

Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse

Recommendation

AUGUST 2024

Final Recommendation

Ontario Health, based on guidance from the Ontario Health Technology Advisory Committee, recommends publicly funding pelvic floor muscle training for stress urinary incontinence for women and men and pelvic organ prolapse in women.

Rationale for the Recommendation

The Ontario Health Technology Advisory Committee made the above recommendation after considering the clinical, economic, and patient preferences and values evidence reported in the health technology assessment.¹

The members of the committee noted that pelvic floor muscle training delivered by a trained health care professional provides benefits for outcomes that are important to women with stress urinary incontinence or pelvic organ prolapse, including improvement of symptoms, quality of life, and patient satisfaction. For men with stress urinary incontinence after prostatectomy, pelvic floor muscle training yielded mixed results for symptom improvement or quality of life, although the evidence is very uncertain. For fecal incontinence, the committee learned that in comparison with standard care for adult men or women, pelvic floor muscle training had little to no effect on symptom improvement, and the evidence was very uncertain.

The economic evidence showed that pelvic floor muscle training is likely cost-effective for women with stress urinary incontinence. However, for other conditions, pelvic floor muscle training is likely not cost-effective (women with pelvic organ prolapse and men with stress urinary incontinence), or the cost-effectiveness is uncertain (women or men with fecal incontinence). The committee noted that although publicly funding pelvic floor muscle training for stress urinary incontinence and pelvic organ prolapse would require large additional costs, there may be savings in societal costs as people affected by those conditions may be able to return to work.

Committee members also noted the benefit of pelvic floor muscle training being a conservative treatment option for people with stress urinary incontinence or pelvic organ prolapse. Most people in Ontario currently pay out of pocket or use private insurance for pelvic floor muscle training. Committee members recognized that because of this, people who prefer nonsurgical care or do not have supplementary insurance may have limited publicly funded treatment options.

Decision Determinants for Pelvic Floor Muscle Training for Stress Urinary Incontinence, Fecal Incontinence, and Pelvic Organ Prolapse

Overall Clinical Benefit

Effectiveness

How effective is the health technology/intervention likely to be (taking into account any variability)?

Compared with no treatment:

- For women with stress urinary incontinence, pelvic floor muscle training
 - Likely results in a large improvement of symptoms (Grading of Recommendations, Assessment, Development and Evaluations [GRADE]: Moderate)
 - Likely results in a large increase in satisfaction (GRADE: Moderate)
 - May improve quality of life, but the evidence is very uncertain (GRADE: Very low)
- For men with stress urinary incontinence postprostatectomy, pelvic floor muscle training
 - May have little to no effect on symptom improvement, but the evidence is very uncertain (GRADE: Very low)
 - May have little to no effect on quality of life, but the evidence is very uncertain (GRADE: Very low)
- For women with pelvic organ prolapse, pelvic floor muscle training
 - Likely reduces symptom severity (GRADE: Moderate)
 - Likely improves quality of life (GRADE: Moderate)
 - Likely improves patient satisfaction (GRADE: Moderate)

Compared with standard treatment:

- For men or women with fecal incontinence, pelvic floor muscle training
 - May have little to no effect on symptoms, but the evidence is very uncertain (GRADE: Very low)

Safety

How safe is the health technology/intervention likely to be?

Pelvic floor muscle training–related adverse events were rarely reported in the studies included in the clinical evidence review. Pelvic floor muscle training must be delivered by a health care professional who is specifically trained to provide this treatment.

Compared with no treatment:

- For men with stress urinary incontinence after prostatectomy, with pelvic floor muscle training
 - There may be little to no difference in the occurrence of complications, but the evidence is very uncertain (GRADE: Very low)

Compared with vaginal pessaries:

- For women with pelvic organ prolapse, with pelvic floor muscle training
 - There may be fewer complications, but the evidence is very uncertain (GRADE: Very low)

Burden of Illness

What is the likely size of the burden of illness pertaining to this health technology/intervention?

Stress urinary incontinence represents approximately 50% of urinary incontinence in women worldwide and is more prevalent than other types of urinary incontinence in women younger than 55 years of age.² For men, stress urinary incontinence most commonly occurs in the first year after prostate surgery for an enlarged gland or prostate cancer.²

The prevalence of fecal incontinence is approximately 2% to 24% in adults, with 1% to 2% of the adult population experiencing a significant impact on daily activities.³

In nonpregnant women, the prevalence of symptomatic pelvic organ prolapse ranges from 2.9% to 12.1%.⁴ In parous women, the prevalence of pelvic organ prolapse is estimated to be approximately 50% and in nulliparous women 20 to 39 years of age, the prevalence of pelvic organ prolapse is estimated to be 1.6%.⁵

Need

How large is the need for this health technology/intervention?

In general, pelvic floor muscle training is not publicly funded, and patients with pelvic floor dysfunction pay out of pocket or are covered by private insurance plans. Private physiotherapy coverage amounts vary depending on an individual's plan, and some private health insurance companies may cover the cost of pelvic floor muscle training only if the individual has a physician's referral.

Some patients who fulfill certain criteria may be eligible for physiotherapy at a government-funded community physiotherapy clinic if they have a referral from a physician or nurse practitioner. Typically, the referral is provided to help a patient recover from a recent illness, injury, or surgery.

Patient Preferences and Privacy

Patient Preferences and Values

Do patients have specific preferences, values, or needs related to the health condition, health technology/intervention, or life impact that are relevant to this assessment?

People with stress urinary incontinence, fecal incontinence, or pelvic organ prolapse described the burden of their condition and its disruption to their daily life, mental health, employment, and relationships. Patients reported that having a nonsurgical treatment option available, such as pelvic floor muscle training, was important to them.

Autonomy, Privacy, Confidentiality, and/or Other Relevant Ethical Principles as Applicable

Are there concerns regarding accepted ethical or legal standards related to patient autonomy, privacy, confidentiality, or other ethical principles that are relevant to this assessment?

Treatment choice is a personal decision. With access to different treatment options for pelvic organ prolapse, stress urinary incontinence, and fecal incontinence, people will have greater autonomy to choose a treatment that aligns with their care preferences. Care that adheres to standard privacy and confidentiality protocols is needed due to the stigmatizing nature of pelvic organ prolapse, stress urinary incontinence, and fecal incontinence.

Equity and Patient Care

Equity of Access or Outcomes

Are there disadvantaged populations or populations in need whose access to care or health outcomes might be improved or worsened that are relevant to this assessment?

Some people without supplementary insurance may not be able afford pelvic floor muscle training. Individuals for whom surgery is not suitable and who are unable to pay for pelvic floor muscle training may have limited treatment options.

People living in remote or rural areas may have limited access to pelvic floor muscle training.

Patient Care

Are there challenges in the coordination of care for patients or other system-level aspects of patient care (e.g., timeliness of care, care setting) that might be improved or worsened that are relevant to this assessment?

Pelvic floor muscle training is a specialized type of physiotherapy that requires training to provide it. At the time of writing this recommendation, more health care professionals trained in pelvic floor muscle training delivery are needed in the Ontario public health care system to meet the demand for care.

Cost-Effectiveness

Economic Evaluation

How efficient is the health technology/intervention likely to be?

For women with stress urinary incontinence, pelvic floor muscle training is likely cost-effective in comparison with no treatment or pessaries. For women with pelvic organ prolapse, the cost-effectiveness of pelvic floor muscle training in comparison with no treatment was uncertain, and pelvic floor muscle training is likely not cost-effective in comparison with pessaries. For men with stress urinary incontinence after prostate surgery, pelvic floor muscle training is likely not cost-effective in comparison with standard care. The cost-effectiveness of pelvic floor muscle training for women or men with fecal incontinence is unknown.

Feasibility of Adoption Into Health System

Economic Feasibility

How economically feasible is the health technology/intervention?

Publicly funding pelvic floor muscle training would likely lead to a large budget increase. Budget impact analyses showed that publicly funding pelvic floor muscle training for women with stress urinary incontinence, fecal incontinence, and pelvic organ prolapse would result in additional costs of \$185.3 million, \$275.6 million, and \$85.8 million, respectively, over the next 5 years. Publicly funding pelvic floor muscle training for men with stress urinary incontinence and fecal incontinence would result in additional costs of \$10.8 million and \$131.1 million, respectively, over the next 5 years.

Organizational Feasibility

How organizationally feasible is it to implement the health technology/intervention?

Presently, not many health care professionals are trained to provide pelvic floor muscle training. If pelvic floor muscle training is publicly funded, initially there will likely be a shortage of health care professionals who are trained to provide pelvic floor muscle training. Implementation efforts will need to consider funding support for the training of additional health care professionals to meet the demand for care.

References

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