

Disciplina MED5721

Tópicos Avançados em Uroginecologia: Etiopatogenia, Diagnóstico e Tratamento

Área de Concentração: 17165

Criação: 05/06/2019

Ativação: 07/08/2019

Nr. de Créditos: 6

Carga Horária:

| Teórica (por semana) | Prática (por semana) | Estudos (por semana) | Duração | Total |
|-------------------------|-------------------------|-------------------------|------------|----------|
| 1 | 1 | 4 | 15 semanas | 90 horas |

Docentes Responsáveis:

Helmer Herren

Julio Cesar Rosa e Silva

Pedro Sergio Magnani

Objetivos:

1) Promover a análise crítica da literatura científica encorajando a aprendizagem por pares; 2) Discutir as atualidades nos mecanismos etiológicos da Incontinência urinaria feminina e das distopias genitais; 3) Destacar aspectos moleculares genéticos e epigenéticos das doenças; 4) Discutir, baseado nas bases etiopatogênicas, as implicações clínicas para o diagnóstico e tratamento.

Justificativa:

A Incontinência urinaria feminina é uma condição extremamente frequente, considerada um problema de saúde pública devido seus impactos na saúde física e psíquica das portadoras, com repercussão financeira pelo seu diagnóstico, monitoramento e tratamento. Estima-se acometer 3 a 4 em cada 10 mulheres no período da menopausa. Embora amplamente estudada, esta condição ainda é muito discutida, devido ao caráter multifatorial e complexo, neste sentido diversas pesquisas vêm sendo realizadas focadas nos aspectos moleculares relacionados ao seu desenvolvimento e manutenção.

Conteúdo:

Conteúdos teóricos a serem discutidos: 1) Etiopatogenia da Incontinência urinaria feminina; 2) Etiopatogenia das distopias genitais; 3) Alterações moleculares associadas a IUF e distopias genitais; 4) Critérios diagnósticos e ferramentas disponíveis; 5) Tratamento clínico e fisioterápico destas condições; 6) Tratamento cirúrgico e implicações no seguimento; 7) Critérios diagnósticos da Síndrome da bexiga dolorosa e seu tratamento; 8) Infecção de urina de repetição e sua condução.

Forma de Avaliação:

Presença Participação da dinâmica em sala Questionário para feedback da disciplina

Observação:

O MATERIAL DE LEITURA SERÁ CONSTANTEMENTE ATUALIZADO UMA VEZ QUE O OBJETIVO DA DISCIPLINA É DISCUTIR ATUALIDADES NAS DOENÇAS ESTUDADAS.

Bibliografia:

1 Jackson SL, Scholes D, Boyko EJ, Abraham L, Fihn SD. Predictors of urinary incontinence in a prospective cohort of postmenopausal women. *Obstet Gynecol* 2006; 108 (4) 855-862 2
Wu JM, Matthews CA, Conover MM, Pate V, Jonsson Funk M. Lifetime risk of stress urinary incontinence or pelvic organ prolapse surgery. *Obstet Gynecol* 2014; 123 (6) 1201-1206 3
Olsen AL, Smith VJ, Bergstrom JO, Colling JC, Clark AL. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence. *Obstet Gynecol* 1997; 89 (4) 501-506 4
Townsend MK, Minassian VA, Okereke OI, Resnick NM, Grodstein F. Urinary incontinence and prevalence of high depressive symptoms in older black versus white women. *Int Urogynecol J* 2014; 25 (6) 823-829 5 Zoorob D, Karram M. Management of mesh complications and vaginal constriction: a urogynecology perspective. *Urol Clin North Am* 2012; 39 (3) 413-418 6
Kashanian M, Ali SS, Nazemi M, Bahasadri S. Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on the urinary incontinence in women: a randomized trial. *Eur J Obstet Gynecol Reprod Biol* 2011; 159 (1) 218-223 7 Dumoulin C, Hay-Smith EJ, Mac Habée-Séguin G. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database Syst Rev* 2014; 5: CD005654 8 Ayeleke RO, Hay-Smith EJ, Omar MI. Pelvic floor muscle training added to another active treatment versus the same active treatment alone for urinary incontinence in women. *Cochrane Database Syst Rev* 2013; 11: CD010551 9 Jadad AR, Moore RA, Carroll D, et al. Assessing the quality of reports of randomized clinical trials: is blinding necessary?. *Control Clin Trials* 1996; 17 (1) 1-12 10 Higgins JPT, Green S. *Cochrane handbook for systematic reviews of interventions*. Version 5.1.0 [Internet]. 2011 [cited 2015 Mar 11]. Available from: < <http://handbook.cochrane.org/> > 11 Fitz FF, Resende APM, Stüpp L, et al. [Effect the adding of biofeedback to the training of the pelvic floor muscles to treatment of stress urinary incontinence]. *Rev Bras Ginecol Obstet* 2012; 34 (11) 505-510 Portuguese. 12 McLean L, Varette K, Gentilcore-Saulnier E, Harvey MA, Baker K, Sauerbrei E. Pelvic floor muscle training in women with stress urinary incontinence causes hypertrophy of the urethral sphincters and reduces bladder neck mobility during coughing. *Neurourol Urodyn* 2013; 32 (8) 1096-1102 13 Bø K, Talseth T, Vinsnes A. Randomized controlled trial on the effect of pelvic floor muscle training on quality of life and sexual problems in genuine stress incontinent women. *Acta Obstet Gynecol Scand* 2000; 79 (7) 598-603 14 Aksac B, Aki S, Karan A, Yalcin O, Isikoglu M, Eskiyurt N. Biofeedback and pelvic floor exercises for the rehabilitation of urinary stress incontinence. *Gynecol Obstet Invest* 2003; 56 (1) 23-27 15 Aukee P, Immonen P, Penttinen J, Laippala P, Airaksinen O. Increase in pelvic floor muscle activity after 12 weeks' training: a randomized prospective pilot study. *Urology* 2002; 60 (6) 1020-1023, discussion 1023-1024 16 Berghmans LC, Frederiks CM, de Bie RA, et al. Efficacy of biofeedback, when included with pelvic floor muscle exercise treatment, for genuine stress incontinence. *Neurourol Urodyn* 1996; 15 (1) 37-52 17 Hirakawa T, Suzuki S, Kato K, Gotoh M, Yoshikawa Y. Randomized controlled trial of pelvic floor muscle training with or without biofeedback for urinary incontinence. *Int Urogynecol J* 2013; 24 (8) 1347-1354 18 Mørkved S, Bø K, Fjørtoft T. Effect of adding biofeedback to pelvic floor muscle training to treat urodynamic stress incontinence. *Obstet Gynecol* 2002; 100 (4) 730-739 19 Wong KS, Fung KY, Fung SM, Fung CW, Tang CH. Biofeedback of pelvic floor muscles in the management of genuine stress incontinence in Chinese women. *Physiotherapy* 2001; 87 (12) 644-648 20 Borello-France DF, Zyczynski HM, Downey PA, Rause CR, Wister JA. Effect of pelvic-floor muscle exercise position on continence and quality-of-life outcomes in women with stress urinary incontinence. *Phys Ther* 2006; 86 (7) 974-986 21 de Oliveira Camargo F, Rodrigues AM, Arruda RM, Ferreira Sartori MG, Girão MJ, Castro RA. Pelvic floor muscle training in female stress urinary incontinence: comparison between group training and individual treatment using PERFECT assessment scheme. *Int Urogynecol J Pelvic Floor Dysfunct* 2009; 20 (12) 1455-1462 22 Pereira VS, Correia GN, Driusso P. Individual and group pelvic floor muscle training versus no treatment in female stress urinary incontinence: a randomized controlled pilot study. *Eur J Obstet Gynecol Reprod Biol* 2011; 159 (2) 465-471 23 Bo K, Hagen RH, Kvarstein B, Jorgensen J, Larsen S, Burgio KL. Pelvic floor muscle exercise for the treatment of female stress urinary incontinence: III. Effects of two different degrees of pelvic floor muscle exercises. *Neurourol Urodyn* 1990; 9 (5) 489-502 24

Felicíssimo MF, Carneiro MM, Saleme CS, Pinto RZ, da Fonseca AM, da Silva-Filho AL. Intensive supervised versus unsupervised pelvic floor muscle training for the treatment of stress urinary incontinence: a randomized comparative trial. *Int Urogynecol J* 2010; 21 (7) 835-840 25 Ferreira M, Santos PC. Impact of exercise programs in woman's quality of life with stress urinary incontinence. *Rev Port Saude Publica* 2012; 30 (1) 3-10 26 Zanetti MR, Castro RdeA, Rotta AL, Santos PD, Sartori M, Girão MJ. Impact of supervised physiotherapeutic pelvic floor exercises for treating female stress urinary incontinence. *Sao Paulo Med J* 2007; 125 (5) 265-269 27 Miller JM, Ashton-Miller JA, DeLancey JO. A pelvic muscle precontraction can reduce cough-related urine loss in selected women with mild SUI. *J Am Geriatr Soc* 1998; 46 (7) 870-874 28 Kaya S, Akbayrak T, Gursen C, Beksac S. Short-term effect of adding pelvic floor muscle training to bladder training for female urinary incontinence: a randomized controlled trial. *Int Urogynecol J* 2015; 26 (2) 285-293 29 Kaya S, Akbayrak T, Gursen C, Beksac S. Pelvic floor muscle training added to bladder training versus bladder training alone for female urinary incontinence: a randomized controlled trial. *Neurourol Urodyn* 2014; 33 (6) 864-866 30 Sherburn M, Bird M, Carey M, Bø K, Galea MP. Incontinence improves in older women after intensive pelvic floor muscle training: an assessor-blinded randomized controlled trial. *Neurourol Urodyn* 2011; 30 (3) 317-324 31 Knight S, Laycock J, Naylor D. Evaluation of neuromuscular electrical stimulation in the treatment of genuine stress incontinence. *Physiotherapy* 1998; 84 (2) 61-71 32 Parsons M, Mantle J, Cardozo L, Hextall A, Boos K, Bidmead J. A single blind, randomised, controlled trial of pelvic floor muscle training with home electrical stimulation in the treatment of urodynamic stress incontinence [abstract]. *Proceedings of the 34th Joint Meeting of the International Continence Society (ICS) and the International Urogynecological Association (IUGA); 2004 Aug 23-27; Paris, France. 2004:296.* 33 Terlikowski R, Dobrzycka B, Kinalski M, Kuryliszyn-Moskal A, Terlikowski SJ. Transvaginal electrical stimulation with surface-EMG biofeedback in managing stress urinary incontinence in women of premenopausal age: a double-blind, placebo-controlled, randomized clinical trial. *Int Urogynecol J* 2013; 24 (10) 1631-1638 34 Luber KM, Wolde-Tsadik G. Efficacy of functional electrical stimulation in treating genuine stress incontinence: a randomized clinical trial. *Neurourol Urodyn* 1997; 16 (6) 543-551 35 Bø K, Talseth T, Holme I. Single blind, randomised controlled trial of pelvic floor exercises, electrical stimulation, vaginal cones, and no treatment in management of genuine stress incontinence in women. *BMJ* 1999; 318 (7182) 487-493 36 Castro RA, Arruda RM, Zanetti MR, Santos PD, Sartori MG, Girão MJ. Single-blind, randomized, controlled trial of pelvic floor muscle training, electrical stimulation, vaginal cones, and no active treatment in the management of stress urinary incontinence. *Clinics (Sao Paulo)* 2008; 63 (4) 465-472 37 Correia GN, Pereira VS, Bastos AM, Hirakawa HS, Driusso P. Surface and intravaginal electrical stimulation versus no treatment in severity of stress urinary incontinence: randomized controlled study. *Int Urogynecol J.* 2013; 24 (Suppl. 01) S23-S24 38 Correia GN, Pereira VS, Hirakawa HS, Driusso P. Effects of surface and intravaginal electrical stimulation in the treatment of women with stress urinary incontinence: randomized controlled trial. *Eur J Obstet Gynecol Reprod Biol* 2014; 173: 113-118 39 Sand PK, Richardson DA, Staskin DR, et al. Pelvic floor electrical stimulation in the treatment of genuine stress incontinence: a multicenter, placebo-controlled trial. *Am J Obstet Gynecol* 1995; 173 (1) 72-79 40 Pereira VS, Bonioli L, Correia GN, Driusso P. [Effects of surface electrical stimulation in older women with stress urinary incontinence: a randomized controlled pilot study]. *Actas Urol Esp* 2012; 36 (8) 491-496 Spanish. 41 Pereira VS, de Melo MV, Correia GN, Driusso P. Vaginal cone for postmenopausal women with stress urinary incontinence: randomized, controlled trial. *Climacteric* 2012; 15 (1) 45-51 42 Cammu H, Van Nysten M. Pelvic floor exercises versus vaginal weight cones in genuine stress incontinence. *Eur J Obstet Gynecol Reprod Biol* 1998; 77 (1) 89-93 43 Harvey MA, Johnston SL. A randomized, single-blind prospective trial comparing pelvic floor physiotherapy with biofeedback versus weighted vaginal cones in the treatment of female genuine stress urinary incontinence: a pilot study. *Int Urogynecol J* 2006; 17 (Suppl. 02) S235-S236 44 Santos PFD, Oliveira E, Zanetti MRD, et al. [Electrical stimulation of the pelvic floor versus vaginal cone therapy for the treatment of stress urinary incontinence]. *Rev Bras Ginecol Obstet* 2009; 31 (9) 447-452 Portuguese. 45 Kamel DM, Thabet AA, Tantawy SA, Radwan MM. Effect of abdominal versus pelvic floor muscle exercises in obese Egyptian women with mild stress urinary incontinence: a randomised controlled trial. *Hong Kong Physiother J* 2013; 31 (1) 12-18 46 Dumoulin C, Lemieux M, Bourbonnais D, Morin M. Conservative management of stress urinary incontinence: a single-blind, randomized controlled trial of pelvic floor rehabilitation with or without abdominal muscle rehabilitation compared to the absence of treatment. *Neurourol Urodyn* 2003; 22 (5) 543-544 47 Dumoulin C, Lemieux MC, Bourbonnais D, Gravel D, Bravo G, Morin M. Physiotherapy for persistent postnatal stress urinary incontinence: a randomized controlled trial. *Obstet Gynecol* 2004; 104 (3) 504-510 48 Ahlund S, Nordgren B, Wilander EL, Wiklund

I, Fridén C. Is home-based pelvic floor muscle training effective in treatment of urinary incontinence after birth in primiparous women? A randomized controlled trial. Acta Obstet Gynecol Scand 2013; 92 (8) 909-915

Idiomas ministrados:

Português