Improvement of continence rate with pelvic floor muscle training post-prostatectomy: A meta-analysis of randomized controlled trials

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Objective: The aim of this meta-analysis was to evaluate the evidence of the effect of pelvic floor muscle training on urinary incontinence after radical prostatectomy. Methods: A bibliographic search was conducted in four databases. Studies were grouped according to the intervention program (muscle training versus control and individual home-based versus physiotherapist-guided muscle training). Results: Eight studies were selected for meta-analysis after satisfying the selection criteria. The data show that pelvic floor muscle training improves continence rate in the short (RR = 2.16; p < 0.001), medium (RR = 1.45; p = 0.001) and long term (RR = 1.23; p = 0.019) after surgery. The number of randomized controlled trials and the heterogeneity in the study population and type of pelvic floor muscle training were the main limitations. Conclusion: Programs including at least three sets of 10 repetitions of muscle training daily appear to improve continence rate after radical prostatectomy. Our meta-analysis shows that muscle training programs for urinary incontinence provide similar results to those of physiotherapist-guided programs, therefore being more cost-effective. © 2014 S. Karger AG, Basel.

Biofeedback

Pelvic floor muscle training

Prostatectomy

Urinary incontinence

adult

controlled study
home based pelvic floor muscle training
human
intermethod comparison
major clinical study
male
meta analysis
middle aged
pelvic floor muscle training
physiotherapist guided pelvic floor muscle training
priority journal
prostatectomy
randomized controlled trial (topic)
Review
treatment outcome
urine incontinence
adverse effects
aged
convalescence
muscle contraction
odds ratio
pathophysiology
pelvis floor
physiotherapy
prostatectomy

Aged
Humans
Male
Middle Aged
Muscle Contraction
Odds Ratio
Pelvic Floor
Physical Therapy Modalities
Prostatectomy
Randomized Controlled Trials as Topic
Recovery of Function
Treatment Outcome
Urinary Incontinence