



# **WHTA Advanced Pelvic Floor Prolapse (incl pessaries) & Stress Incontinence**

The WHTA Advanced Pelvic Floor: Pelvic Organ Prolapse and Stress Urinary Incontinence is a Level 3 (ie **Advanced Practitioner**) course that requires attendance for 4-full days of live online theory plus attendance for a 2-3hour practical (lab) to practice sizing, insertion and removal of ring and cube pessaries.

It is designed to extend the clinician already managing POP and SUI cases into advanced clinical reasoning and treatment selection, as well as provide practical training in pessary management.

Physiotherapists attending the practical of this course must already

- be trained in vaginal examination / basic assessment of pelvic organ prolapse
- have performed a MINIMUM of 20 vaginal examinations independently in clinical practice.
- have moderate to high level understanding of stress incontinence and prolapse

NOTE: This is the absolute minimum clinical experience. This course is ideally suited to experienced pelvic health therapists who want to extend their skills into advanced clinical reasoning and scope of practice.

## **COURSE DURATION: 35hours**

Including 32hours online theory (4 days) plus 2-3hour VE / Pessary Lab

Please note there are no recordings. Attendance in real time is compulsory for both the online theory and the practical component

## **COURSE FEE for AUSTRALIAN PHYSIOTHERAPISTS**

EARLY BIRD (enrol >3months before)	\$935AUD (GST incl)	\$1015AUD (GST incl)
STANDARD (enrol 1 – 3 months before)	\$1045AUD (GST incl)	\$1125AUD (GST incl)
LATE (enrol <1 month before)	\$1090AUD (GST incl)	\$1170AUD (GST incl)

## **COURSE FEES for Physiotherapists Residing Outside of Australia**

Note: all courses are still charged in Australian Dollars. AUD to alternative currency conversion will depend on the exchange rate on the day of payment calculated by your bank. Course fees are identical to Australian fees, except that physiotherapists residing outside of Australia at the time of the course are not charged GST (course fee -10% Australian Goods and Services Tax).

# POP COURSE

## TOPIC 1: Advanced Assessment and Diagnosis of Pelvic Organ Prolapse

### 1.1 Advanced Anatomy / Pathophysiology of Pelvic Organ Prolapse

- understanding the three 'levels of pelvic organ support' (as described by DeLancey)
- understanding complex fascial anatomy of the pelvis and its role in pelvic organ support, including the structure and function of the arcus tendinous fascia pelvis, paracolpium, parametrium, pubocervical fascia, rectovaginal fascia, perineal body and uterine ligaments.
- understanding muscular factors that do, and do not contribute to pelvic organ prolapse (review of the evidence for PFM strength, levator hiatus size, genital hiatus size, distensibility, resting tone in POP).

### 1.2 Advanced Assessment Skills for POP

- detailed education and training in POP-Q (Aa, Ba, C, D, Ap, Bp, GH, PB and TVL)
- using the POP-Q measures to differentiate:
  - o uterine prolapse from cervical elongation with normal uterus support
  - o anterior and posterior wall prolapse secondary to apical support dysfunction as opposed to a true anterior / posterior vaginal wall dysfunction
  - o POP that is 'likely vs unlikely' to progress over time
  - o whether POP symptoms are likely to be related to anatomical descent vs urogenital atrophy, central sensitisation and hypervigilance.

## TOPIC TWO: Advanced Training in Management Options for Pelvic Organ Prolapse

### 2.1 Standard Conservative Management of POP

- PFMT/LIFESTYLE ADVICE: detailed review of the research on the role and limitations of PFMT and lifestyle advice for the anatomical and symptom management of POP

### 2.2 Pelvic Organ Prolapse Surgeries

Detailed education and training on the most common surgical procedures for POP.

Discussion includes education on each procedure, risks, benefits, success and failure rates, as well as the impact of various surgical procedures on the ability to offer pessary and other conservative management post-op (eg which surgeries → pessary being contraindicated).

Surgeries specifically discussed (including video explanation) include:

- o anterior/posterior colporrhaphy with and without mesh
- o hysterectomy and hysteropexy
- o sacrocolpopexy and sacrospinous ligament fixation

Understanding transvaginal mesh complications, surgical and conservative management implications and medicolegal considerations

## 2.3 PESSARIES FOR POP: education and training on the use of support pessaries for POP

- types of pelvic organ support pessaries (silicone vs other, varying shapes etc)
- assessment / sizing / prescription of pelvic organ support pessaries
- pessary selection based on anatomical findings
- insertion and removal techniques
- contraindications / precautions / risk management
- follow up requirements, working in a multidisciplinary team
- sterilisation / implementation of a pessary service in clinical practice

Note:

All the above pessary training is provided during the 4-day theoretical component of the course. After completing all the theory, the 2-3hour practical (lab) is simply to ensure each participant has had the opportunity to practice sizing, insertion and removal of a **ring and cube pessary**. **This does require attendees to volunteer themselves for insertion of either a ring or cube pessary by their colleagues.**

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## SUI COURSE

### DAY 1: ADVANCED PATHOPHYSIOLOGY AND ASSESSMENT OF SUI

#### 1.1 Advanced Pathophysiology of SUI

Multivariable nature of SUI including

- Normal continence mechanism during increased IAP
- Base Urethral Pressure vs Augmented Urethral Pressure
- Base Urethral Pressure Factors including internal/external urethral sphincter, urethral vascularity and hormonal factors contributing to intrinsic sphincter deficiency (ISD)
- Augmented Urethral Pressure Factors including DeLancey's "hammock" hypothesis and the importance of levator ani and fascial factors in preventing urethral hypermobility
- when SUI isn't SUI eg cough induced detrusor overactivity
- what is the implication of co-existing urgency??

## **DAY 1: ADVANCED PATHOPHYSIOLOGY AND ASSESSMENT OF SUI**

### 1.2 Advanced Assessment Techniques to differentiate SUI due to urethral hypermobility vs ISD.

#### Medical Assessments

- Urodynamic Assessments: urethral Pressure Profiles / MUCP / VLPP
- Imaging Assessments: ultrasound and MRI and what they can reveal about the mechanism of SUI in majority of women ; success rates of PFMT

#### Physiotherapy Assessments

- symptom assessment / Stamey Grade assessment / specific symptoms of ISD
- levator ani muscle vs urethral sphincter assessment
- combining assessment results to identify fascial, levator ani and sphincteric factors

## **DAY TWO: ADVANCED TREATMENT OF SUI**

- Optimising Pelvic Floor Muscle Training for SUI
  - an in-depth review of the role, mechanism and success rates of PFMT
  - PFMT focused on levator ani vs urethral sphincter
  - Predicting who is likely / unlikely to be successful with PFMT
  - the importance of 'supervision': group supervision vs individual supervision vs home training
- Other conservative management for SUI
  - weight loss, hormone replacement, over the counter mechanical supports
  - addition of biofeedback, weighted vaginal cones, e-stim
  - pessaries for SUI (ring with knob, continence dish etc)
- Medical / Surgical options for SUI
  - suburethral slings (TVT / TOT / minislings); suspension procedures
  - urethral bulking agents
  - do medications play a role? SSNRIs, Oestrogen therapy
  - what does the future hold? Stem cell injection to regrow the urethral sphincter

# FAQ for USA Attendees

## 1. Can I just attend the in-person pessary lab?

Unfortunately no. Training people in pessaries is much more than just how to size the vagina and insert a pessary. For example.... If one person attends your clinic after a failed sacrospinous colpopexy and another attends after a failed sacrocolpopexy do you know which one it is ok to trial a pessary and which it is out of scope for a physical therapist? If a woman is pregnant do you know the additional factors you need to explain about possible benefits vs risks of using a pessary? If one person's rectocele is due to a mid level 2 rectovaginal fascial defect, another is due to an apical level 1 support defect and another one is from a level 3 perineal body defect, do you know how this alters whether a pessary will work or which pessary will work? This is why we need four full days of theory first!!!