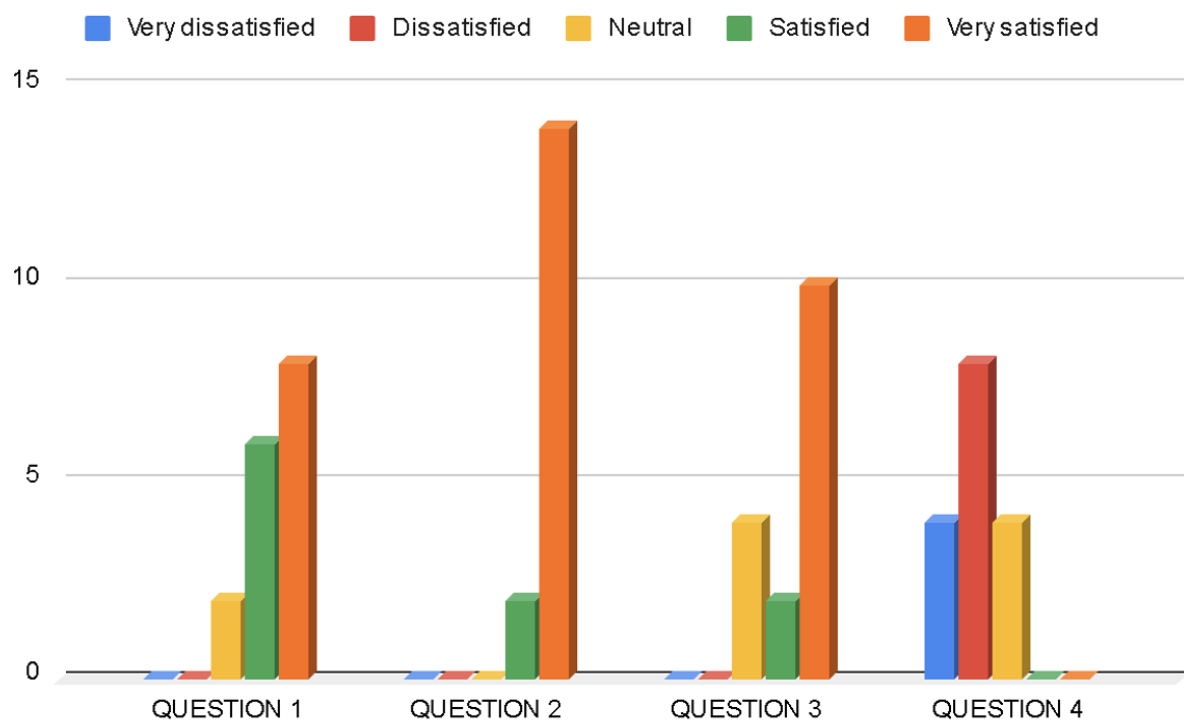
CONCLUSIONS

According to our data, the presence of the proctor specialist in the operating room has positive repercussions on nursing staff approaching sacral neurostimulator implantation as novices.

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Table 1.



- Question 1** How much do you like the introduction of sacral neurostimulation as a new surgical approach to urinary incontinence?
- Question 2** How much did you like knowing that a proctor specialist would be present in the OR where a neurostimulator would be positioned?
- Question 3** Do you think that the presence of the proctor specialist could impact the results or the success of the procedure?
- Question 4** Do you still have any concerns or fears in managing the sacral neurostimulator despite the presence of an external expert?

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9F - Percorso diagnostico-terapeutico in paziente affetto da incontinenza fecale post intervento di resezione anteriore del retto per adenocarcinoma

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INTRODUCTION AND AIM OF THE STUDY

Pelvic Floor Rehabilitation (PFR) is an evolving technique that involves various professional figures in different care settings. There are no guidelines defining appropriateness, inclusion and exclusion criteria, and good practice. Starting from a clinical case we focus the discussion on inclusion criteria and prognostic factors favourable to the success of the treatment.

MATERIALS AND METHODS

Our clinical case is an 80-year-old man, referred from a surgery department for incontinence of the rectal ampulla (verified with barium enema), after laparoscopic anterior resection of the rectum for adenocarcinoma and protective Brooke ileostomy (08/2022). The patient also had mild chronic kidney failure, which worsened after surgery. At pelvic floor assessment (01/2023): normal perineal sensitivity, non-elicitable anal and bulbocavernosus reflexes (BCR), no voluntary contraction of the EAS. These data excluded the possibility of treatment, but the strong motivation of the patient and the pressure of the surgeons, due to the progressive worsening of the renal function, led us to verify the presence of a possible neurological damage with a neurophysiological investigation of the pelvic floor which confirmed the absence of voluntary recruitment of EAS, but a normal sensitivity and a BCR present, normal in latency, although reduced in amplitude. Then, the patient underwent a cycle of 10 PFR sessions initially focused on awareness with manual treatment and manometric probes, and only when EAS recruitment appeared, muscle strengthening was added.

RESULTS

At the end of treatment (03/2023): PC test 2/4 with endurance of approx. 10" and early perception of defecation stimulus, also because of anterior pressure due to BPH.

The patient was referred back to surgery department and underwent loop ileostomy closure with mechanical side-to-side isoperistaltic anastomosis (04/28/2023) with good recovery of defecatory function, progressively improving at 4 and 8-month follow-ups, also thanks to increased stool consistency.

INTERPRETATION OF RESULTS

The diagnostic and therapeutic process was supported by multiprofessional work and available diagnostic possibilities, which oriented the therapeutic choice to the desired results.

The rehabilitation treatment should not be just a reinforcing one, or limited to biofeedback, it is important to work on awareness with manual intervention by the therapist.

CONCLUSIONS

We want to underline the importance of the differential diagnosis: in the rehabilitation approach, besides any functional diagnosis, it is necessary to investigate any possible neurological pathologies independently from the diagnosis the patient is referred with. Critical evaluation is also important to avoid therapeutic failures.

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10F - Postoperative pelvic floor intensive rehabilitation after minimally invasive radical prostatectomy: a step further towards an earlier urinary continence

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INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO

Different surgical techniques have been described with the aim of improving functional results after minimally invasive radical prostatectomy. One of the main criticisms for an early functional recovery consists in the post catheter removal phase, when patients often wait for weeks before starting a rehabilitation program. In this study, we report our results in terms of early UC achievement at discharge from the hospital after an intensive pelvic floor rehabilitation program in patients submitted to laparoscopic radical prostatectomy for prostate cancer.

MATERIALS AND METHODS / MATERIALI E METODI

In our Institution, patients submitted to LRP for PCa underwent a tailored pelvic floor rehabilitation program during hospital stay, performed by a dedicated physiotherapist. After catheter removal, firstly, urinary continence was assessed and subsequently, patients were transferred to our Rehabilitation Unit (RU) to start the training. Every day, patients were asked to complete standardized physical exercises for pelvic floor rehabilitation in a dedicated gym, guided by the physiotherapist. At the end of the program, urinary continence was reassessed and, in case of suboptimal results, patients were discharged from the hospital with a personalized outpatient physiotherapy program. We collected perioperative and postoperative data. Urinary leakage was measured in grams (g) after catheter removal, at discharge from RU and after 90 days from surgery.

RESULTS / RISULTATI

From January 2022 to December 2022, we performed 94 LRPs. Median (IQR) age was 70 (64-73) years and BMI 28 (27-30). 10 (10.6%) patients suffered from metabolic syndrome. 62 (65.9%) patients had clinical ISUP 1 and 32 (34.0%) cases had clinical ISUP 2 PCa. Full NS dissection was performed in 32 (34.0%) cases, partial NS in 31 (32.9%), minimal NS in 3 (3.2%) patients, no NS in 28 (29.8%) cases. Median (IQR) hospital stay was 6 (6-7) days and catheterization time was 5 (5-5) days. Mean (SD) urinary leakage at catheter removal was 288 (408) g with a median (IQR) of 1 pad (1-3) used. After a median (IQR) of 4 (4-5) days spent at our RU, 85 (90.4%) patients were continent (0 pads used), whilst 3 patients still needed 1 pad per day for a urinary leakage of 50, 70 and 100 g per day. These patients were submitted to postoperative physiotherapy, observing an overall UC recovery of 100% (0 pad used) at 90 days after surgical intervention.

CONCLUSIONS / CONCLUSIONI

Despite the surgical technique used for performing minimally invasive radical prostatectomy, an early intensive rehabilitation program during hospital stay has shown to significantly increase urinary continence at discharge from the hospital.

22° CONGRESSO SIUD - Fisioterapisti, Infermieri, Ostetriche

CATANIA | 20-22 GIUGNO 2024

11F - Addressing vulvodynia with acupuncture: Healing Touch of the Past

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INTRODUCTION AND AIM OF THE STUDY

Vulvodynia, characterized by chronic vulvar pain without an identifiable cause, remains a significant clinical challenge for many healthcare professionals. While traditional treatments like medication, pelvic rehabilitation, and cognitive-behavioral therapy show mixed results, emerging evidence indicates acupuncture as a potentially effective alternative. This study aims to evaluate acupuncture's efficacy in managing vulvodynia pain symptoms.

MATERIALS AND METHODS

We enrolled in the study women with vulvodynia attending our clinic for perineal dysfunctions. The patients underwent weekly acupuncture sessions for a total of 10 sessions. The primary outcome was pain control, assessed using the NRS scale and the DN4 scale; the secondary outcome was the improvement of quality of life, evaluated using the SF36. These scales were administered at T0 (first session) and T1 (tenth session).

RESULTS

We enrolled 10 women with vulvodynia, mean age 36 years old. Time elapsed since vulvodynia diagnosis averaged 3 years.

The mean scores at T0 were 8 for the NRS and 7 for the DN4, while at T1, they were 3 for the NRS and 4 for the DN4; the standard deviation was 2 (both T0 and T1). In the Student's t-test, the average improvement in scores on both the NRS and DN4 scales was statistically significant. For the NRS scale, the p-value was approximately 3.77×10^{-5} , and for the DN4 scale, the p-value was around 0.0145.

The average improvement on the SF36 scale was 40 points.

All the women enrolled in the study, during the acupuncture cycle, altered their medication intake (primarily pregabalin, amitriptyline, tapentadol, diazepam). 7 out of 10 reduced the dosage of the analgesic drugs they were taking, and 3 discontinued pharmacological analgesic therapy.

INTERPRETATION OF RESULTS

Acupuncture treatment improves pain and quality of life in patients with vulvodynia, with the following highlights: 1) reduced side effects; 2) easy applicability, allowing sessions to begin even while patients are on waiting lists for physiotherapeutic rehabilitation or other therapies; 3) reduced medication use; 4) high patient appreciation of the treatment 5) significant improvement in quality of life.

CONCLUSIONS

In alignment with existing literature, this study validates that acupuncture is a viable and safe method for effectively managing pain in patients with vulvodynia. The authors emphasize that acupuncture, despite its proven efficacy, remains underrecognized in the vulvodynia treatment paradigm. It holds potential as both an independent therapy and a complementary component in a multimodal treatment approach.

22° CONGRESSO SIUD - Fisioterapisti, Infermieri, Ostetriche

CATANIA | 20-22 GIUGNO 2024

12F - Comunicazione ipnotica in donne con vulvodinia, dispareunia e vaginismo nell'ambito della riabilitazione del pavimento pelvico

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INTRODUCTION AND AIM OF THE STUDY

This study explores the application of hypnotic communication in pelvic floor rehabilitation, with particular emphasis on the following conditions: dyspareunia, vaginismus, and vulvodynia. These conditions significantly impact the sexual and overall quality of life of patients. The primary objective of this study was to examine the effectiveness of utilizing hypnotic communication as a component in the rehabilitation of these pelvic disorders.

MATERIALS AND METHODS

The study sample consists of 30 participants, women aged between 19 and 64 years, all afflicted with at least one of the pelvic disorders under analysis. The research was conducted through a case-study-based approach, involving data collection before and after treatment. The therapeutic approach involved sessions of hypnotic communication integrated with pelvic floor rehabilitation techniques.

RESULTS

Analysis of data collected before and after treatment revealed significantly positive results. A notable improvement in pelvic pain perception was observed, with a significant reduction in scores on the VAS scale. Additionally, scores obtained in the Female Sexual Function Index (FSFI) questionnaire increased, indicating an enhancement in participants' sexual quality of life. Analysis of the satisfaction questionnaire revealed a general appreciation for the hypnotic communication-based therapeutic approach.

INTERPRETATION OF RESULTS

These results suggest that the therapeutic approach based on hypnotic communication can be an effective option in managing pelvic disorders. Hypnosis appears to significantly contribute to pelvic pain relief and sexual function improvement. However, it is important to bear in mind that further research is required to confirm these results and the persistence of the benefits of the therapeutic approach.

CONCLUSIONS

This study has contributed to a deeper understanding of the application of hypnotic communication in managing pelvic disorders. The therapeutic approach has proven to be highly effective in enhancing the quality of life of participants by reducing pain and improving sexual function. Implementing hypnotic communication into clinical practice in pelvic floor rehabilitation could offer new perspectives that may significantly enhance the well-being of women affected by these conditions.