

**Conclusions/Conclusioni:** This case report suggests that the rehabilitation treatment strategy combined with a regenerative surgical treatment and an initial pharmacological approach appears to be a winning weapon for the long-term management of patients affected by Lichen, for the control of symptoms and for the restoration of lost functionality.

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## 7F - To contract or not to contract: Should we use pelvic floor muscle exercises in the treatment of dyspareunia?

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**Introduction and aim of the study/Introduzione e scopo dello studio:** Dyspareunia is a common condition of the chronic pelvic pain that affect sexual activity. Within the physiotherapy community and on social media platforms, there is a prevailing belief that relaxation techniques should be prioritized for managing pain associated with dyspareunia, while exercises targeting the pelvic floor muscles (PFM) should be avoided. This research evaluates the existing literature to explore the role of PFM exercises in the treatment of dyspareunia, aiming to discern both the benefits and limitations of this treatment modality. Furthermore, it investigates the rationale behind the recommendation to avoid PFM exercises in cases of dyspareunia.

**Materials and methods/Materiali e metodi:** Studies included in this review were derived from searches conducted for the purpose of other reviews performed by the authors of this paper conducted in January 2023 and updated in December 2023. Additionally, complementary searches were carried out in PubMed in December 2023, utilizing a combination of keywords associated with dyspareunia, physiotherapy, and pelvic floor exercises. We also searched reference lists of previous review articles in this area.

**Results/Risultati:** Depending on the specific type of dyspareunia and treatment objectives, PFM exercises may enhance muscle contractility and relaxation, boost strength and endurance, and improve blood flow. These exercises can also improve the condition and elasticity of vaginal mucosal tissue. Furthermore, they may foster greater bodily awareness, motor acuity and sensation. Recent systematic review on PFMT showed effectiveness of PFM exercises, also in terms of improvements in sexual pain.

**Interpretation of results/Discussione:** The evidence presented indicates that PFM exercises can be effective in treating dyspareunia. Their efficacy is particularly notable when the exercises are performed thoughtfully and under supervision, emphasizing precise contraction, relaxation, and awareness, rather than being carried out automatically without consideration. Therefore, the objective of PFM exercises in addressing pain in dyspareunia may encompass not only traditional strengthening but also fostering awareness, coordination, and enhanced relaxation.

**Conclusions/Conclusioni:** Based on the presented data, PFM exercises may have multiple applications in the treatment of dyspareunia. It appears essential to consider them as a multifaceted intervention that can be adapted in various forms and for diverse objectives, which extend beyond simple strengthening. PFM exercises have been widely incorporated in research studies, which suggest positive outcomes and the safety of the interventions implemented, contrary to the prevailing beliefs.

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## 8F - How the presence of a proctor specialist in the operating room impacts the experience of the scrub nurse during the implantation of the sacral neuromodulator

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**Introduction:** The surgical procedure for sacral neuromodulator implantation involves placing a small device, typically near the sacral nerves, to modulate or stimulate these nerves electrically. Neuromodulation can help regulate bladder and bowel function, alleviating symptoms of urinary incontinence, overactive bladder, and specific pelvic pain conditions.

The proctor specialist emerges as an essential figure in supporting the surgical team and ensuring the optimization of the implantation. This study aimed to investigate the experience of the instrument nurse who approaches sacral neurostimulation as a novice under the guidance of the specialist proctor.

**Materials and Methods:** The analysis involved 16 instrument nurses from a reference hospital who approached sacral neurostimulator implantation as novices, supported by a proctor specialist during the initial surgical sessions. Each participating scrub nurse completed a questionnaire to record their approval regarding the "novel" sacral neuromodulator implantation procedure, satisfaction with the presence of the proctor specialist in the operating room, any lingering concerns or fears despite the proctor's presence, and the potential impact of the proctor's presence on the successful outcome of the implantation. Responses were provided on a Likert scale, with any additional suggestions recorded in an open-ended format.

**Results:** Scrub nurses appreciated the introduction of the new procedure. They valued the presence of the proctor specialist in the operating room, perceiving this figure as providing additional safety during the intervention. Lingering concerns were only marginally present, and the proctor's presence was seen as positively impacting the procedure's success. Nurses suggested the opportunity for frontal training sessions to acquire helpful information about neuromodulator implantation before their involvement in the operating room.