NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Pelvic floor dysfunction: prevention and non-surgical management

The Department of Health and Social Care in England has asked NICE to develop a new guideline on the prevention and non-surgical management of pelvic floor dysfunction in women (including young women over the age of 12).

The guideline will be developed using the methods and processes outlined in developing NICE guidelines: the manual.

This guideline will also be used to develop the NICE quality standard for pelvic floor dysfunction.

1 Why the guideline is needed

A 2018 report by the Welsh Government concluded that a new 'pelvic health and wellbeing' pathway was needed. This pathway would put more focus on community-based preventive interventions and avoid using high-risk surgery when possible, and would use specialist input to identify the small number of women who do need surgery. NHS England also recognises that there should be more focus on pelvic floor care and community-based preventive measures and non-surgical management, and this will be one of the aims of the NICE guideline.

On management, NHS England is currently reviewing the service specification and commissioning of specialised services for women with complex pelvic health issues, as part of the complex women's surgery specifications. The aim of this NHS England review is to ensure that women who need specialist care are correctly identified and referred to these centres which provide care and

are able to meet professional standards for managing complex pelvic organ prolapse and stress urinary incontinence. It has been recognised that more could be done with regard to community-based pathways that include pelvic floor care and prevention of pelvic floor dysfunction. Such pathways are intended to reduce the number of women who develop complex symptoms that would need specialist care (for example surgery), and this is another aim of this guideline.

Pelvic floor dysfunction

The pelvic floor is a funnel-shaped structure consisting of connective soft tissue, including muscles tendons and nerves. It is responsible for physiological functions related to the digestive system and the urogenital organs.

'Pelvic floor dysfunction' covers a variety of symptoms. Definitions of pelvic floor dysfunction vary, and an International Urogynecology Association and International Continence Society consensus report has 250 separate definitions of associated conditions, signs and symptoms. For the purpose of this guideline, pelvic floor dysfunction refers to symptoms including: urinary incontinence, emptying disorders of the bladder, faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes. The 3 most common and definable conditions are urinary incontinence, faecal incontinence and pelvic organ prolapse.

Current practice

Individual women and patient groups have highlighted that the services currently available are not meeting their needs, and may even be detrimental to their health and wellbeing. This is a particular concern for surgical services.

There is currently no process in place to systematically identify which women are at higher risk of pelvic floor failure. For women who are at higher risk, there are no lifelong or maternity-specific preventive strategies in place. The way that risks and reversible causes are identified and communicated at a general and individual level also varies widely.

When pelvic floor dysfunction is diagnosed, there is variation in the availability of and access to non-surgical management options, such as pelvic floor muscle training. Women have no clear and effective strategies available to prevent worsening of the condition.

Policy, legislation, regulation and commissioning

Since 2018 there has been a UK-wide 'pause' on the use of surgical mesh to treat stress urinary incontinence and vaginally inserted mesh to treat pelvic organ prolapse.

The 'pause' reflects the importance of the arrangements set out in the NICE interventional procedures guidance on mesh. This guideline aims to optimise preventative and non-surgical strategies to minimise the need for invasive treatment options.

2 Who the guideline is for

This guideline is for:

- healthcare professionals in:
  - primary care
  - gynaecology services
  - urology services
  - continence services
  - physiotherapy services
  - colorectal services
  - maternity services
- service commissioners
- health education providers
- women using services, their families and carers and the public.

It may also be relevant for:

- staff in care homes
- private healthcare providers.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age, ethnicity, pregnancy and maternity, physical disabilities, cognitive impairment and gender reassignment.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

Women, including young women aged 12 and older.

Specific consideration will be given to:

- women with suspected or confirmed pelvic floor dysfunction
- women who are pregnant or women after pregnancy (including women with obstetric injury)
- women before and after gynaecological surgery
- women who are in perimenopause or postmenopause
- women aged 65 or older
- women with physical disabilities
- women with cognitive impairment.

Groups that will not be covered

- Men (but please see Equality Impact Assessment form)
- Babies and children.

3.2 Settings

Settings that will be covered

- All settings where NHS-funded or local-authority-funded healthcare is provided.
- Social care settings.
- The guideline may also apply to educational settings.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look for evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

Public information strategies

1 Community-based pelvic health pathways

Preventing pelvic floor dysfunction

2 Identifying women at high risk of pelvic floor dysfunction

3 Lifestyle modifications

4 Physiotherapy (pelvic floor muscle training)

Non-surgical management of symptoms associated with pelvic floor dysfunction (urinary incontinence, emptying disorders of the bladder, faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes)

5 Assessment for pelvic floor dysfunction

6 Information

7 Lifestyle modifications

8 Physiotherapy (pelvic floor muscle training)

9 Physical devices (including pessaries)

10 Psychological therapy

11 Behavioural approaches

12 Pharmacological management

13 Multidisciplinary pathways for non-surgical management of

pelvic floor dysfunction

Note that the guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristic to inform decisions made with individual patients.

Areas that will not be covered:

1 Surgical management of pelvic floor dysfunction

Related NICE guidance

NICE has published the following guidance that is closely related to this guideline. The most relevant recommendations have been listed in section 6.

Published

- Urinary incontinence and pelvic organ prolapse in women: management (2019) NICE guideline NG123
- Antenatal care for uncomplicated pregnancies (2019) NICE guideline CG62
- Caesarean section (2019) NICE guideline CG132
- Stop smoking interventions and services (2018) NICE guideline NG92
- Intrapartum care for healthy women and babies (2017) NICE guideline CG190
- Older people with social care needs and multiple long-term conditions (2015) NICE guideline NG22
- Suspected cancer: recognition and referral (2015) NICE guideline NG12
- Postnatal care up to 8 weeks after birth (2015) NICE guideline CG37
- Falls in older people: assessing risk and prevention (2013) NICE guideline CG161
- Mirabegron for treating symptoms of overactive bladder (2013) NICE technology appraisal guidance 290
- Urinary incontinence in neurological disease: assessment and management (2012) NICE guideline CG148

- Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome (2010) NICE interventional procedures guidance 362
- Weight management before, during and after pregnancy (2010) NICE guideline PH27
- Faecal incontinence in adults: management (2007) NICE clinical guideline CG49

In development

- Postnatal care up to 8 weeks after birth (update). NICE guideline. Publication expected September 2020.
- Caesarean section (update). NICE guideline. Publication expected March 2020.
- Antenatal care for uncomplicated pregnancies (update). NICE guideline. Publication expected December 2020.

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to the prevention and non-surgical management of pelvic floor dysfunction:

- Medicines optimisation (2015) NICE guideline NG5
- Patient experience in adult NHS services (2012) NICE guideline CG138
- Service user experience in adult mental health (2011) NICE guideline CG136
- Medicines adherence (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic

analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

While writing this scope, we have identified the following key issues, and draft questions related to them:

Public information strategies

1 Community-based pelvic health pathways

1.1 What information strategies are effective in raising awareness about prevention of pelvic floor dysfunction?

Preventing pelvic floor dysfunction

2 Identifying women at high risk of pelvic floor dysfunction

2.1 What are the non-obstetric risk factors (for example age, ethnicity and family history, diet [including caffeine and alcohol], weight loss, smoking, physical activity) for pelvic floor dysfunction?

2.2 What co-existing long-term conditions (for example cystic fibrosis or chronic obstructive pulmonary disorder) are associated with a higher risk of pelvic floor dysfunction?

2.3 What are the obstetric risk factors for pelvic floor dysfunction?

2.4 What is the accuracy of prediction tools for identifying women at high risk of pelvic floor dysfunction?

3 Lifestyle modifications

3.1 What is the effectiveness of modifying lifestyle factors (diet [including caffeine and alcohol], weight loss, smoking, physical activity) for preventing pelvic floor dysfunction?

4 Physiotherapy (pelvic floor muscle training)

4.1 What is the effectiveness of pelvic floor muscle training for preventing pelvic floor dysfunction?

Non-surgical management of symptoms associated with pelvic floor dysfunction (urinary incontinence, emptying disorders of the bladder,

faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes)

5 Assessment for pelvic floor dysfunction

5.1 What assessments in primary care would identify whether the symptoms at presentation are caused by pelvic floor dysfunction?

6 Information

6.1 What information is valued by women with symptoms associated with pelvic floor dysfunction and their partners or carers?

6.2 What information provision strategies are effective for women with symptoms associated with pelvic floor dysfunction?

7 Lifestyle modifications

7.1 What is the effectiveness of weight loss for improving symptoms of pelvic floor dysfunction?

7.3 What dietary factors can increase or decrease symptoms of pelvic floor dysfunction?

7.4 What types of physical activity affect symptoms of pelvic floor dysfunction?

8 Physiotherapy (pelvic floor muscle training)

8 What is the effectiveness of pelvic floor muscle training (including kegal exercises, biofeedback, weighted vaginal cones, and electrical stimulation) for improving symptoms of pelvic floor dysfunction?

9 Physical devices (including pessaries)

9.1 What is the effectiveness of physical devices (including support garments and pessaries) for improving symptoms of pelvic floor dysfunction?

10 Psychological therapy

10.1 What is the effectiveness of psychological interventions for women with symptoms associated with pelvic floor dysfunction?

11 Behavioural approaches

11.1 What is the effectiveness of behavioural therapy (for example toilet training, seating, splinting) for improving symptoms of pelvic floor dysfunction?

12 Pharmacological management

12.1 What is the effectiveness of pharmacological management for urinary incontinence caused by pelvic floor dysfunction?

12.2 What is the effectiveness of pharmacological management for emptying disorders of the bladder caused by pelvic floor dysfunction?

12.3 What is the effectiveness of pharmacological management for faecal incontinence caused by pelvic floor dysfunction?

12.4 What is the effectiveness of pharmacological management for emptying disorders of the bowel caused by pelvic floor dysfunction?

12.5 What is the effectiveness of pharmacological management for sexual dysfunction caused by pelvic floor dysfunction?

12.6 What is the effectiveness of pharmacological management for chronic pelvic pain syndrome, including pelvic muscle pain, caused by pelvic floor dysfunction?

13 Multidisciplinary pathways for non-surgical management of symptoms associated with pelvic floor dysfunction

13.1 What competencies should be involved in a community-based multidisciplinary team for the management of symptoms associated with pelvic floor dysfunction?

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- prevention of pelvic floor dysfunction
- progression of symptoms or signs
- cure and improvement rates
- treatment-related adverse effects
- adherence
- health-related quality of life
- pain and discomfort
- need for further treatment (including surgical)
- mental wellbeing.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

- Urinary incontinency in women (2015) NICE quality standard 77

NICE quality standards that will use this guideline as an evidence source when they are being developed

- Pelvic floor dysfunction. Publication date to be confirmed

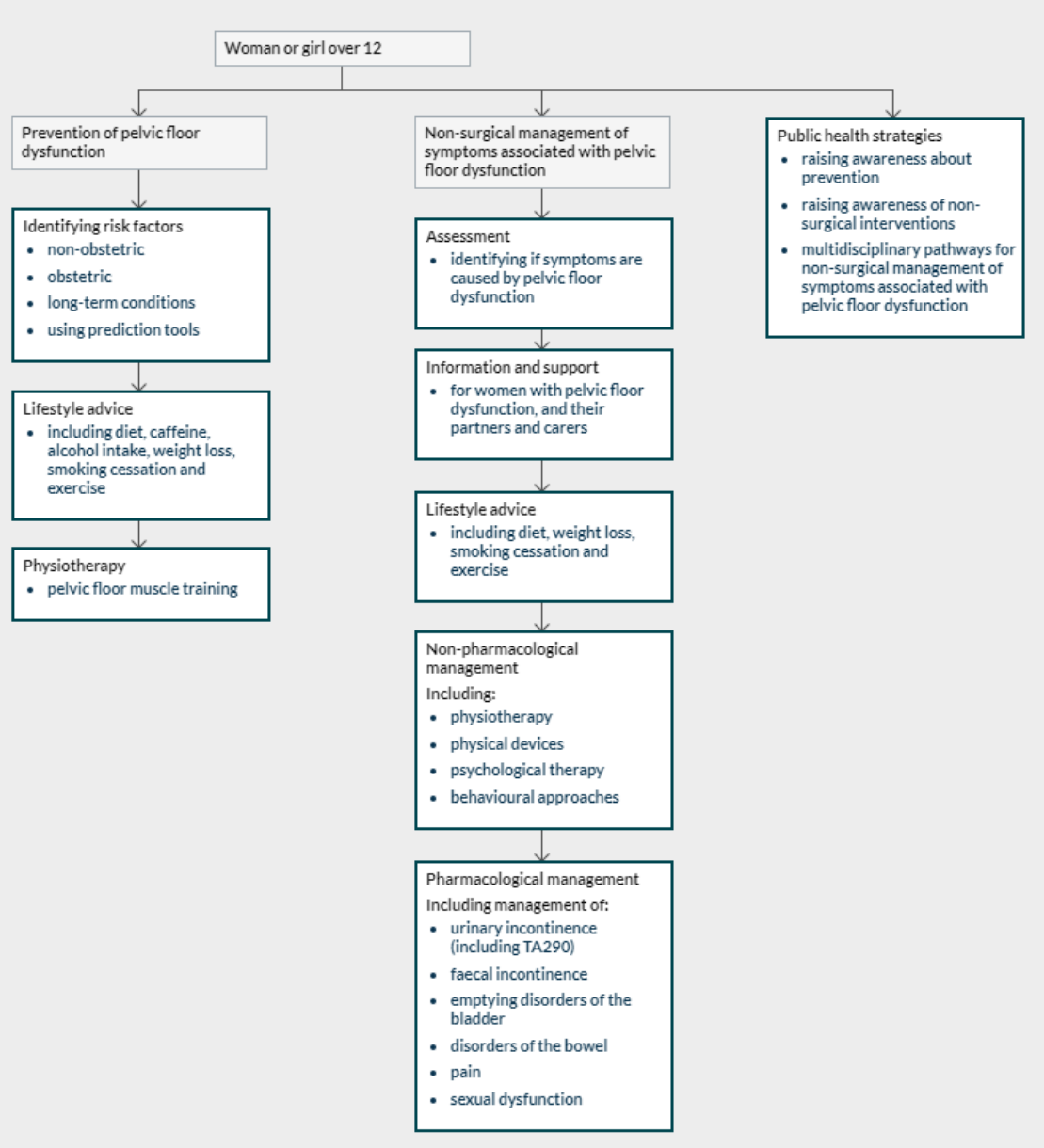
4.2 NICE Pathways

NICE Pathways bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on pelvic floor dysfunction (in development).

Other relevant guidance will also be added, including:

- Urinary incontinence and pelvic organ prolapse in women: management (2019) NICE guideline NG123
- Mirabegron for treating symptoms of overactive bladder (2013) NICE technology appraisal guidance 290

An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 5 June to 10 July 2019.

The guideline is expected to be published in August 2021.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

6 Mapping recommendations from related guideline

Guidelines	Recommendations related to pelvic floor dysfunction
Antenatal care for uncomplicated pregnancies (2019) NICE guideline CG62	1.1.1.1 Antenatal information should be given to pregnant women according to the following schedule. •At booking (ideally by 10 weeks): ◦how the baby develops during pregnancy ◦nutrition and diet, including vitamin D supplementation for women at risk of vitamin D deficiency, and details of the Healthy Start programme ◦exercise, including pelvic floor exercises ◦place of birth (refer to NICE's guideline on intrapartum care) ◦pregnancy care pathway ◦breastfeeding, including workshops ◦participant-led antenatal classes ◦further discussion of all antenatal screening ◦discussion of mental health issues (refer to NICE's guideline on

	antenatal and postnatal mental health)
Intrapartum care for healthy women and babies (2017) NICE guideline CG190	1.16.22 Observe the following basic principles when performing perineal repairs: •Give the woman information about the extent of the trauma, pain relief, diet, hygiene and the importance of pelvic-floor exercises. **[2007]**
Postnatal care up to 8 weeks after birth. (2015) NICE guideline CG37	1.2.56 Women with involuntary leakage of a small volume of urine should be taught pelvic floor exercises. **[2006]**
Urinary incontinence (update) and pelvic organ prolapse in women: management (2019) NICE guideline NG123	1.1.2 Local MDTs for women with primary stress urinary incontinence, overactive bladder or primary prolapse should include: •2 consultants with expertise in managing urinary incontinence in women and/or pelvic organ prolapse •a urogynaecology, urology or continence specialist nurse •a pelvic floor specialist physiotherapist and may also include: •a member of the care of the elderly team

	•an occupational therapist •a colorectal surgeon. **[2019]** 1.1.4 Regional MDTs that deal with complex pelvic floor dysfunction and mesh-related problems should review the proposed treatment for women if: •they are having repeat continence surgery •they are having repeat, same-site prolapse surgery •their preferred treatment option is not available in the referring hospital •they have coexisting bowel problems that may need additional colorectal intervention •vaginal mesh for prolapse is a treatment option for them •they have mesh complications or unexplained symptoms after mesh surgery for urinary incontinence or prolapse •they are considering surgery and may wish to have children in the future. **[2019]** 1.1.5 Regional MDTs that deal with complex pelvic floor dysfunction and

	mesh-related problems should include: •a subspecialist in urogynaecology •a urologist with expertise in female urology •a urogynaecology, urology or continence specialist nurse •a pelvic floor specialist physiotherapist •a radiologist with expertise in pelvic floor imaging •a colorectal surgeon with expertise in pelvic floor problems •a pain specialist with expertise in managing pelvic pain and may also include: •a healthcare professional trained in bowel biofeedback and trans-anal irrigation •a clinical psychologist •a member of the care of the elderly team •an occupational therapist •a surgeon skilled at operating in the obturator region

	•a plastic surgeon. **[2019]** 1.1.6 Regional MDTs that deal with complex pelvic floor dysfunction and mesh-related problems should have ready access to the following services: •psychology •psychosexual counselling •chronic pain management •bowel symptom management •neurology. **[2019]** 1.3.4 Undertake routine digital assessment to confirm pelvic floor muscle contraction before the use of supervised pelvic floor muscle training for the treatment of urinary incontinence. **[2006, amended 2013]** 1.4.4 Offer a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or mixed urinary incontinence. **[2019]** 1.4.5 Pelvic floor muscle training programmes should comprise at least 8 contractions performed 3 times per day. **[2006]**

	1.4.6 Do not use perineometry or pelvic floor electromyography as biofeedback as a routine part of pelvic floor muscle training. **[2006]** 1.4.7 Continue an exercise programme if pelvic floor muscle training is beneficial. **[2006]** 1.4.9 Do not routinely use electrical stimulation in combination with pelvic floor muscle training. **[2006]** 1.4.10 Electrical stimulation and/or biofeedback should be considered for women who cannot actively contract pelvic floor muscles to aid motivation and adherence to therapy. **[2006]** 1.5.18 For women whose primary surgical procedure for stress urinary incontinence has failed (including women whose symptoms have returned): •seek advice on assessment and management from a regional MDT that deals with complex pelvic floor dysfunction or •offer the woman advice about managing urinary symptoms if she does not wish to have another surgical procedure, and explain that

	she can ask for a referral if she changes her mind. **[2019]** 1.6.3 For women who are referred for specialist evaluation of vaginal prolapse, perform an examination to: •assess and record the presence and degree of prolapse of the anterior, central and posterior vaginal compartments of the pelvic floor, using the POP‑Q (Pelvic Organ Prolapse Quantification) system •assess the activity of the pelvic floor muscles •assess for vaginal atrophy •rule out a pelvic mass or other pathology. **[2019]** 1.6.4 For women with pelvic organ prolapse, consider using a validated pelvic floor symptom questionnaire to aid assessment and decision making. **[2019]** 1.7.5 Consider a programme of supervised pelvic floor muscle training for at least 16 weeks as a first option for women with symptomatic POP‑Q (Pelvic Organ Prolapse Quantification) stage 1 or stage 2 pelvic organ prolapse. If the

	programme is beneficial, advise women to continue pelvic floor muscle training afterwards. **[2019]** 1.7.6 Consider a vaginal pessary for women with symptomatic pelvic organ prolapse, alone or in conjunction with supervised pelvic floor muscle training. **[2019]** 1.11.17 For women with bowel complications that are directly related to mesh placement, such as erosion, stricture or fistula, discuss treatment with a regional MDT that has expertise in complex pelvic floor dysfunction and mesh-related problems. Use this discussion to formulate an individualised treatment plan with the woman. **[2019]**
Faecal incontinence in adults: management (2007) NICE guideline CG49	1.4.1 People who continue to have episodes of faecal incontinence after initial management should be considered for specialised management. This may involve referral to a specialist continence service, which may include: •pelvic floor muscle training

	•bowel retraining •specialist dietary assessment and management •biofeedback •electrical stimulation •rectal irrigation. Some of these treatments might not be appropriate for people who are unable to understand and/or comply with instructions. For example, pelvic floor re-education programmes might not be appropriate for those with neurological or spinal disease/injury resulting in faecal incontinence. 1.4.2 Healthcare professionals should consider in particular whether people with neurological or spinal disease/injury resulting in faecal incontinence, who have some residual motor function and are still symptomatic after baseline assessment and initial management, could benefit from specialised management (see also section 1.7). 1.4.3 Any programme of pelvic floor muscle training should be agreed with the person. A patient-specific exercise regimen should be provided based on the findings of digital

	assessment. The progress of people having pelvic floor muscle training should be monitored by digital reassessment carried out by an appropriately trained healthcare professional who is supervising the treatment. There should be a review of the person's symptoms on completion of the programme and other treatment options considered if appropriate.
Urinary incontinence in neurological disease: assessment and management (2012) NICE guideline CG148	1.1.3 Undertake a general physical examination that includes: •measuring blood pressure •an abdominal examination •an external genitalia examination •a vaginal or rectal examination if clinically indicated (for example, to look for evidence of pelvic floor prolapse, faecal loading or alterations in anal tone). 1.4.1 Consider pelvic floor muscle training for people with: •lower urinary tract dysfunction due to multiple sclerosis or stroke or •other neurological conditions where the potential to voluntarily contract the pelvic floor is preserved.

	Select patients for this training after specialist pelvic floor assessment and consider combining treatment with biofeedback and/or electrical stimulation of the pelvic floor.
Weight management before, during and after pregnancy (2010) NICE guideline PH27	**Recommendation 3** •During the 6–8-week postnatal check, or during the follow-up appointment within the next 6 months… Advice on healthy eating and physical activity should be tailored to her circumstances. For example, it should take into account the demands of caring for a baby and any other children, how tired she is and any health problems she may have (such as pelvic floor muscle weakness or backache). ◦If pregnancy and delivery are uncomplicated, a mild exercise programme consisting of walking, pelvic floor exercises and stretching may begin immediately. But women should not resume high-impact activity too soon after giving birth.

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