Zanesljivost med preiskovalkami za meritve diastaze preme trebušne mišice pri nosečnicah z uporabo ultrasonografa

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Uvod: Diastaza ovijalke preme trebušne mišice je definirana kot čezmeren razmik ovijalke preme trebušne mišice vzdolž bele črte (4). Ultrasonografija je cenovno dostopna, neinvazivna, ponovljiva in varna metoda za meritve čezmernega razmika ter uporabo v nosečnosti (2). Vrednosti, ki jih dobimo s tovrstnimi meritvami, so izražene v milimetrih, takih sprememb pa s palpacijo ni mogoče zaznati (2). Namen raziskave je bil ugotoviti zanesljivost posamezne preiskovalke in zanesljivost med preiskovalkami za meritve diastaze preme trebušne mišice pri nosečnicah z uporabo ultrasonografa **Metode:** V raziskavi je sodelovalo 20 prostovoljk nosečnic. Meritve sta izvajali fizioterapevtki, 4,5 cm nad popkom in 4,5 cm pod popkom (1) ter v položaju sproščenih trebušnih mišic in ob izvedbi rahle fleksije trupa (3). Za meritve smo uporabili ultrasonograf Samsung Medison UGEO H60 in linearno ultrazvočno sondo. Za ugotavljanje zanesljivosti je bil uporabljen medrazredni korelacijski koeficient (ICC). Komisija Republike Slovenije za medicinsko etiko Ministrstva za zdravje je raziskavo odobrila in izdala soglasje 21. junija 2017, številka 0120-353/2017-3. **Rezultati:** Vrednost ICC je bila pri meritvah nad popkom pri sproščenih trebušnih mišicah za prvo preiskovalko ICC = 0,976 in za drugo preiskovalko ICC = 0,924. Pri meritvah pod popkom v položaju sproščenih trebušnih mišic je prva preiskovalka dosegla vrednost ICC = 0,599, pri drugi preiskovalki pa je bila vrednost negativna, in sicer ICC = 5,170. Za meritve nad popkom ob izvedbi rahle fleksije trupa je bil pri prvi preiskovalki ICC = 0,918 in pri drugi preiskovalki ICC = 0,951. Vrednost ICC za meritve pod popkom ob izvedbi rahle fleksije trupa so bile za prvo preiskovalko ICC = 0,535 in za drugo preiskovalko ICC = 0,907. Zanesljivost med preiskovalkami je bila za meritve diastaze ovijalke preme trebušne mišice nad popkom v položaju sproščene trebušne stene ICC = 0,690 in pod popkom ICC = 0,620. Za meritve ob izvedbi rahle fleksije trupa pa je bila zanesljivost nad popkom ICC = 0,754 in pod popkom ICC = 0,753. **Zaključek:** Na podlagi dobljenih rezultatov lahko sklepamo, da je bila zanesljivost posameznih preiskovalk za meritve diastaze ovijalke preme trebušne mišice nad popkom v obeh položajih zelo dobra. Pri meritvah pod popkom je bila zanesljivost povprečna do zelo dobra. Zanesljivost med preiskovalkami je bila za meritve nad popkom in pod njim ter v obeh položajih dobra.

Ključne besede: diastaza rekti abdominis, ultrasonograf, medrazredni korelacijski koeficient, zanesljivost, nosečnost

The reliability of measuring diastasis of the recti abdominis in pregnant women using ultrasound

Introduction: Diastasis recti abdominis is defined as an increased separation of the recti abdominis muscle along the linea alba (4). Ultrasonography is a reasonably priced, non-invasive, repeatable and safe method for measuring the excessive separation and use in pregnancy (2). The obtained values are in millimetres; however, such changes cannot be detected by palpation (2). The purpose of this research was to determine the intra-rater and the inter-rater reliability in measuring diastasis recti abdominis in pregnant women with the use of an ultrasound machine. **Methods:** The research included 20 pregnant volunteers. Two physiotherapists performed measurements 4.5 cm above the navel and 4.5 cm below the navel (1), as well as in the position of a relaxed abdominal wall and in performing a crunch (3). Measurements were made using an ultrasound machine Samsung Medison UGEO H60 and linear ultrasound probe. The reliability was assessed with the intraclass correlation coefficient (ICC). The research was approved by the National Medical Ethics Committee of the Ministry of Health, Republic of Slovenia, number 0120-353/2017-3. **Results:** ICC value in measurements above the navel and in position of a relaxed abdominal wall, was ICC = 0.976 for the first rater and for the second rater it was ICC = 0.924. In measurements below the navel and in the position of a relaxed abdominal wall, the first rater reached the value of ICC = 0.599, for the second rater the value was negative, ICC = –5.170. In measurements above the navel in performing a crunch, for the first rater it was ICC = 0.918 and for the second rater it was ICC = 0.951. The ICC value in measurements below the navel in performing a crunch, for the first rater was ICC = 0.535, and for the second one ICC = 0.907. The reliability among raters for measurements in position of a relaxed abdominal wall above the navel was ICC = 0.690 and below the navel, ICC = 0.620. In measurements in performing a crunch above the navel, it was ICC = 0.754 and below the navel, it was ICC = 0.753. **Conclusion:** Based on acquired results, we can conclude that the intra-rater reliability above the navel in both positions was very good. In measurements below the navel, the reliability was average to very good. Reliability among raters in measurements above and below the navel and in both positions was good.

Key words: diastasis recti abdominis, ultrasound machine, intraclass correlation coefficient, reliability, pregnancy

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Fizioterapevtska obravnava pacientke s kronično pelvično bolečino – poročilo o primeru

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Uvod: Kronična pelvična bolečina (KPB) je definirana kot nemaligna bolečina v predelu medenice, anteriorni trebušni steni (v višini popka ali pod popkom), lumbosakralni hrbtenici in/ali predelu zadnjice in presredka, traja vsaj šest mesecev (1) in je povezana z negativnimi kognitivnimi, spolnimi in čustvenimi posledicami (2). Prevalenca KPB pri odraslih ženskah je med 14 in 24 odstotki. Diagnosticiranje je težavno, obravnava KPB pa je različna. Pacienti so lahko napoteni h ginekologu, urologu ali kolorektalnemu specialistu, lahko se opravijo številne raziskave in invazivni postopki, na koncu pa se pacientu pove, da »ni nič narobe«, ali pa dobi specifično medicinsko diagnozo ali diagnozo sindroma (3). **Prikaz primera:** 42-letna pacientka je bila napotena na fizioterapevtsko obravnavo s sumom na simfiziolizo in s spremljajočimi diagnozami pelvialgija, cistalgija, sindrom pelvičnih varic in blaga cistokela. Po prvem porodu s carskim rezom leta 2005 je opažala topo bolečino v predelu suprapubične brazgotine. S preiskavami in posegi (ginekološki pregledi, cistoskopija, dve laparaskopiji) so odkrili zarastline, poškodbo fascije zaradi suprapubične brazgotine ter pelvične varice. Kljub adheziolizi pooperativnih zarastlin in medikamentoznemu zdravljenju se bolečine niso zmanjšale. Po drugem porodu leta 2008 se je bolečina okrepila, zaradi česar so sumili na endometriozo. Leta 2017 so ji laparaskopsko odstranili maternico in jajcevode ter zarastline ob brazgotini po carskem rezu. Žarišč endometrioze niso našli. Bolečina po posegu je vztrajala v enakem ali večjem obsegu, pacientka je redno jemala različne analgetike. Zdravstvena, gastrointestinalna in anamneza spolne dejavnosti so bile brez posebnosti. Palpacijski test sramnice je bil pozitiven. Fizikalni pregled, ki je vključeval pregled trebuha, hrbta, zadnjice, oceno zunanjih genitalij ter manualni vaginalni pregled je bil brez posebnosti. Sposobnost hotene aktivacije prečne trebušne mišice smo ocenili z UZ in ugotovili, da hotena aktivacija ni pravilna. Pacientka je dobila navodilo, da izvaja aktivacijo prečne trebušne mišice od tri- do petkrat na dan, in sicer deset kontrakcij z zadržkom deset sekund in z desetsekundnimi pavzami, v položaju na hrbtu s pokrčenimi nogami ali leže na boku. Bolečina se je že po nekaj obravnavah zmanjšala. Po treh mesecih oziroma skupno desetih obravnavah je pacientka usvojila pravilno aktivacijo prečne trebušne mišice. Bolečina v suprapubičnem predelu je izzvenela. Jemanje protibolečinskih sredstev ni več potrebno. **Zaključki:** Pacientka je 14 let trpela zaradi kroničnih bolečin, zaradi katerih je imela številne preiskave in kirurške posege. V nekaj tednih smo z zelo enostavnim postopkom, kot je pravilna aktivacija prečne trebušne mišice, dosegli, da je bolečina povsem izzvenela, kakovost življenja, kot je navedla pacientka, pa se je bistveno izboljšala.

Ključne besede: kronična pelvična bolečina, fizioterapevtska obravnava, aktivacija prečne trebušne mišice

Physiotherapy management of a patient with chronic pelvic pain – case report

Background: Chronic pelvic pain (CPP) is defined as non-malignant pain in the area of the pelvis, anterior abdominal wall (at the height of the umbilicus or below), lumbosacral spine and/or the region of buttocks and perineum, lasting at least 6 months (1) and is associated with negative cognitive, sexual, and emotional consequences (2). The prevalence of CPP in adult women is between 14% and 24%. Diagnosing is difficult, and CPP management differs. Patients can be referred to a gynaecologist, urologist, colorectal specialist; many tests and invasive procedures can be carried out; in the end, the patient is told "there is nothing wrong" or is given a specific medical diagnosis or the diagnosis of a "syndrome" (3). **Case report:** A 42-year-old patient was referred to a physiotherapist with suspected symphysiolysis with accompanying diagnoses of pelvic pain, cystalgia, pelvic varices and mild cystocele. After her first delivery with a caesarean section in 2005 the patient noticed dull pain in the area of the suprapubic scar. Diagnostic procedures and interventions (gynaecological examinations, cystoscopy, 2 laparoscopies) revealed adhesions, damaged fascia due to suprapubic scarring, and pelvic varices. The pain did not decrease despite adhesiolysis of post-operative adhesions and medication treatment. After the second delivery in 2008 the pain intensified, which led to a suspected diagnosis of endometriosis. In 2017 the patient underwent a laparoscopic removal of the uterus and the fallopian tubes and lysis of adhesions of the caesarean section scar; no endometriosis lesions were found. The pain persisted on the same or greater scale after the procedure, and the patient regularly used different analgesics. Her medical, gastrointestinal, and sexual activity history was uneventful. The palpation test of the pubis was positive. Physical examination, which included an examination of the abdomen, back, buttocks, evaluation of the external genitals and a manual vaginal examination, was unremarkable. The ability to activate m. transversus abdominis was evaluated by an ultrasound and we found that her conscious activation was incorrect. The patient was instructed to activate m. transversus abdominis 3-5 times a day, 10 contractions with a 10 second hold and a 10-second pause, either on her back with her knees bent or lying on the side. The pain decreased after only a few treatments. After 3 months (a total of 10 treatments) the patient successfully correctly activated m. transversus abdominis. The pain in the suprapubic area resolved spontaneously. Analgesic treatment is no longer necessary. **Conclusions:** The patient suffered chronic pain for 14 years, resulting in numerous interventions and surgical procedures. Using a very simple procedure, such as the correct activation of m. transversus abdominis, we have, within a few weeks, managed to achieve that her pain completely disappeared and the quality of life, as per the patient, has improved significantly.

Key words: chronic pelvic pain, physiotherapy management, m. transversus abdominis activation

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Vpliv transkutane stimulacije posteriornega tibialnega živca na simptome fekalne inkontinence (sistematičen pregled literature)

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Uvod: Fekalno inkontinenco definiramo kot navajanje nehotene izgube blata (1). Pojavnost fekalne inkontinence v Sloveniji še ni znana. Glede na tujo literaturo se v starosti nad 65 let pojavlja pri 3 do 10 odstotkih ljudi (2). Obravnava fekalne inkontinence je povezana z obravnavo primarne bolezni. Zaradi neustreznega zdravljena fekalne inkontinence ta pomembno vpliva na znižanje kakovosti življenja (3). Transkutana električna stimulacija posteriornega tibialnega živca je terapevtska možnost neinvazivne obravnave fekalne inkontinence. Predpostavljeno je, da lahko z električno stimulacijo senzoričnih, motoričnih in avtonomnih živčnih vlaken posteriornega tibialnega živca vplivamo na uravnavanje proženja aferentnih živčnih vlaken na ravni sakralnega pleteža (4), kar potencialno zavre nehoteno izločanje blata. Namen sistematičnega pregleda literature je bil na podlagi pregleda randomiziranih kontroliranih poskusov ovrednotiti učinkovitost transkutane stimulacije posteriornega tibialnega živca na izboljšanje simptomov in kakovosti življenja oseb, ki trpijo za fekalno inkontinenco. **Metode**: V podrobnejšo analizo so bili po sistematičnem pregledu literature v zbirkah PEDro, CINAHL, MEDLINE in PubMed vključeni štirje randomizirani kontrolirani poskusi. **Rezultati**: Ocena kakovosti vključenih štirih raziskav po lestvici PEDro je med 5 in 6 glede na PEDro. Izsledki raziskav kažejo, da vsaj šest tednov (dvakrat na teden) trajajoča aktivna ali placebo transkutana stimulacija posteriornega tibialnega živca vodi v statistično pomembno zmanjšanja števila epizod fekalne inkontinence v primerjavi z začetnim stanjem. Kljub temu celotno izboljšanje simptomov fekalne inkontinence ob aktivni stimulaciji ni bilo statistično pomembno boljše od placebo stimulacije. Prav tako aktivna stimulacija v primerjavi s placebo stimulacijo ni vodila v statistično pomembno boljšo oceno kakovosti življenja. Enkratna aktivna transkutana stimulacija posteriornega tibialnega živca je povzročila, da imajo vključene osebe statistično pomembno višji maksimalni rektalni pritisk in nižjo varianco rektalnih volumnov v primerjavi s placebo stimulacijo. **Zaključki**: Kakovost pregledanih raziskav je zmerna. Glavni dejavniki pristranskosti so majhno število preiskovancev, odsotnost oslepitve preiskovalcev in nezadostno spremljanje rezultatov. Na podlagi pregleda literature ne moremo potrditi, da je aktivna stimulacija v primerjavi s placebo stimulacijo učinkovitejša. Izsledki kažejo, da bi transkutana stimulacija posteriornega tibialnega živca lahko imela vpliv na anorektalno funkcijo, kar je drugače od predpostavljenega. Za potrditev terapevtske učinkovitosti stimulacije so potrebne dodatne visokokakovostne raziskave, izvedene na specifični skupini oseb, ki trpijo za fekalno inkontinenco.

Ključne besede: fekalna inkontinenca, transkutana električna stimulacija, posteriorni tibialni živec, kakovost življenja

Effects of transcutaneous tibial nerve stimulation on symptoms of faecal incontinence (systematic literature review)

Background: Faecal incontinence is defined as complaint of involuntary loss of feces1 (1). Prevalence of faecal incontinence in Slovenia has not yet been described. However, the prevalence of faecal incontinence in people older than 65 years worldwide warries between 3 and 10 percent (2). Initial treatment depends on the disease that had resulted in the symptoms of faecal incontinence. When left untreated, it can significantly reduce the quality of life (3). Transcutaneous electrical stimulation of posterior tibial nerve is one of the non-invasive options for treatment of faecal incontinence. It is proposed that stimulation of sensory, motor and autonomic nerve fibres via the posterior tibial nerve results in indirect modulation of afferent output on the level of sacral plexus (4), which potentially leads to decrease of the symptoms. The purpose of this systematic literature review was to determine the effectiveness of transcutaneous posterior tibial nerve stimulation on the symptoms of faecal incontinence and on the quality of life. **Methods**: Four randomized controlled trials were analysed, all of which were found in the databases PEDro, CINAHL, MEDLINE and PubMed. **Results**: The quality of the included papers is between 5 and 6 based on the PEDro scale. Protocol of transcutaneous electrical stimulation of tibial nerve that lasted at least 6 weeks (two times per week) leads to statistically significant post treatment decrease in number of faecal incontinence episodes. There is no significant difference between decrease of faecal incontinence symptoms in active and placebo group. The improvement of quality of life in not statistically significant different when comparing active and placebo group. A single time active stimulation has a significantly greater effect on increased maximal rectal pressure and lower rectal volume variation, when comparing it to placebo stimulation. **Conclusions**: The quality of the included randomised controlled trials is moderate. The potential biases of the studies were low number of included participants, lack of blinding of the assessors and lack of adequate follow-up. The current systematic review of the literature suggests there is no tangible difference between placebo and active stimulation. A different effect of the intervention to anorectal function is suggested. Further high quality research is needed on specific population to prove if there is any therapeutic effect of the intervention on symptoms of faecal incontinence.

Key words: faecal incontinence, transcutaneous electrical stimulation, posterior tibial nerve, quality of life

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Večdimenzionalna problematika obrezovanja žensk – pregled trenutne literature

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Uvod: Obrezovanje žensk je svetovni problem. Do leta 2050 bo lahko obrezanih več kot 63 milijonov deklet po svetu (1). Gre za globoko utrjeno kulturno tradicijo, ki ima v številnih skupnostih simbolični pomen. Izvaja se tako v mestnem kot ruralnem okolju. Čeprav natančnega števila deklet in žensk, ki so bile podvržene obrezovanju, ne poznamo, je teh vsaj 200 milijonov v 30 državah. Obrezovanje žensk je najpogostejše v afriških državah in državah Bližnjega vzhoda ter nekaterih azijskih državah, lahko pa se s tem srečamo tudi v Evropi, Avstraliji in Severni Ameriki zaradi migracij, ki so sledile vojnam, globalizaciji in selitvam na splošno (2). Namen: Namen pregleda literature je bil pregledati trenutno literaturo o obrezovanju žensk in njegovih posledicah, opisati in kritično oceniti teoretične in metodološke pristope k zdravljenju obrezanih žensk ter opisati in oceniti različne metode, katerih cilj je ustaviti ali zmanjšati pogostost obrezovanja žensk. **Metode**: Pregledali smo literaturo, objavljeno v zadnjih desetih letih. Vključena literature je obravnavala teme posledic obrezovanja žensk, možnosti zdravljena in različne tehnike za prekinitev ali zmanjšanje nadaljevanja obrezovanja žensk. Iskanje je potekalo na spletnih podatkovnih zbirkah PubMed, PEDro, Cochrane library, CINAHL in Medline. **Rezultati**: Svetovna prevalenca obrezovanja žensk se manjša zaradi zakonskih ukrepov in programov, s katerimi si prizadevajo za spremembo omenjene prakse v skupnosti. Posledic obrezovanja je veliko in razdelimo jih lahko na kratkoročne ter dolgoročne. Možnosti zdravljenja so v literaturi dobro dokumentirane, vendar so objavljene raziskave slabše kakovosti (3). Kljub temu je veliko možnosti zdravljena in smernic zdravljena obrezanih žensk. Zdravstveni delavci bi morali biti primerno poučeni za ustrezno obravnavo. Prav tako bi morale biti ženske obveščene o mogočih posledicah in pravnih vidikih obrezovanja (4). Pregled literature o znanju in stališčih študentov ter zdravstvenih delavcev je pokazal, da obstaja velika potreba po izobraževanju in usposabljanju glede razvijanja kulturnih kompetenc, povezanih z obrezovanjem, saj so zdravstveni delavci zelo pomembni pri oskrbi žensk in preprečevanju tega. Družba bi se morala zavedati, da obrezovanje žensk obstaja, in spodbujati odprto komunikacijo, predvsem med moškimi in ženskami, saj se njihovo mnenje navadno ujema (5). **Zaključek**: Pregled literature ponuja nov pogled na obrezovanje žensk, posledice, možnosti zdravljenja tega, kot tudi, kaj lahko naredimo, da ga ustavimo. Mogoče je, da niso bile vključene vse objavljene raziskave, ki so dostopne v drugih podatkovnih zbirkah. Prihodnje raziskave naj bodo boljše kakovosti in se osredotočijo predvsem na možnosti zdravljenja.

Ključne besede: obrezovanje žensk, posledice, zdravljenje, deinfibulacija, preprečevanje

Multifaceted issue of female genital mutilation – recent literature review

Background: Female genital mutilation (FGM) represents a global concern as 63 million girls could be subjected to it by 2050 (1). It is a deeply embedded cultural tradition with a symbolic meaning in communities that is practiced in rural and urban areas. The exact number of girls and women who have undergone FGM remains unknown, but at least 200 million in 30 countries have been subjected to it. The practice is concentrated in Africa, the Middle East and some Asian countries, but can also be found in Europe, Australia and North America, due to migration (2). Purpose: The objective of this paper was to review the current literature on FGM and its consequences, to describe and critically assess the theoretical and methodological approaches to treatment and to describe and assess different methods that aim to stop or reduce the continuation. **Methods**: We carried out a literature review of articles published in the last 10 years. Included articles studied consequences following FGM, treatment options and different methods to stop or reduce the continuation of FGM. Literature search was conducted on the following databases: PubMed, PEDro, Cochrane library, CINAHL and Medline. **Results**: Globally the prevalence is declining, as many legal actions and community-based programmes are proposed. The consequences of FGM can be divided into short and long term. Treatment options are well documented, but published studies are of poor quality (3). Nevertheless, there are many guidelines on how to treat women with FGM. Health care professionals should be well informed and sensitive to properly treat women. They should also inform women about consequences and legal aspects (4). A literature review of student's and health care professional's knowledge and attitudes regarding FGM showed that there is a need for education and training, since they are vital in the care and prevention of FGM. Society should be informed and encouraged in open communication, especially between men and women, since their opinions usually match (5). **Conclusion**: This article offers a new prospective on FGM, consequences and treatment options as well as what we can do to stop this practice. Limitations of this review include the risk of bias, because it is not possible to identify and retrieve all studies. Future research should be of better quality and should focus especially on treatment options.

Key words: FGM, female genital mutilation, consequences, treatment, prevention

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Informacije o predstavitvah ali objavah dela pred kongresom: pregled je bil predhodno objavljen v reviji Izzivi prihodnosti. V obliki plakata je bil predstavljen na kongresu WCPT v Ženevi 2019.