Oncology and physiotherapy for the pelvic floor

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Every year, about 30,000 new cancer patients are diagnosed in Israel and the number of recovering patients is expected to increase by more than 10,000 people each year1. Early diagnosis and new treatments contribute to prolonging the lives of oncology patients and increasing the number of survivors, but there are still many side effects, including pelvic floor dysfunctions that affect patients' quality of life2. This paper describes the importance of pelvic floor physiotherapy in oncology patients’ rehabilitation leading to improved quality of life.

Prostate, breast and colon cancers are among the most common types of cancer in the population1. Treatments of those and other malignancies in reproductive organs may impair, among other things, the function of the pelvic floor, which is responsible for controlling both sphincters and sexual function3. Recent studies demonstrate that the issue of pelvic floor dysfunction in oncology patients is not commonly discussed. These patients are typically not identified and therefore do not receive help or treatment. They are usually grateful to have survived that they feel guilty and uncomfortable talking about issues that are considered relatively "minor." In addition, many of them are unaware that physiotherapy treatments for pelvic floor rehabilitation are covered by their health insurance, and suffer without receiving any therapy for their condition1.

Women receiving oncological treatments for malignant tumors in their reproductive organs (ovaries, vagina, uterus, etc.) are at a higher risk of suffering from sexual dysfunction and urinary and fecal incontinence than the general population. After treatment for colorectal cancer, women and men suffer from urinary system dysfunction (38% -60%) and bowel movement symptoms (38% -75%)4. For example, up to 80% of patients after lower anterior resection surgery will suffer from low anterior resection syndrome, which manifests in frequent bowel movements, failure to defecate and incomplete emptying5.

Similar to patients with gynecologic cancer, women recovering from breast cancer often suffer from at least one genital system-related symptom. One of the treatments for breast cancer is an anti-hormonal treatment, which lowers estrogen levels and causes atrophy of the genital system. The condition mimics menopause and its symptoms include vaginal dryness, difficulty in intercourse, decreased libido, and decreased ability to control the sphincters6,7.

Men can have genital system tumors such as prostate, penile, and testicular cancers8,9. The cancer itself or its treatments’ side effects (surgery, radiation, chemotherapy, cryotherapy, and hormonal therapies) cause significant impairment of pelvic floor function in these patients. Radiation therapy, for example, damages various tissues, causing scarring and narrowing, and leads to dysfunction10,11. A large percentage of patients experience sexual dysfunction, urinary incontinence, and partial or lack of control of the sphincters. These effects significantly impair patients’ quality of life and affect their emotional state12.

Therefore, cancer patients’ routine assessments should include specific questions related to pelvic organ function, including the ability to control urine and stool, and sexual function. The information obtained will assist with early detection and guide health professionals to more quickly refer patients for pelvic floor rehabilitation therapy3.

A pelvic floor physiotherapy assessment involves taking a detailed medical history, including surgeries, treatments, medications, and function. The therapist then prepares the patient for the internal exam by providing an accurate and detailed explanation, taking into account the patient’s medical condition. An internal manual examination of the vagina or anus is performed in order to assess the function of the pelvic floor muscles and the tissue quality. Treatment options include behavioral changes, providing tools for dealing with the various symptoms, manual treatment techniques for the soft tissues such as a special massage for scars and painful areas, use of
expander, exercises, and more. These treatments can alleviate and reduce the side effects manifest in the pelvic floor and contribute to improving patients’ quality of life\textsuperscript{2,13}. It is important to note that the rehabilitation process is based on mutual consent and trust between the therapist and patient.

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References