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Yoga therapy to manage Female Urinary Incontinence In Pamela Youde Nethersole Eastern Hospital

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Introduction

Pelvic floor dysfunction contributes in many urological conditions. Behavioral treatment strategies such as pelvic-floor muscle exercises and bladder training can be highly effective in treating incontinence, but it can be difficult for some women to learn the technique. Yoga as a set of physical and mental practices designed to promote overall health and well-being has been incorporated into the behavioral treatment program to improve incontinence. By promoting the practice of specific yoga postures, yoga can help strengthen their pelvic floor muscles without performing traditional Kegal exercises. "The Pear Club" in HKEC was set up in 2015 for female incontinence patients; it involves a multi-disciplinary team consisting of doctors, nurses, social workers and dieticians whom they provided a sequence of related educational talk to all patients. On the other hand, it provided a platform to gather patients together with urinary incontinence to undergo yoga. More importantly, yoga therapy can help them to lose weight, self-correct and strengthen the major muscles which influence the pelvic structure for urinary incontinence. Not only that this is an effective alternative treatment but also it is welcomed and well-tolerated by majority of incontinent women in the community.

Objectives

To access the feasibility and efficacy of the group-based yoga therapy in "The Pear Club"

Methodology

During the period of January 2016 to December 2016, all patients diagnosed with urinary incontinence were recruited to "The Pear Club". Yoga therapy was introduced to all patients and it was held every 6 weeks for the whole year. A set of questionnaires were conducted before and after yoga therapy; UDI-6, IIQ7, OABSS

and the no. of pad used together with patients' satisfaction score was measured.

Result

Results:

A total of thirty patients completed the questionnaire and all patients had positive feedback from the yoga therapy. They were taught how to perform Kegal exercises, and the initial assessment of symptom scores (UDI-6, IIQ7) together with the no. of pad used was conducted before the yoga class. All patients failed to show any significant improvement despite three months of initial treatment. After 8 sessions of yoga therapy, the UDI-6 score decrease from 6.2 to 5.7 ($p < 0.05$) and IIQ-7 score decrease from 6.1 to 5.3 ($P < 0.05$). Besides, after the educational talk, they had a better understanding of their own condition therefore they found it easier to face their disease. As they become friends in the group, they encourage each other to persist in coming into the group yoga therapy; this perseverance is a key to successful outcome.

Conclusion:

The feedback from participants provided a good reason to promote yoga therapy to "The Pear Club". It can enhance quality of life for women with urinary incontinence in our cluster. The result have constructive and encouraging. I highly recommend this program to other clusters and share the yoga practice to all incontinence patients.