

# Is Hyacinth Exercises Better than Conventional Pelvic Floor Exercise (PFE) among Women Aged above 55 Years with Urinary Incontinence (UI)?

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## ABSTRACT

**Background:** Women living with UI have been shown to have a significantly lower quality of life compared with those who are continent (TOG 2009). In Malaysia, the estimated prevalence of UI in the elderly population was found to be about 10% with this figure increasing up to 50% amongst residents living in nursing homes (Poi 1995, Sidik 2010). PFE remains the main primary intervention for the management of stress and mixed UI (NICE guideline, November 2015). **Objectives:** To determine whether Hyacinth exercises (Alternative Slow and Moderate Exercises) was more effective than conventional PFE alone for the treatment of female with UI. **Methods:** This was a prospective, randomized, single-blind study performed at University Malaya Medical Centre from July 2015 to May 2017 with ethics approval. Women aged 55 years and above with complaints of UI were recruited once they were counselled with written consents obtained. Women were randomized to either PFE alone or Hyacinth exercises which were taught by a trained physiotherapist. All patients were asked to complete an exercise diary. Primary outcome was evaluated via a validated questionnaire (Australian pelvic floor questionnaire) which was completed at recruitment, 2 and 6 months after enrolment. Secondary outcome was assessed by measuring pelvic floor strength with the use of Femiscan, an intravaginal biofeedback device. **Results:** Seventy-five women were recruited into this study which included ten drop outs. Both groups showed significant improvement in both questionnaire scores and Femiscan measurements from baseline to follow up visits. Mean score of improvement is higher in the Hyacinth group when compared to the PFE group at second (2.97 vs 1.65) and third visit (6.00 vs 5.26). However, this was not statistically different with p values of 0.27 and 0.56 respectively. Mean improvement of pelvic floor strength by Femiscan measurement was higher in the Hyacinth group when compared to the PFE group at second visit (39.27 vs 36.76), as well as at third visit (117.52 vs 81.47). Again, however, this was not statistically different with p values of 0.61 and 0.50 respectively. When comparing stress incontinence alone, there was significant score improvement in Hyacinth group when compared to PFE group (P= 0.06 vs 0.13) at second visit. **Conclusions:** Although there is no statistical difference between the two groups for our primary and secondary outcome, this study shows that Hyacinth group demonstrates earlier improvement in urinary stress incontinence at two months when compared to PFE group.

# Preliminary Study on the Representativeness of Sentinel Node Mapping using Methylene Blue Dye in Endometrial and Cervical Cancer in Gynaecological Oncology Unit, Hospital Tengku Ampuan Afzan, Kuantan

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## ABSTRACT

**Introduction:** The utilization of sentinel lymph node (SLN) mapping technique in the management of vulval cancer is established. However, the usage of SLN mapping in the management of endometrial and cervical cancer has not yet achieved widespread acceptance. Incorporation of SLN in the management of endometrial and cervical cancer may omit the need for extensive lymphadenectomy. **Objective:** The purpose of this preliminary study is to evaluate the representativeness of SLN identified using Methylene blue dye and identification of adverse reaction from this procedure. **Materials and Methods:** All patients who have either cervical or endometrial carcinoma were recruited. They were counselled for intra-operative SLN mapping procedure. The surgical procedure was carried out in the usual manner. The SLN were identified and removed prior to completing the lymphadenectomy. The full histology of the sentinel lymph nodes was then compared with the full histology of the remaining lymph nodes removed during the systematic lymphadenectomy. **Results:** There were a total of 14 patients recruited in this preliminary study. Out of which 64.3% and 35.7% had endometrial and cervical carcinoma respectively. Our SLN identification rate is 100% in this preliminary study. The median number of SLN identified were two on each group of pelvic nodes i.e. the left and the right pelvic lymph nodes. In this study, the positive predictive value (PPV) and the negative predictive value (NPV) of the SLN is 100%. There was no adverse reaction identified in all the patients during the SLN mapping procedure except the blue discolouration of urine post-procedural. **Conclusion:** In this preliminary study, we have shown that, the sentinel nodes identified using Methylene blue dye are representatives of the remaining lymph nodes removed during systematic lymphadenectomy. Further study need to be carried out before this approach can be incorporated into the management of endometrial and cervical cancer.