Pelvic Floor Therapy: What About The Nurse?

The book is a clear and well-articulated resource for women who suffer from pelvic floor dysfunction. The authors describe clearly in non-medical terminology the many types of pelvic floor dysfunction including prolapse and incontinence and the most common treatments and interventions available for women. The authors inform the reader of the signs and symptoms of these conditions and give the reader some of the verbal skills she will need when she presents for care. They also describe the importance of seeking care with educated professionals who are specialized to treat female pelvic floor dysfunction. Most notable are the clearly defined definitions of the medical terminologies related to diagnosis and treatment. The information prepares a woman for her first encounter with a health care provider and provides her with a clear and concise description of the simple and complex medical testing, diagnosis-specific interventions, as well as the rationale for treatment. Additionally, the information in this book can empower a woman to ask questions, choose treatment options that meet her needs, while granting her the opportunity to become an informed consumer of medical services.

However, the only reference to the clinician who provides pelvic floor therapy is a physical therapist. Presently in the United States, many nurses and nurse practitioners provide excellent, well-rounded, and successful programs while working collaboratively with physicians. Additionally, referring to only one type of health care provider is confusing to women who find themselves in the practice of a nurse or nurse practitioner for pelvic floor therapy. Hence, the reference to only one discipline providing these services can be misinterpreted by the woman when referred to a nurse-run pelvic floor therapy program. Nurses have a very holistic approach to pelvic floor dysfunction. They not only work to improve pelvic floor strength and function, they review the patient’s medications for pharmaceutical-related causes to her presenting symptoms and institute other behavioral interventions to ensure the woman is successful in her therapy. Although both disciplines offer excellent care for the treatment of pelvic floor dysfunction, the authors do not introduce other health care providers of continence services.

The overall content of this book provides a worthwhile view of the diagnosis and treatment of pelvic floor disorders in women. As a nurse who has provided these services for nearly 20 years, I would recommend this book to women who ask for information regarding these services. I hope that when the authors edit this book for future publication, they will include the nurse or nurse practitioner when defining caregivers who offer pelvic floor therapy of pelvic floor dysfunction.

Francie Bernier, PhDc, RNC

In Regaining Bladder Control: What Every Woman Needs to Know, the authors attempt to bring information to women who may be experiencing urinary or fecal incontinence or perhaps caring for someone with incontinence. The book is well organized and laid out.

The chapters lend themselves to the ease of selective reading and the questionnaires are standard to what would be found in a continence program or clinical setting. The worksheet on the economics of the individual coping with incontinence is a thoughtful addition.

In 1996, the Agency for Healthcare Policy and Research published an update on Urinary Incontinence in Adults: Acute and Chronic Management. The panel that convened to review the scientific and clinical evidence was co-chaired by a nurse practitioner, Diane Newman, MSN, RNC, FAAN. Also on that panel were a number of distinguished nurses, researchers, and urologists whose dedication to the evaluation and treatment of men and women with urinary incontinence has set the standards by which much work and education has evolved today.
I found it disturbing that the role of the nurse and the nurse practitioner were not included in the “team” approach to woman seeking information on incontinence. Indeed, there seemed to be only the physician (urogynecologist) and physical therapist in this team.

A further concern was the omission of the Society of Urologic Nurses and Associates (SUNA) from the listing of resources found in appendix A. By not recognizing the decades of work done by urologists, nurse practitioners, and others, the authors fail in their efforts to provide an open and honest resource for women. While the information is indeed factual, current in content, and graphically appealing, it does not leave the reader with confidence that anyone other than a urologist holds the key to their treatment success.

“If nurses are to live up to the public’s trust in them, their advocacy for improved continence care for their patients is mandatory,” wrote Diana J. Mason, editor-in-chief of the American Journal of Nursing, in her forward to the book, Managing and Treating Urinary Incontinence (2002). I would be neglecting my patients, my colleagues, and my professional organization, SUNA, if I were to not speak out and question why the authors provide no recognition to the years of expertise and contribution to those who need the care and skill of all of us.

E. Lisa Neu, MSN, RN, CRNP-BC, CURN

When asked to review this book, my first reaction was, “What, another book on urinary incontinence? How could it be different from the ones I possess or am aware of for counseling/teaching incontinent clients?” Like cookbooks, each book may cover the same information but approach the topic from a different slant or include new material valuable to both health care professionals and clients who seek help.

Regaining Bladder Control: What Every Woman Needs to Know is written entirely for women with incontinence problems. Authorship enhances this book’s intent by teaming the skills and knowledge of three women: an urogynecologist, an educator, and a medical writer, to convey information in “laywoman” terms. In about 285 pages, the authors use simple language, illustrations, and photographs to explain types of incontinence, diagnostic tests, and medical, surgical, and personal solutions for control or cure. Since my favorite books directed to individuals with incontinence were published in 1997 and 2002, I certainly welcome an update to my bookshelf that can be practical and meaningful for women I teach or counsel.

Moreover, I like this book’s direct, one-on-one approach. It does not dwell on statistics about urinary incontinence in the general population, but presents the text as if talking directly “across the table” to the authors’ patients. Adding to discussions on medical-surgical management, many suggested recommendations and tips came from interviews with women in the community and from patients seen in Dr. Rogers’ practice. The tone of the book is entirely positive.

Greatly adding to practicality, the authors offer several worksheets that advance the facts (a) that there is no easy, “quick fix” for improving incontinence, and (b) that success requires women to be active and motivated in determining cause(s) and selecting approaches. The worksheets not only help women identify symptoms, but to monitor progress with the selected courses to incontinence management. There are also worksheets to help women prepare for an office visit with a health care provider or surgeon, if surgery is necessary. Completing the worksheets would be invaluable in these processes. I believe using these worksheet indicate a client’s intent to approach the problem objectively. This way, provider and client can plan solutions together.

Frequently asked questions and suggested answers at the end of chapters address common concerns providers hear from clients. Many address problems that occur in communication between clients and their providers. Often, women find it difficult to talk with a medical or nursing professional about this sensitive subject. Regaining Bladder Control gives readers words that may make these discussions more comfortable.

The book has appendices to its almost 285 pages: Resource Organizations (with all kinds of contact information), References, very brief and targeted into their chapters, and a Glossary in order to understand medical terminology often used in provider-client communication. The topic is well covered in text pages. The type is readable, and the tables and illustrations are formatted appropriately. The introductory “personal statements” to each chapter and “women’s stories” at the end of the book are positive and emphasize the fact that the reader is not alone. I recommend Regaining Bladder Control as a great resource that addresses incontinence in terms of the women who suffer from it.

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References: