**Identifying problem categories I, II and III**

### Treatment plan for men with stress urinary incontinence

#### Disorder

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUI with pelvic floor dysfunction</td>
<td>SUI without pelvic floor dysfunction</td>
<td>SUI + general factors interfering recovery or adjustment processes</td>
</tr>
<tr>
<td>no voluntary control</td>
<td>no involuntary control</td>
<td>voluntary control present</td>
</tr>
</tbody>
</table>

#### Goal

- recovering voluntary control
- compensation or adjustment
- recovering PF function
- optimizing PF
- recovery not possible
- exercising to address unfavorable factors
- addressing impeding factors
- informing patient about possibilities and impossibilities
- education
- exercise therapy
- PPT

#### Strategy

- achieving voluntary control
- compensating through voluntary control, and improving voluntary control
- single to multiple to fully automatic tasks
- single to multiple to fully automatic tasks
- single to multiple to fully automatic tasks

#### Therapy

- verbal instruction and/or biofeedback
- digital palpation by patient or PF (PPT)
- electrostimulation (with PPT)
- electrostimulation (only)
- PPT in case of doubt about patient’s ability to contract PF muscles
- techniques:
  - tapping PF
  - digital vibration
- voluntary control
- PFMT

#### PFMT

- refer to family doctor or medical specialist referring doctor
- favorable result
  - continue
  - contact referring doctor
- no result

#### Monitoring

- check-up + reminder (if necessary)
- therapy (if required)

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**Identifying impairments, limitations and participation restrictions:**
- nature of incontinence, differentiate from OUI
- nature of disorder
- severity of disorder

- history-taking: nature, severity (OAS, PIR, PDI, questions on risk factors, ideas, views (‘illness beliefs’)
- physical examination: inspection at rest, during movement, general, local, anal palpation (only by PPT), testing pelvic floor function
- voiding posture and toileting behavior

Further examinations:
- measurement instruments:
  - micturition diary
  - pad test

**Identifying problem categories I, II and III**

### Identifying problem categories I, II and III

**Disorder**:
- pelvic floor dysfunction due to respiratory dysfunction
- dysfunction of parts of musculoskeletal system components, voiding posture, toileting regime and behavior

**Goal**:
- recovering voluntary control
- compensation or adjustment
- recovering PF function
- optimizing PF

**Strategy**:
- achieving voluntary control
- compensating through voluntary control, and improving voluntary control
- single to multiple to fully automatic tasks

**Therapy**:
- verbal instruction and/or biofeedback
- digital palpation by patient or PF (PPT)
- electrostimulation (with PPT)
- electrostimulation (only)
- PPT in case of doubt about patient’s ability to contract PF muscles
- techniques:
  - tapping PF
  - digital vibration

**PFMT**
- refer to family doctor or medical specialist referring doctor
- favorable result
  - continue
  - contact referring doctor
- no result

**Monitoring**
- check-up + reminder (if necessary)
- therapy (if required)
### Treatment Plan for Women with Stress Urinary Incontinence

#### Identifying Problem Categories I, II and III

<table>
<thead>
<tr>
<th>Disorder</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SUI with pelvic floor dysfunction</td>
<td>no voluntary control</td>
<td>no involuntary control</td>
</tr>
<tr>
<td>2</td>
<td>SUI without pelvic floor dysfunction</td>
<td>voluntary control absent</td>
<td>voluntary control present</td>
</tr>
<tr>
<td>3</td>
<td>SUI + general factors impeding recovery or adjustment processes</td>
<td>voluntary control absent</td>
<td>voluntary control absent</td>
</tr>
</tbody>
</table>

#### Treatment Plan

**I: SUI with Pelvic Floor Dysfunction**
- **Goal**: recovering voluntary control
- **Strategy**: achieving voluntary control
- **Therapy**: verbal instruction and/or biofeedback, only PPT (invasive procedures)
- **Tasks**: practicing the ‘Knack’ while coughing, PFMT if insufficient progress
- **Exercises to address unfavorable factors**: PFMT if insufficient progress

**II: SUI Without Pelvic Floor Dysfunction**
- **Goal**: recovering voluntary control
- **Strategy**: compensating voluntary control
- **Tasks**: informing patient on speed of recovery

**III: SUI + General Factors Impeding Recovery or Adjustment Processes**
- **Goal**: no voluntary control
- **Strategy**: adjusting dominant factors
- **Tasks**: addressing underlying factors

#### Monitoring

- **Evaluation**: evaluatie resultaat: vragenlijsten PRAFAB, GEE, PSK, VAS (padtest, micturitiediaries)
- **Monitoring**: check-up + reminder (if necessary) → therapy (if required)

#### Further Examinations

- **Initial Examination**
  - Medical history and physical examination
  - Urodynamic testing
  - Imaging studies

- **Follow-up Examinations**
  - Urinalysis
  - Other laboratory tests
  - Follow-up urodynamic testing

#### Referral Process

1. **First Level**
   - Family physician (primary care)
   - Referral to specialist (secondary care)

2. **Second Level**
   - Pelvic floor physical therapy (PFPT)
   - Urodynamic testing

3. **Third Level**
   - Pelvic floor surgery
   - Radiation therapy

#### Implementing Therapy

- **PFMT**: refer to PF muscles
- **PFPT**: to speed up progress
- **Biofeedback**: informing patient on speed of recovery
- **Physiotherapy**: addressing underlying factors

#### Goals

- **Voluntary Control**: achieving voluntary control
- **Compensation**: recovering PF function
- **Adjustment**: optimizing PF function

#### Degree of Modifiability

- **Unfavorable Factors**: adjusting voluntary control
- **Unfavorable Factors**: addressing underlying factors

#### Favorable Factors

- **Favorable Factors**: optimizing PF function
- **Favorable Factors**: addressing underlying factors

#### Trial Therapy

- **Trial Therapy**: 6 sessions

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**Legend**
- **PF**: pelvic floor
- **PPT**: pelvic floor physical therapy
- **PFMT**: pelvic floor muscle training
- **PVR**: post-voidal residue
- **UDT**: urodynamic testing
- **VAS**: visual analog scale
- **PSK**: perceived stress questionnaire
- **PRAFAB**: psychological questionnaires
- **GEE**: global evaluation of excessive daytime somnolence

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The complete guideline is available from www.kngfrichtlijnen.nl