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Pregunta: Rehabilitación del piso pélvico post-parto – Incontinencia Urinaria

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TRATAMIENTO DE LA INCONTINENCIA URINARIA DURANTE EL EMBARAZO Y POSTPARTO

INTRODUCCION:

Hay evidencias epidemiológicas que sugieren que las mujeres que han tenido un bebe, tienen un riesgo incrementado de desarrollar incontinencia urinaria. Se ha visto que tanto el embarazo como el parto son factores de riesgo.(1) (2) (3) (4)

A su vez estas mujeres tienen mayor riesgo de desarrollar incontinencia fecal, sobre todas aquellas que tuvieron un parto vaginal (5) (6) (7) (8)

El entrenamiento muscular del suelo pelviano (EMSP) para el tratamiento de la incontinencia urinaria se popularizó por Arnold Kegel (9), aunque en una revisión de la bibliografía antes de 1949 Bø (2004) identificó varios registros que utilizaban el ejercicio muscular del suelo pelviano (10). El EMSP se ha recomendado principalmente en el tratamiento de la incontinencia urinaria de esfuerzo y mixta, pero se ha convertido cada vez más en parte del programa de tratamiento conservador ofrecido a las mujeres con incontinencia urinaria de urgencia. El uso del EMSP en el tratamiento de la incontinencia urinaria se basa en dos funciones del músculo del piso pelviano: el apoyo de los órganos pelvianos y una contribución al mecanismo de cierre esfinteriano de la uretra.

TRATAMIENTO:

Para analizar este ítem hemos seleccionado una revisión publicada por Cochrane en el 2009.

El objetivo de este estudio fue determinar el efecto del entrenamiento muscular del suelo pelviano en mujeres durante su embarazo y posparto, versus los cuidados usuales, sobre la incontinencia urinaria.

Se seleccionaron los estudios randomizados o cuasi-randomizados, que incluyeran mujeres embarazadas o en puerperio inmediato, en donde la ejercitación muscular del piso pelviano, figurara como punto principal.

Quince estudios (11 al 26) que involucraron 6.181 mujeres fueron los que se usaron para analizar los resultados. Cuatro estudios fueron clasificados de poca posibilidad que se produzcan de sesgos, en 2 la posibilidad de sesgos fue moderada, mientras los restantes con alta posibilidad de sesgos.

Este documento es un instrumento de información, que no reemplaza al personal médico en el cuidado de la salud y no es responsable directa ni indirectamente dl posible daño causado a terceros.

En la parte final del embarazo las mujeres del grupo tratado (N = 3.040) tuvieron 56 % menos probabilidades de desarrollar incontinencia urinaria que los controles (**RR 0,44 95% CI 0,30-0,65**). En el posparto inmediato tuvieron un 50% menos probabilidad (**RR 0,50 95% CI 0,31- 0,80**) y en el puerperio alejado un 29 % (**RR 0,71 95% CI 0,52- 0,97**)

CONCLUSIONES:

Para mujeres que tienen su primer hijo la ejercitación muscular del suelo pelviano reduce la incontinencia de orina en la parte final del embarazo y en el puerperio inmediato. Sin embargo no hay evidencias para decir si este efecto se prolonga más allá de los 3 meses del posparto o si las mujeres multíparas se benefician con dicha terapéutica.

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