

## ACPWH CONFERENCE 2007

### Speaker abstracts

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*Because Conference 2007 was held in November, it has been difficult to obtain full versions of the speakers' presentations before going to press. It is hoped that the next issue (Number 103, Autumn 2008) will contain the full papers that relate to the following abstracts, plus one or two more.*

#### **In between the sheets: considering psychosexual dysfunction**

*Janice Lamb, psychosexual psychotherapist, Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK*

Sexual problems are both common and important. Society's relentless emphasis on sex is raising expectations among people who might once have put up with less-than-satisfactory sex lives. However, sexual problems carry a certain stigma. As a result of this, these issues are not easy for either patients or professionals to talk about. Patients may not mention sexual problems until they have developed a trusting therapeutic relationship with a clinician. Furthermore, information is not likely to be volunteered without certain appropriate questions being asked. However, it is common for health-care professionals to avoid taking a sexual history, not so much because of embarrassment, but because of a feeling of helplessness about what to do if problems are identified. This session aims to provide the audience with a basic understanding of psychosexual dysfunctions, and the management and treatment options available for these problems.

#### **Physiotherapists and prolapse: who's doing what, how and why?**

*Dr Suzanne Hagen, programme leader, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Glasgow, UK*

Pelvic organ prolapse is a common female condition that has been estimated to affect 50% of parous women. This presentation considers the

role of the physiotherapist in managing women with prolapse. A number of interrelated research projects are discussed, highlighting current practice in this area and the research evidence that exists to support practice. At the Nursing, Midwifery and Allied Health Professions Research Unit of Glasgow Caledonian University, Glasgow, UK, a programme of work on conservative management of prolapse began in 2001. At that time, it was anecdotally known that physiotherapists were treating women with prolapse; however, knowledge about the effectiveness of their intervention was lacking. A survey of ACPWH members took place in 2002 regarding their practice in relation to prolapse. A systematic Cochrane Review was also undertaken to establish what evidence from randomized controlled trials existed. These provided information on which to build a multicentre trial of pelvic floor muscle training for women with prolapse that will report in 2010. A reliability study of physiotherapists' use of the Pelvic Organ Prolapse Quantitation method of assessing prolapse has recently been completed. The results offer physiotherapists encouragement in using this standardized method of measuring the outcome of their intervention with this group of patients.

#### **Symphysis pubis dysfunction: where are we going?**

*Mr Tony Clayson, consultant orthopaedic and trauma surgeon, North Manchester General Hospital, Manchester, UK*

A number of patients reporting persistent pubic symphyseal pain following childbirth have been assessed in a regional service for the stabilization of pelvic and acetabular fractures. Experiences with the management of these individuals are presented, together with a discussion about whether or not surgery has a role in the management of these patients. The concept of inflammation versus instability is explored, together with an interpretation of the term 'dysfunction' in relation to the pubic symphysis. Experience

would suggest that a more consistent and coordinated approach by the healthcare team responsible for looking after these individuals would serve to improve their outcome and hasten their recovery.

## **Aromatherapy**

*Katharine Pollard, midwife, Royal Preston Hospital, Preston, UK*

In 2005, following 3 years of planning, aromatherapy was very successfully introduced to the

delivery suite at the Royal Preston Hospital, Preston, UK. In this presentation, the principles of aromatherapy are discussed. The oils used, the effects of application and the methods of administration are explained with reference to use in the delivery suite. The implementation process is described and the results of a year-long audit are presented.