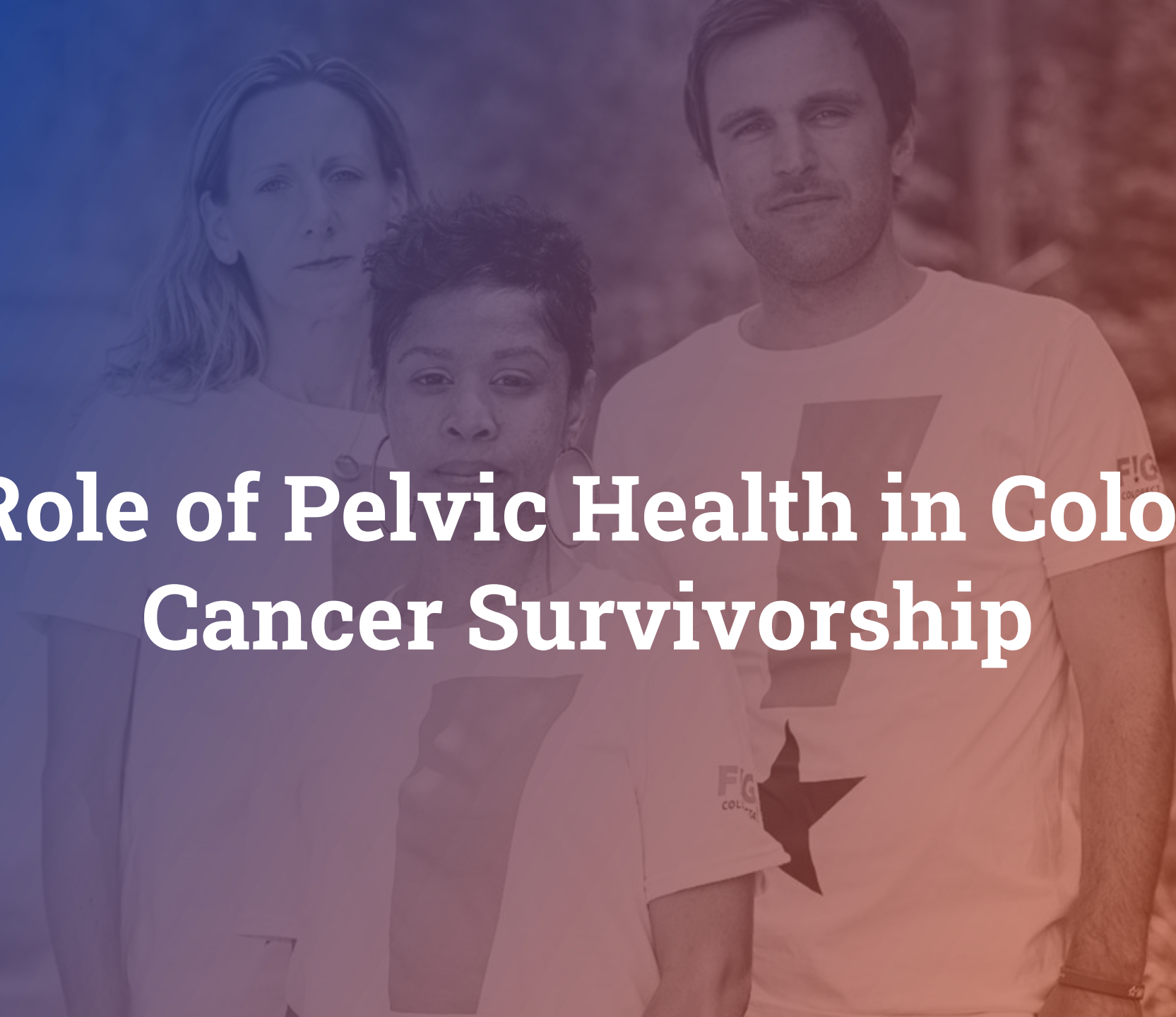


F!GHTTM
COLORECTAL CANCER

OUR WEBINAR WILL BEGIN SHORTLY

The Role of Pelvic Health in Colorectal Cancer Survivorship





TODAY'S WEBINAR



01 QUESTIONS

Ask a question in the panel on the right side of your screen

02 WEBINAR ARCHIVE

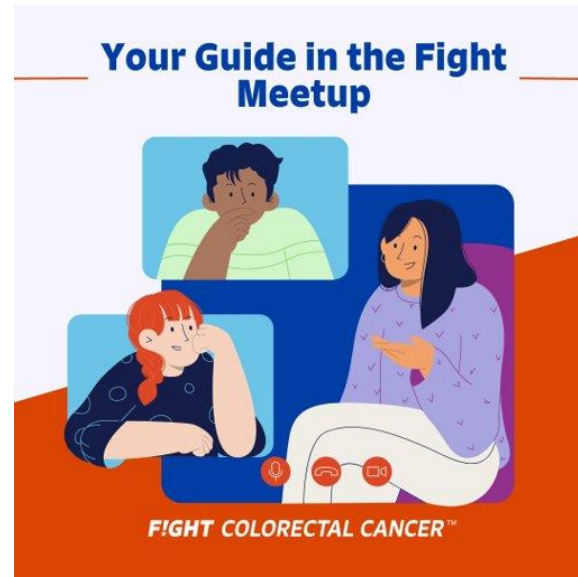
Watch a recording of this webinar on the Fight CRC website. Visit FightCRC.org

03 TWEET ALONG!

Follow along on Twitter. Use the hashtag [#CRCWebinar](https://twitter.com/FightCRC)

Resources

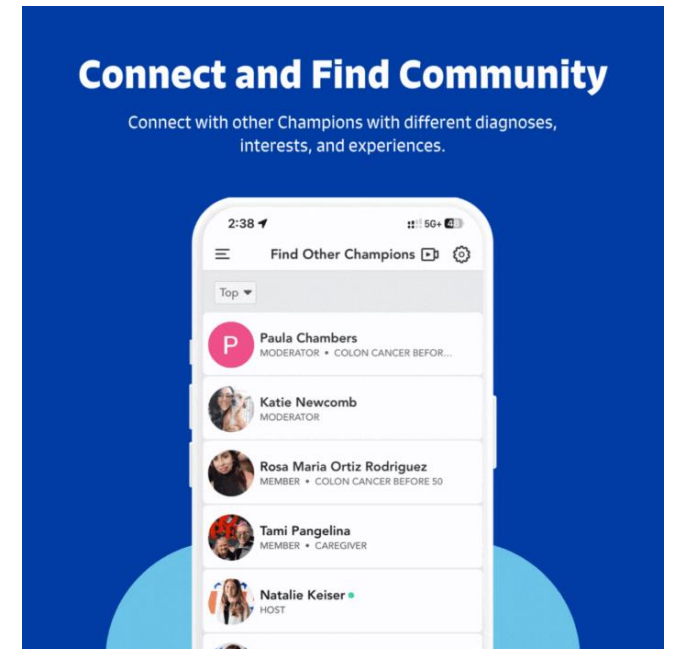
Fight CRC offers a wide variety of resources for those touched by colorectal cancer. Visit FightCRC.org to view, download, and order the latest resources.



Dedicated virtual
meetup spaces



Free Resources



Community of Champions App

FIGHTTM

★

COLORECTAL CANCER

The information and services provided by Fight Colorectal Cancer are for general informational purposes only. The information and services are not intended to be substitutes for professional medical advice, diagnoses or treatment.

If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room.

Fight Colorectal Cancer never recommends or endorses any specific physicians, products or treatments for any condition.

TODAY'S PRESENTERS



Eileen Johnson, DPT

Dr. Johnson is a physical therapist at USC Physical Therapy. She helped develop the Pelvic Floor Pre-Operative Class for patients undergoing prostate and bladder cancer surgeries.



Danielle Ripley-Burgess

Danielle Ripley-Burgess is Fight CRC's Chief Storyteller and a 3x colorectal cancer survivor. She was first diagnosed at age 17.



Role of Pelvic Health in Colorectal Cancer Survivorship

Eileen V. Johnson
Doctor of Physical Therapy
Board Certified Women's Health Specialist



OBJECTIVES

- Understand the role of the pelvic floor muscles
- Understand possible changes after colorectal cancer treatment
- Improve awareness of pelvic floor therapy interventions and ways to regain your pelvic health

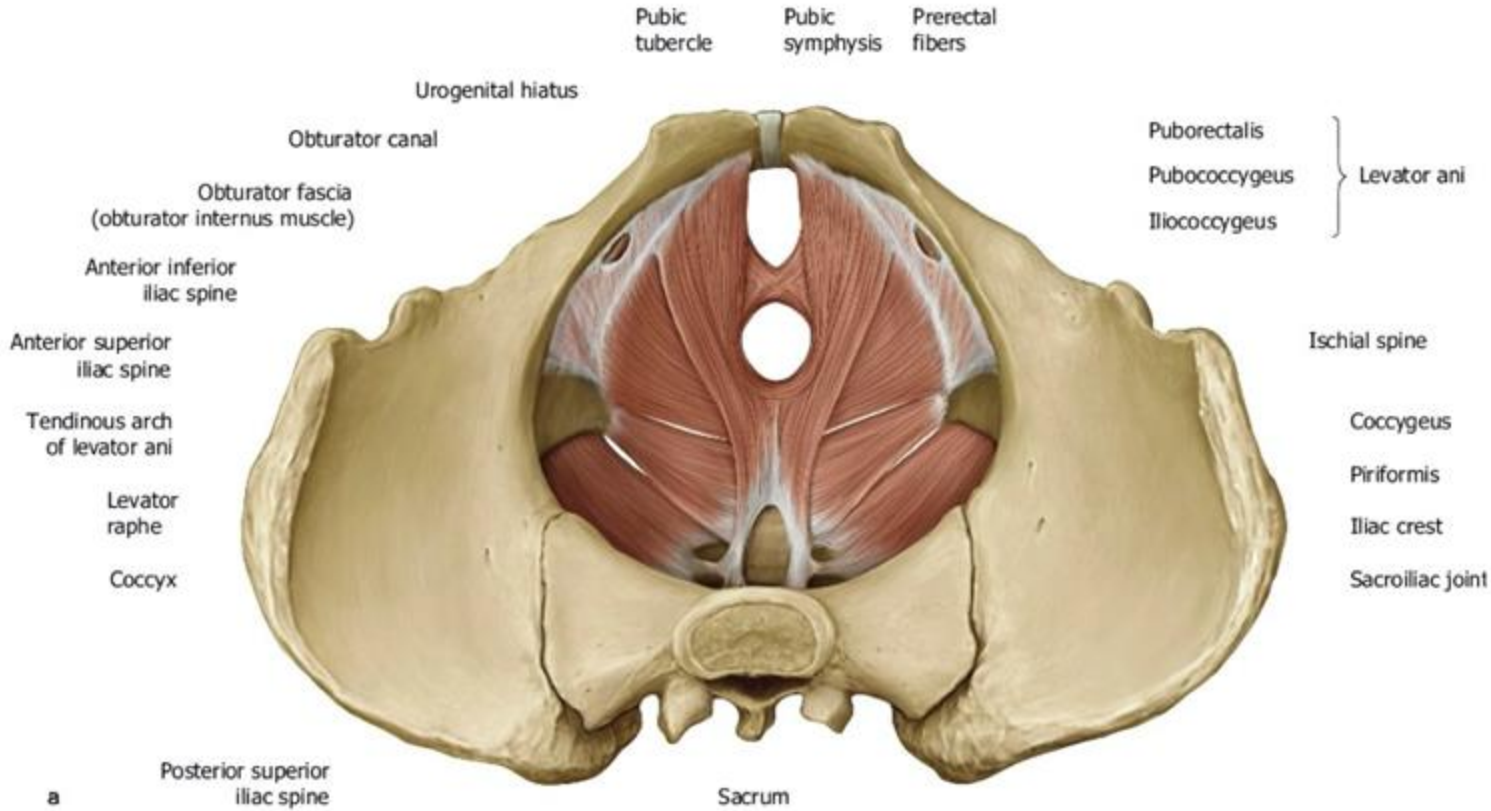


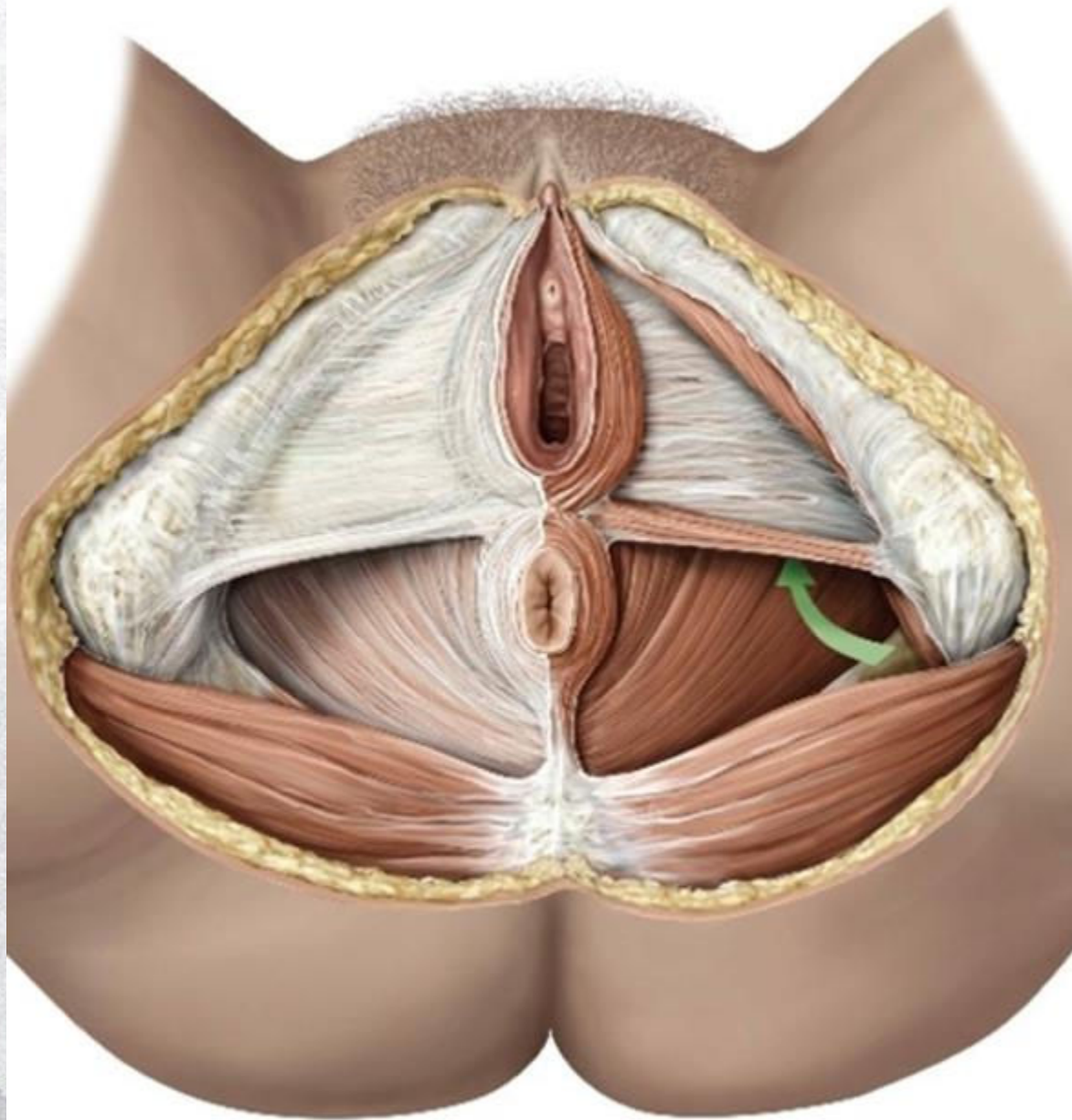
ROLE OF PELVIC FLOOR

1. Sphincteric
2. Support
3. Sexual Function
4. Stabilization



The Levator Ani Muscles

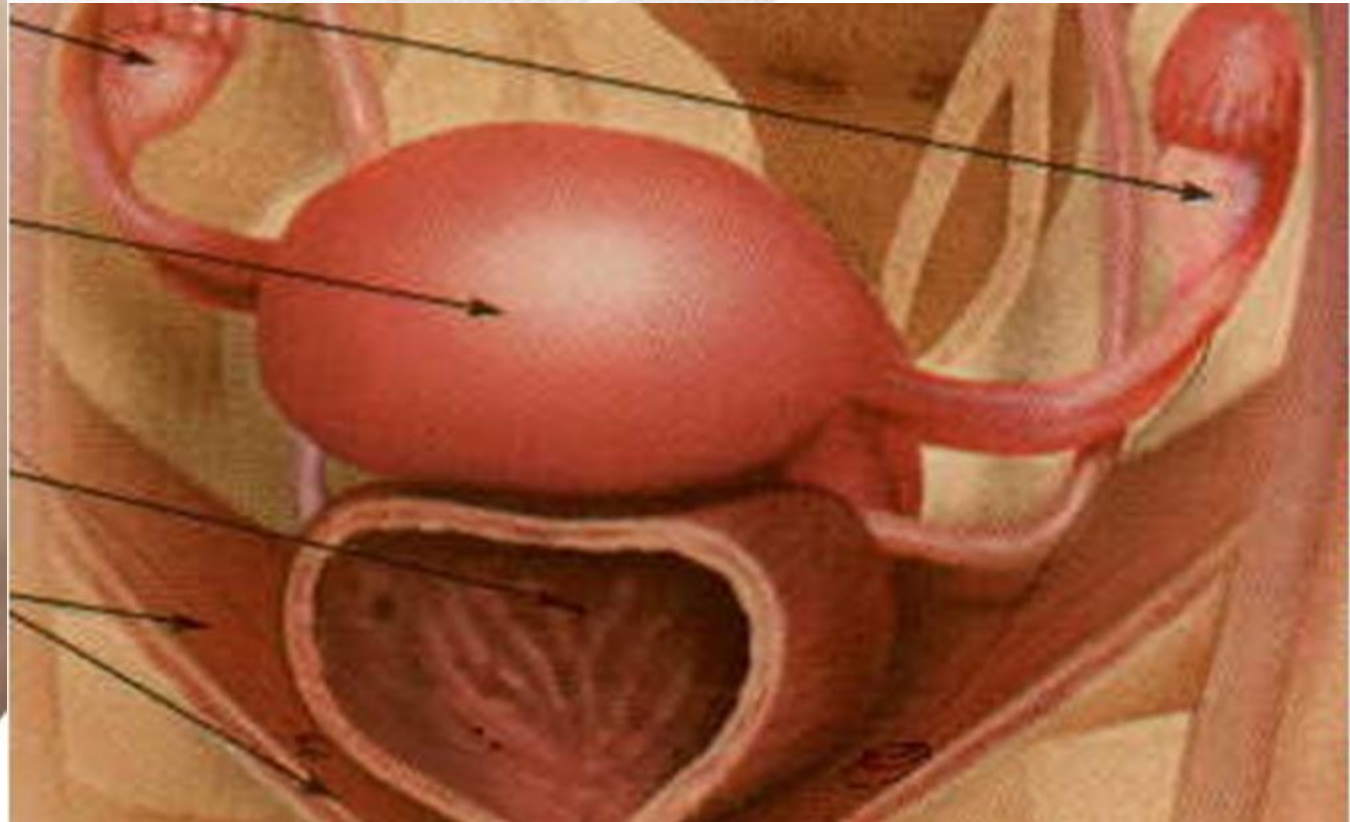




Coccyx

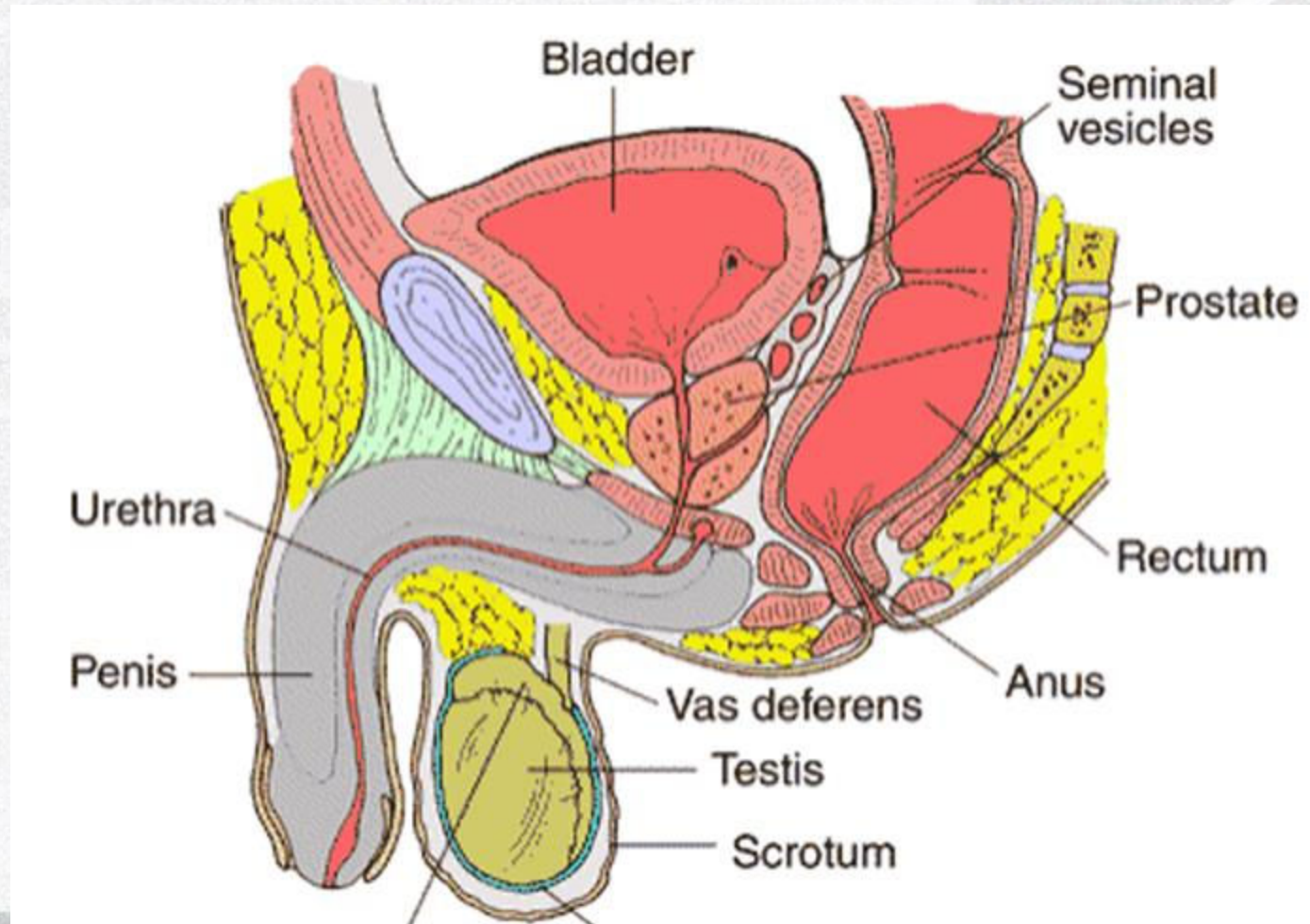
Anal cleft

External
sphincter



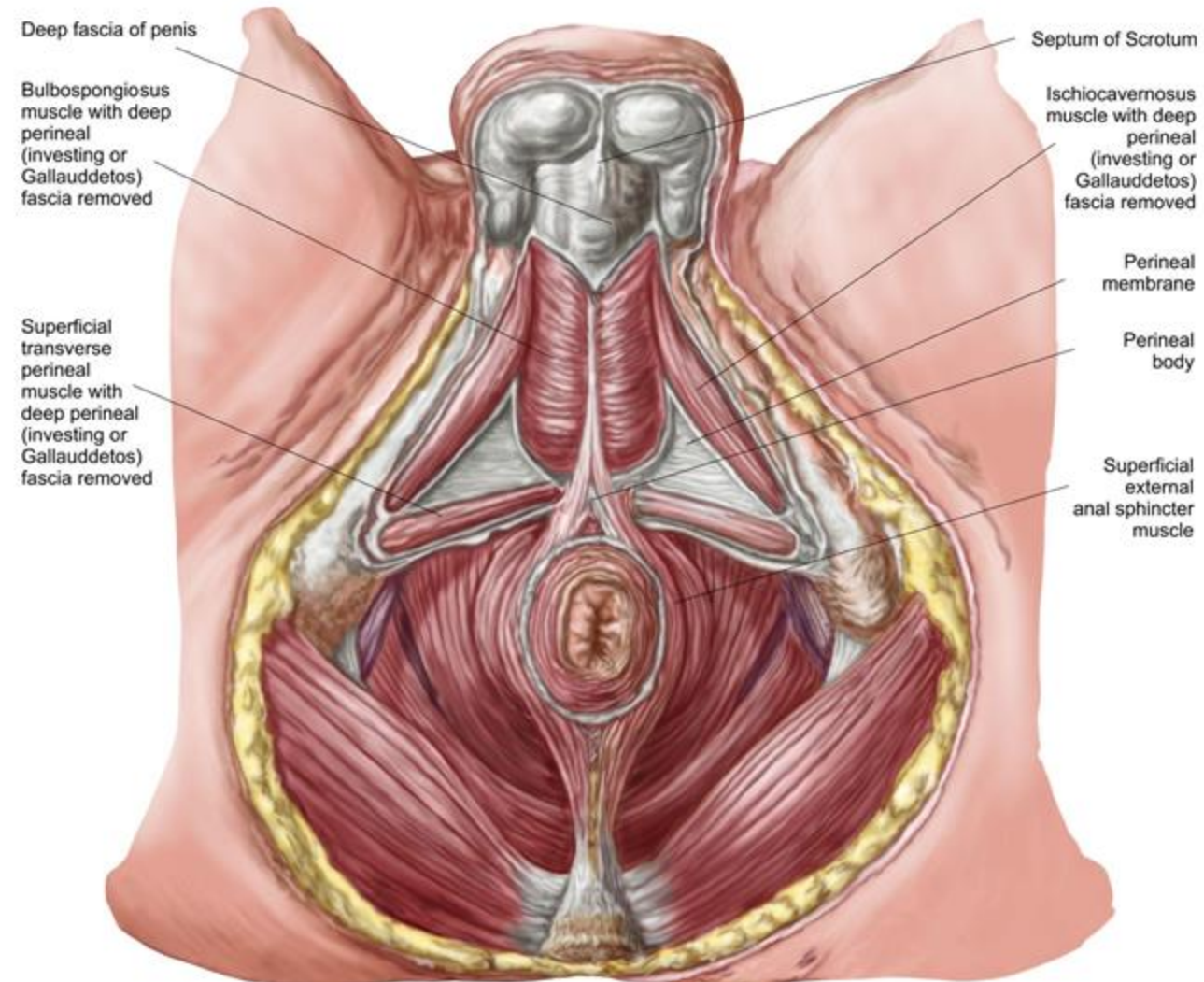


Male Pelvic Anatomy





Male Pelvic Floor





Prevalence of Pelvic Floor Dysfunction

- 1 out of 4 women
- 1 out of 10 men
- 16 million adults affected in USA
- Only 1/3 of those affected seek help
- Over 28 billion dollars spent annually for treatment and products



Prevalence: Oncology Specific

- Prevalence estimates of dyspareunia after treatment for gynecological cancer range from 12% to 58% after cervical cancer and 7% to 39% after endometrial cancer
- Urinary incontinence prevalence after pelvic region cancer treatment range from 4% to 76%
- Daily urinary incontinence of 24% and 29% and moderate to severe urinary incontinence of 47% after endometrial cancer
- Fecal incontinence prevalence estimated between 2% and 37%
- Rates of monthly or more frequent fecal incontinence of 26% after radiotherapy. (Brennan et. Al, 2020)



Colorectal Cancer: Bowel Dysfunction

- Lower anterior resection syndrome (**LARS**): Collection of symptoms to those who have undergone surgical treatment for rectosigmoid or rectal cancers (partial or full resection).
- 19-90% prevalence, with up to 47.4% experiencing symptoms at 6 month follow-up visits
- Other considerations: Partial ostomy post-surgery and PT implications.



LARS Risk Factors

- Low anastomotic height
- Adjuvant radiation therapy
- Tumor height
- Mesorectal excision
- Female gender
- Duration of defunctioning stoma prior to reversal are associated with major LARS



LARS Symptoms

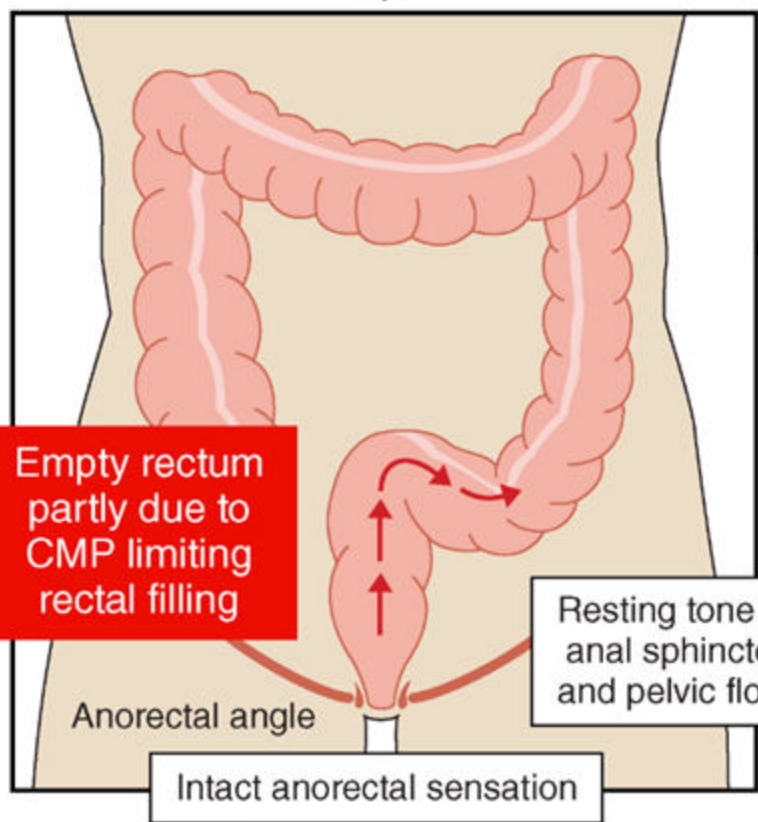
- Fecal urgency
- Bowel frequency/incomplete emptying
- Fecal incontinence
- Stool fragmentation (sensation/urge to have a BM every 1-2 hrs, persistent pressure in the rectum simulating urge to have BM)

80% of patients with LARS feel the condition negatively impacts their QOL

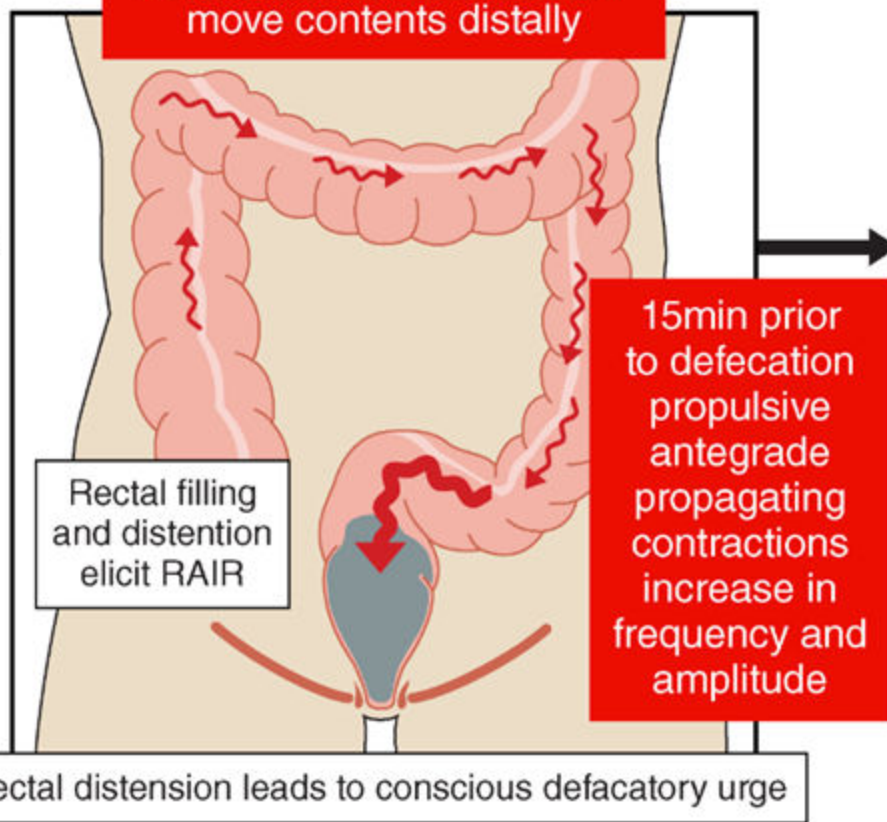
HUGE impact on one's quality of life and psychosocial well being.

Deferral of defecation

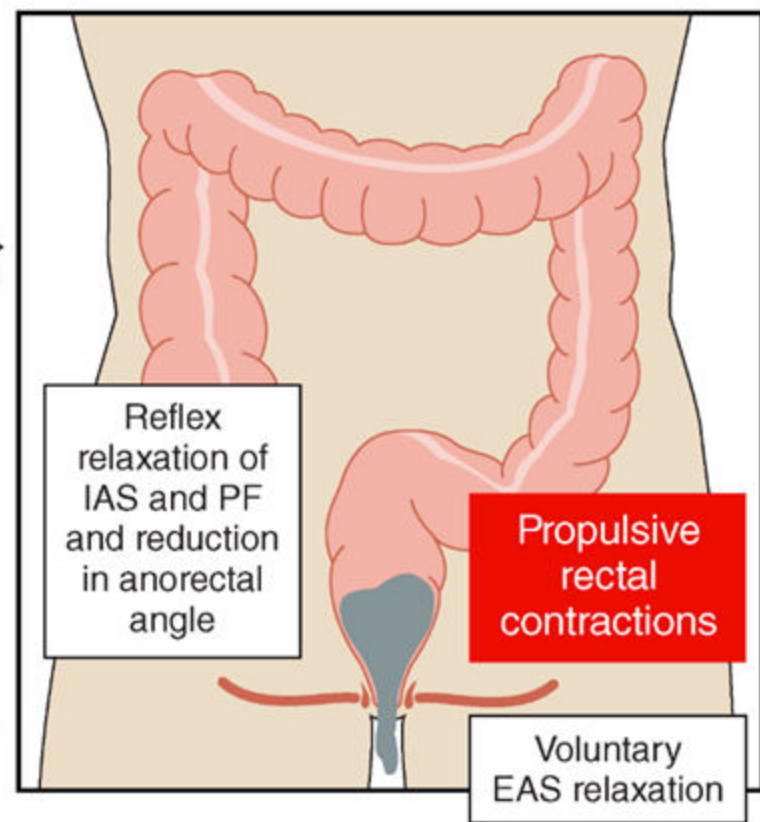
- Voluntary contraction of EAS
- The retrograde cyclic motor pattern aids in the regulation of rectal filling



Continenence or basal phase



Pre-expulsive phase of defecation



Expulsive phase of defecation



LARS Medical Treatment

- Medical management: Antidiarrheal meds, bulking agents, sacral neuromodulation
- PFMT for bowel symptoms after Total Mesorectal excision (TME) resulted in lower proportions and faster recovery of bowel symptoms up to 6 months after surgery/stoma closure
- At 4 months, the total LARS and COREFO scores were significantly decreased in the intervention group, and PFMT had a beneficial effect on stool frequency, incontinence, and clustering

Twice as many patients vs. control reached acceptable function at 4 months:

- Ave # BM, fecal incontinence, ave # cluters/day
- PFPT should be first line treatment for bowel dysfunction post-CRC



What to expect on your PT Evaluation

- Bowel health-related questions
 - How many times per day do you have a bowel movement (BM)?
 - DO you experience diarrhea? Constipation? Combo?
 - If so, what has or has not helped these issues?
 - Do you feel like you need to use excessive toilet paper after a BM?
 - Do you have a history of fissures or hemorrhoids?
Do you experience sensations of rectal pressure or fullness even when you don't have to go?
 - Do you have to strain to have a BM?
 - If so, how long have you been doing this?
 - Do you experience burning before, during, or after a BM?
Do you experience skin irritation before, during, or after a BM?
 - How long do your symptoms surrounding your BMs last?
 - Do you ever lose/leak fecal matter when you do not want to?



Pelvic Floor Awareness Training





Isolating the Pelvic Floor Muscles

Verbal cues / responses

- holding back gas expulsion
- holding urine in during urge
- stopping urine stream
- “clearing the line”
- penis wiggle
- contraction during ejaculation

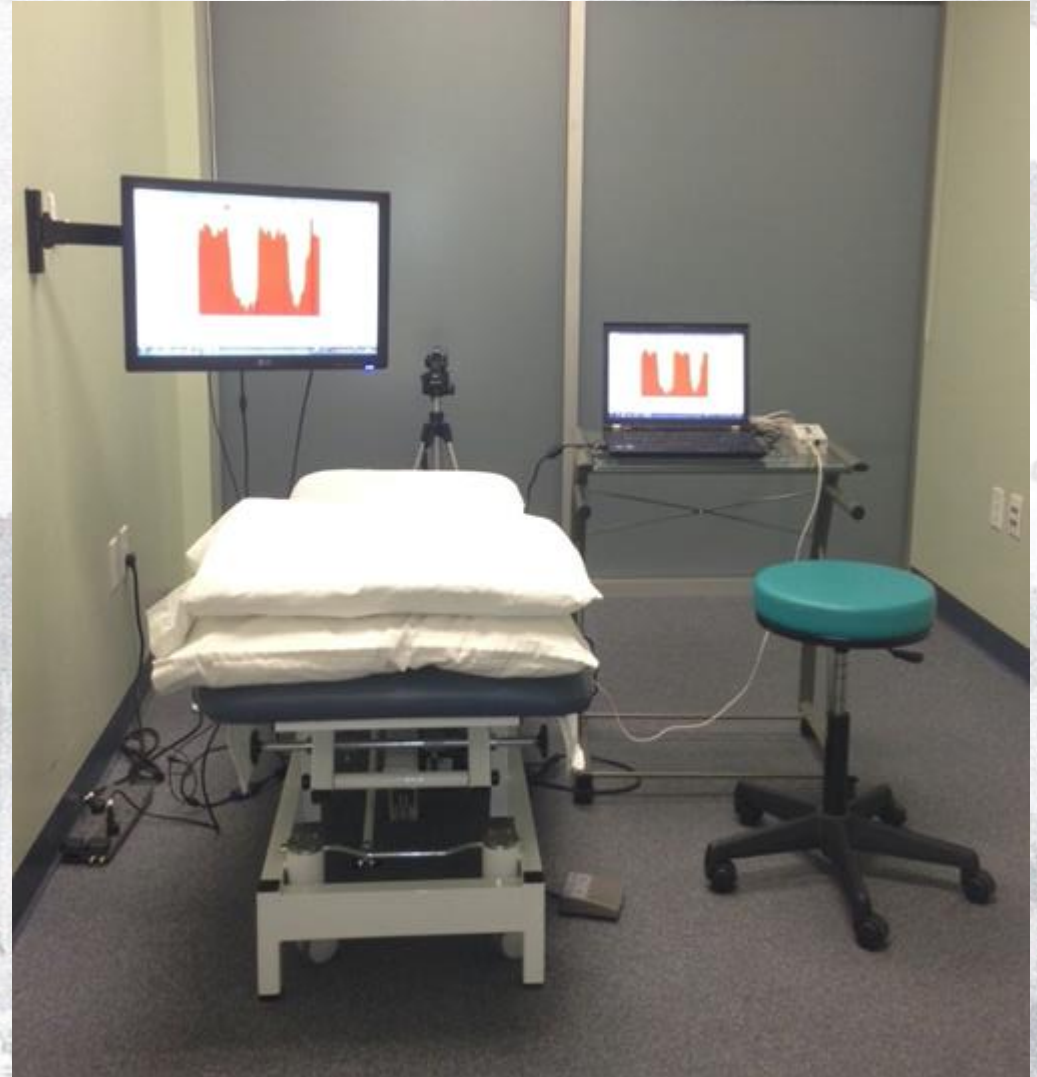


Common Errors

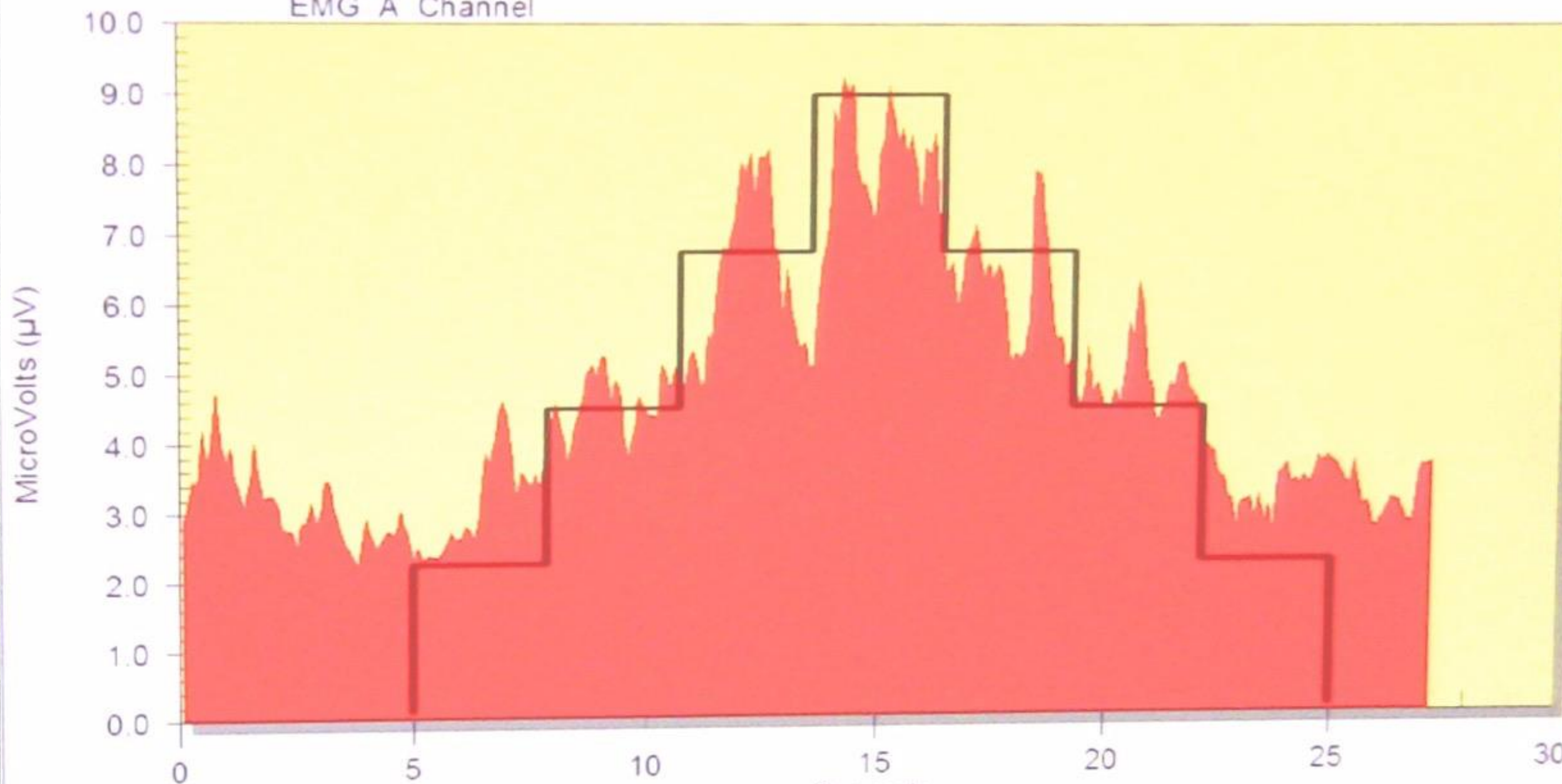
- holding the breath
- bearing down (Valsalva Maneuvor)
- tightening abdominals
- tightening buttocks



Biofeedback Training



EMG A Channel





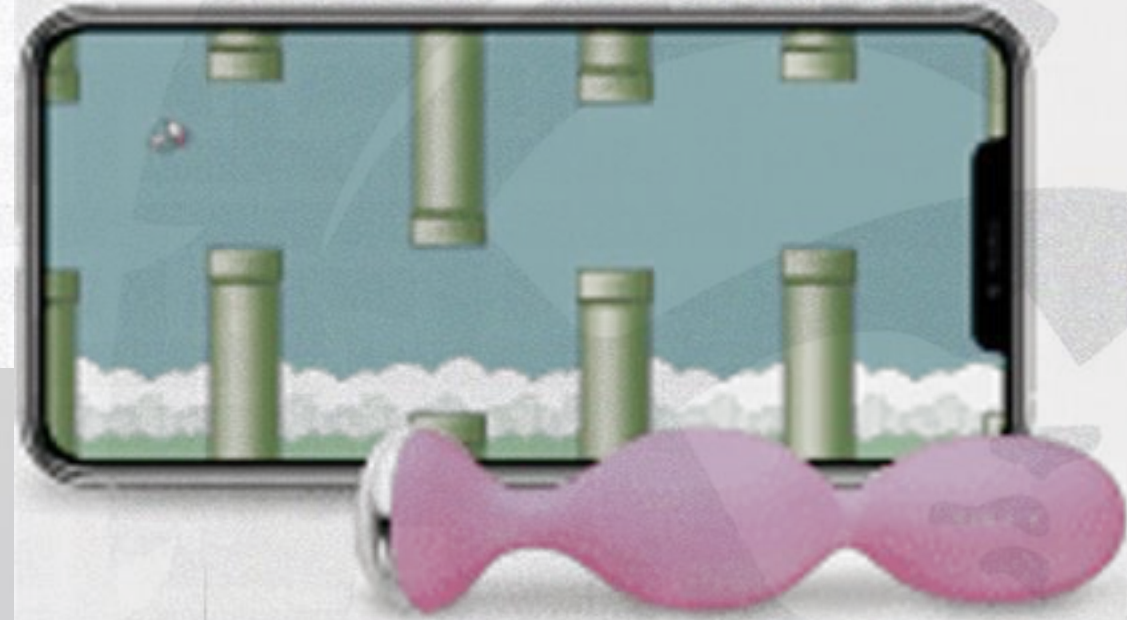
Biofeedback Tools

Intimate Rose
KEGEL EXERCISE SYSTEM

Get Stronger Pelvic Muscles
In 15 Minutes Per Day

25g (0.9oz)	40g (1.4oz)	60g (2.1oz)	85g (3oz)	105g (3.7oz)	125g (4.4oz)
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Kegel Beginners Kegel Experts



kGoal

Includes a blue Kegel exerciser and a smartphone displaying the kGoal app interface with a progress chart.



Dyssynergic Defecation

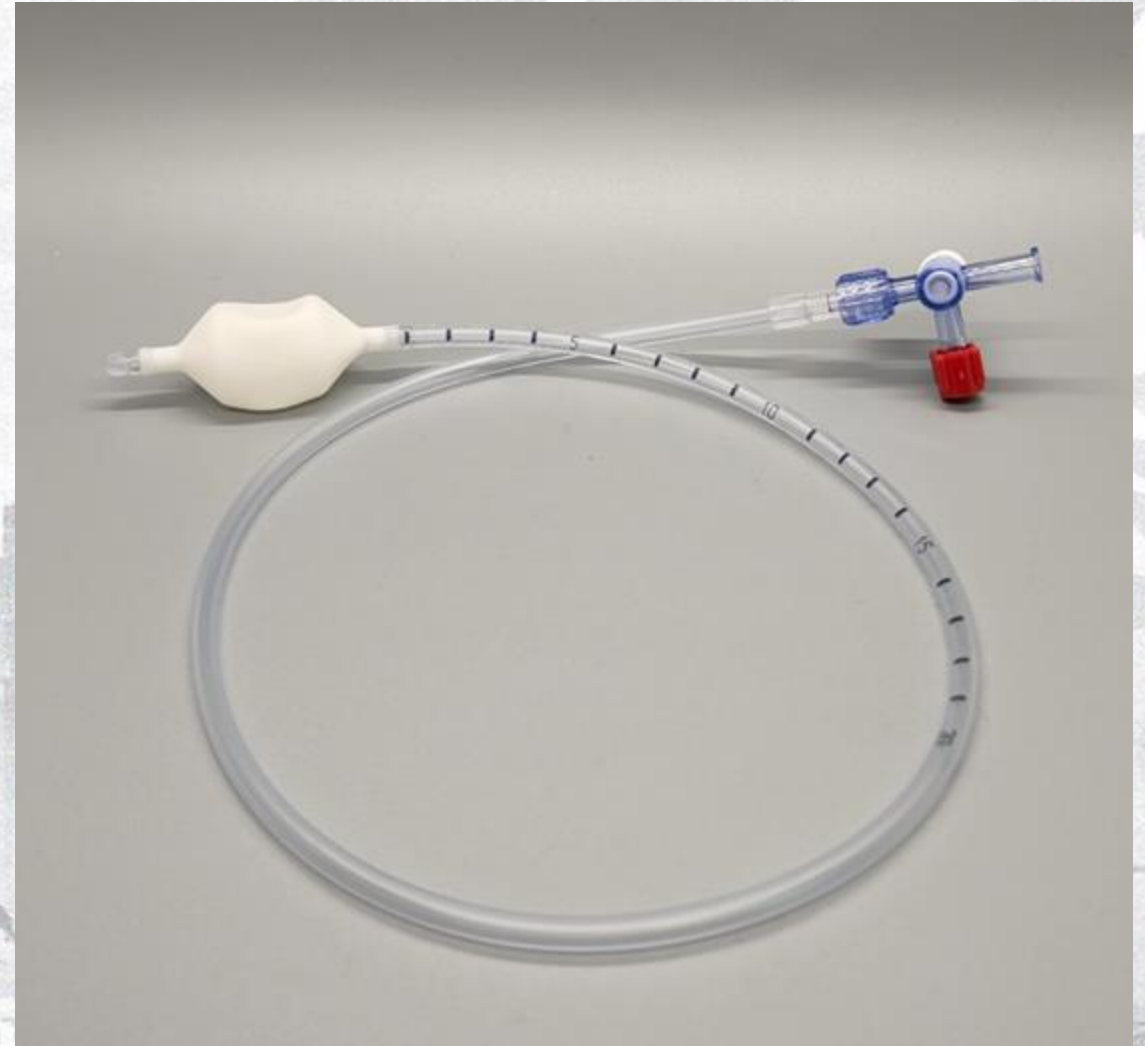
- Prevalence of dyssynergic defecation in patients investigated for chronic constipation is as many as 40%.
- Randomized controlled trials have demonstrated major symptom improvement in 70–80% of patients undergoing biofeedback therapy for chronic constipation resistant to standard medical therapy and have determined it to be superior to polyethylene glycol laxatives, diazepam, or sham therapy.
- Long-term studies have shown 55–82% of patients maintain symptom improvement.

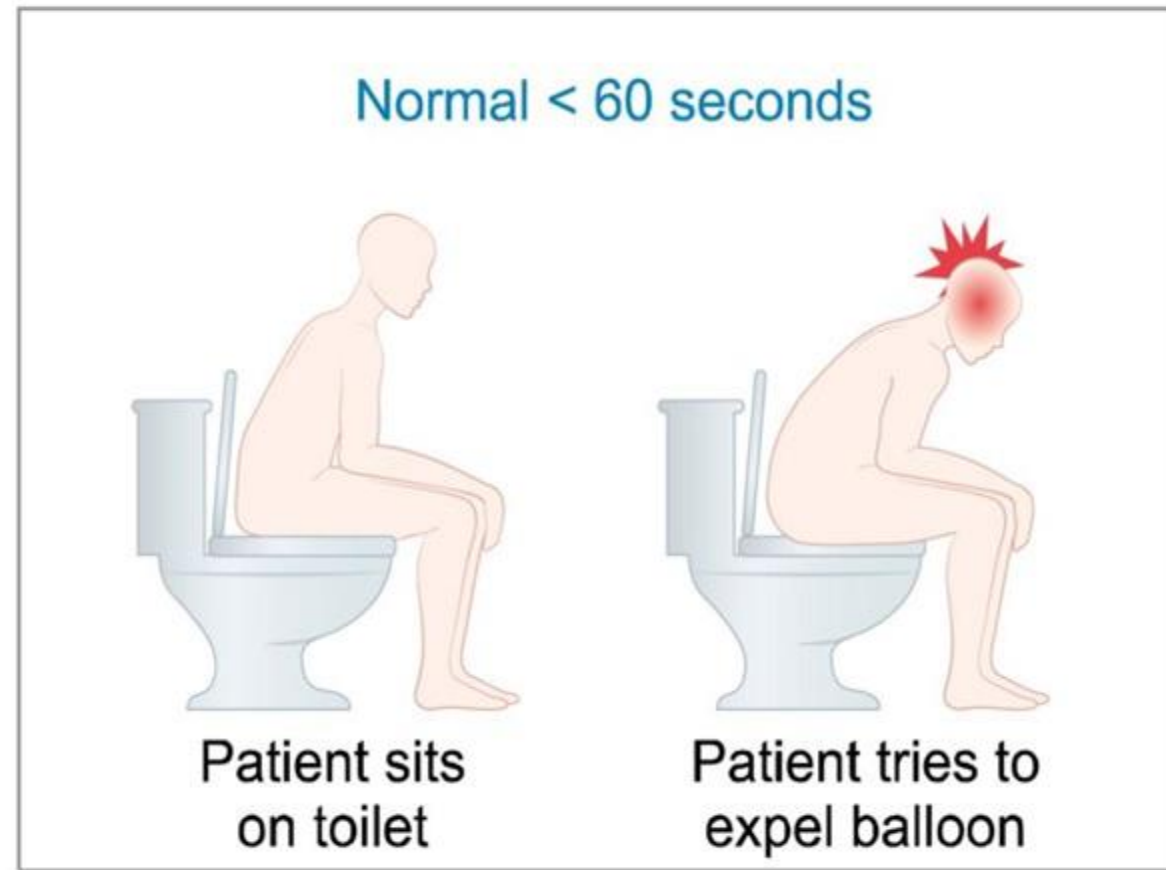
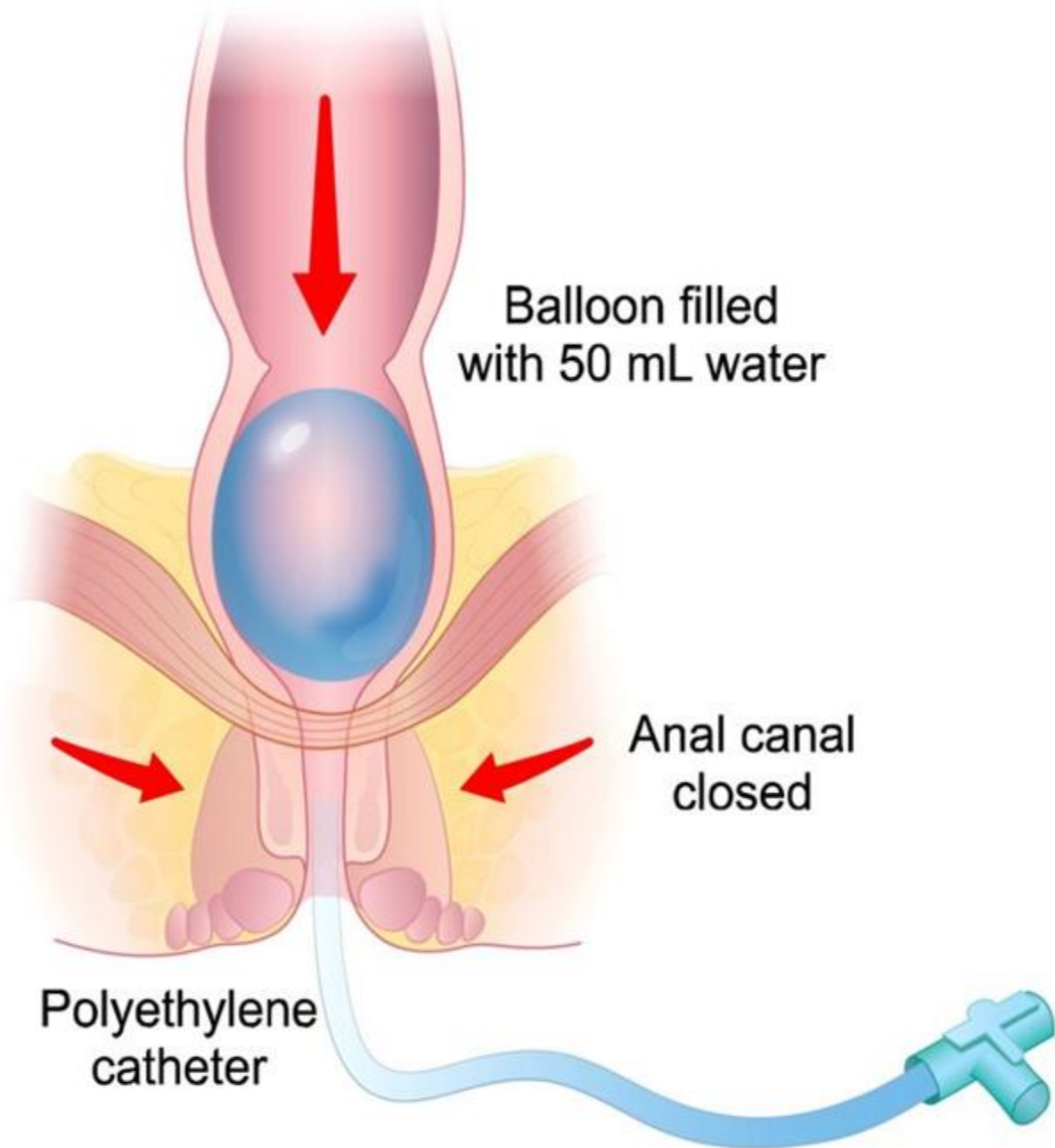
• Skaroon et al.



Balloon Expulsion Test

- The balloon expulsion test (BET) is a simple and inexpensive bedside procedure that can identify patients with pelvic floor dyssynergia.
- No standardization in the methodology such as the filling volume of the balloon or the position of the patient for BET.
- Normal range of balloon expulsion time has differed in various studies and laboratories
- Normally performed in conjunction with other tests to rule in/out functional defecatory disorders (defecography, anorectal manometry, motility studies, etc.).





3-way stopcock → to pressure transducers










- Insertion of balloon catheter: patient L side lying with hips and knees flexed for comfort
- Lubricated balloon inserted and filled with 50-60 cc's of water (to patient's tolerance, will have sense of urge to defecate/defecation reflex stimulated)
- Patient seated in desired toileting posture to promote PFM relaxation and left alone to expel balloon
 - Set timer



Toileting Techniques

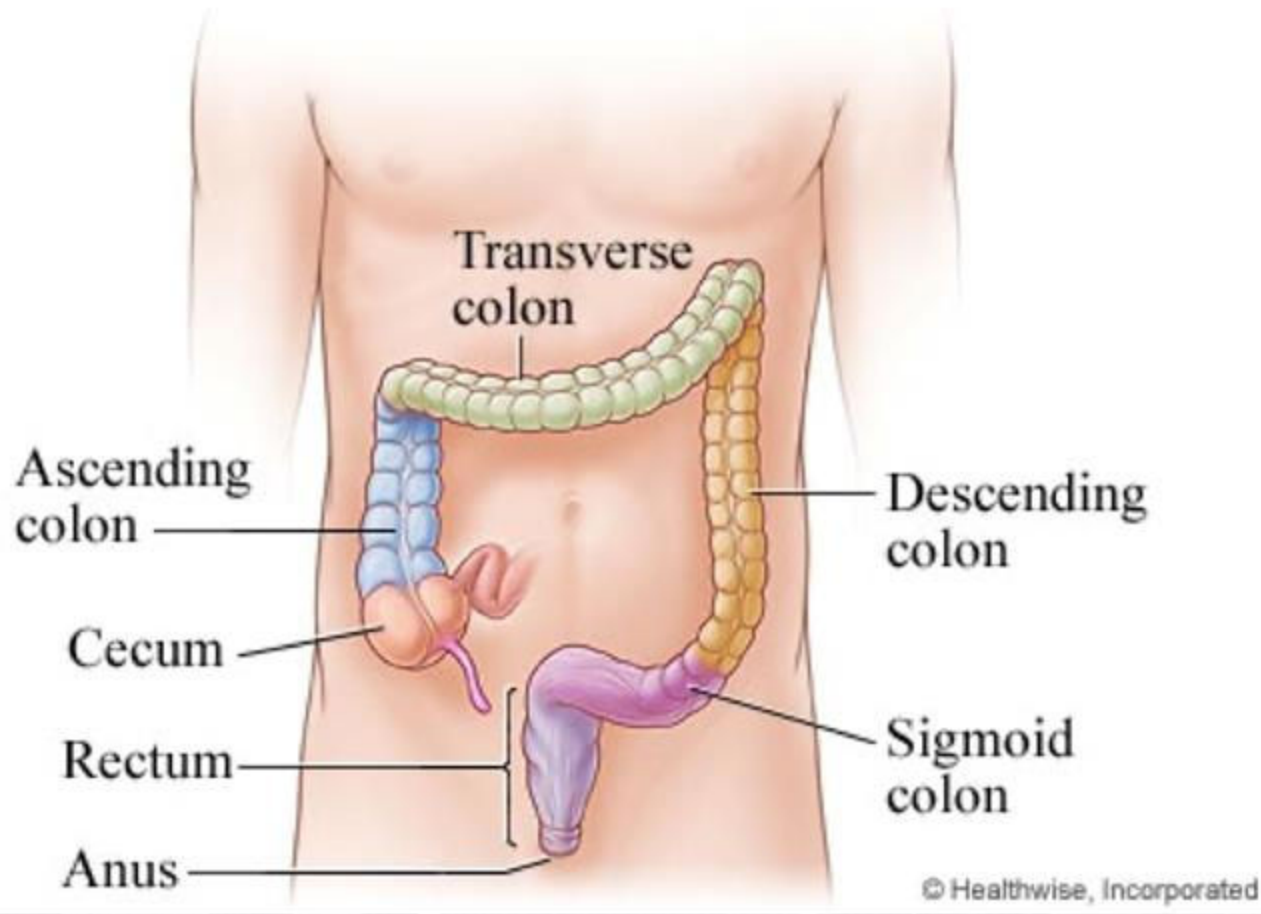
Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid





Manual Techniques: Abdominal Massage

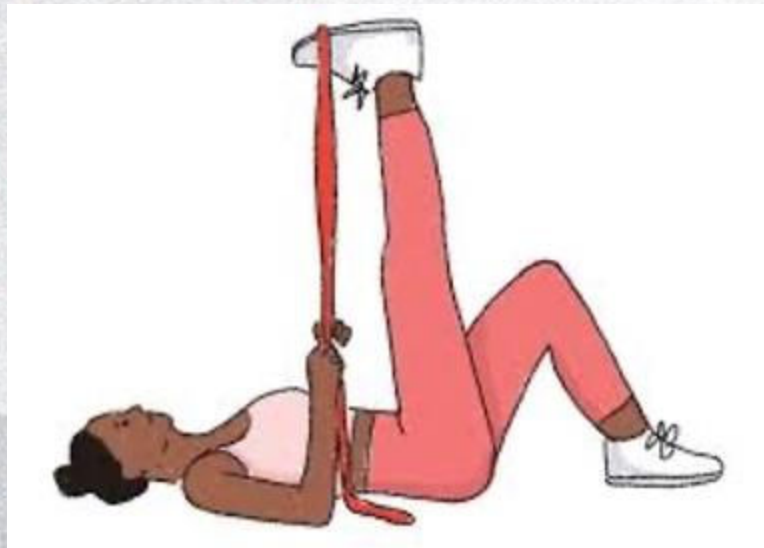


- Gentle downward strokes or small circles along each segment of the colon.
- Begin at the descending colon (“I”)
- “L”ove: travel from R UQ to sigmoid
- “U” travel from RLQ to sigmoid
- Start with 10 strokes along each segment
- *Avoid performing deep abdominal massage with pregnancy



Home Program: Hip flexibility

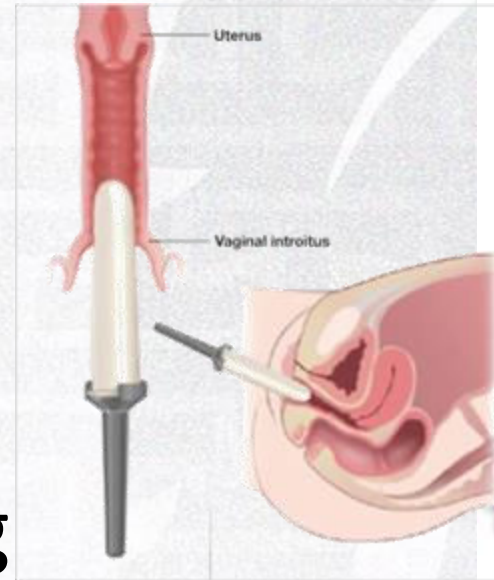






Home program: Manual therapy tools

- Myofascial release
- Soft tissue mobilization
- Vaginal dilators/ desensitization program
- Pelvic floor muscle down training
- Improving posture and restoring muscle balance
- Pain management techniques





Using Vaginal Dilators Post Radiation

- Begin after tissues heal: 2-4 weeks after last radiation
- First month of dilator use: 5 days a week, 15-30 minutes
- Months 2-6: 3 days per week
- After 6 months: 2-3 times per week FOR LIFE
- Consider options for managing depth of penetration





Rectal Dilators





Find a local pelvic health specialist

- <https://aptapelvichealth.org/ptlocator/>
- <https://pelvicrehab.com/>



Questions?



Thank you!!!!

Eileen Johnson PT, DPT, WCS

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QUESTION AND ANSWER

Type in your questions on the panel on the right side of your screen



Fight Colorectal Cancer Mission

We FIGHT to cure colorectal cancer and serve as relentless champions of hope for all affected by this disease through informed patient support, impactful policy change, and breakthrough research endeavors.

THANK YOU

