

Book review

Pelvic Floor Recovery: A Physiotherapy Guide for Gynaecological Repair Surgery, 2nd edn

By Sue Croft

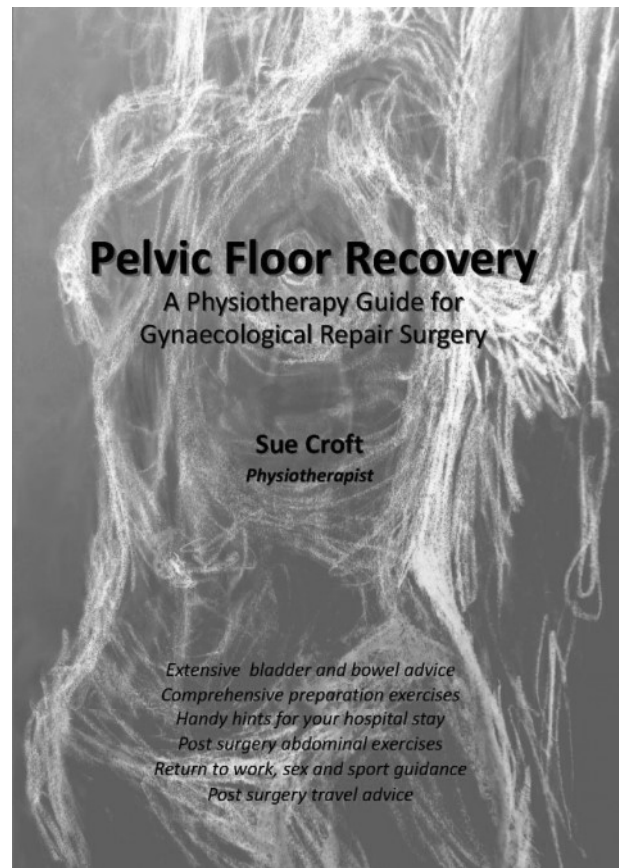
Sue Croft, Highgate Hill, Queensland, 2011, 110 pages, paperback, AU\$20.00 (non-health professionals)/AU\$17.50 (health professionals) ISBN 987-0-646-55512-6

Pelvic Floor Recovery: A Physiotherapy Guide for Gynaecological Repair Surgery is intended for patients undergoing gynaecological repair surgery. It consists of 11 short chapters that explain basic anatomy, normal bladder and bowel function, pelvic floor muscle (PFM) training, prolapse, and the role of physiotherapy before and after surgery, then during recovery and upon returning to work. The primary aim of the book is to provide easily understood advice for women undergoing gynaecological surgery in order to optimize surgical outcomes by preparing these patients for surgery and guiding them through the recovery phase.

The first chapter focuses on how to activate the PFMs, but perhaps concentrates too much on the deep abdominal muscles. Chapter 2 provides an easily understood explanation of how to undertake PFM exercises (PFMEs), hints on how to remember to do these and an explanation of the importance of continuing with this training. It is a pity that the second chapter did not begin *Pelvic Floor Recovery* because Chapter 1 may be confusing for patients. Since this is a book on pelvic floor physiotherapy in relation to gynaecological surgery, it would be good to have included a specific section on how exercising the PFMs has now been shown to be helpful in women with stage 1 or 2 prolapse.

Chapter 3 examines posture and correct lifting technique, while the fourth chapter summarizes the normal function of the bladder and discusses strategies for improving stress, mixed and urge urinary incontinence. The use of a tampon is advocated as an internal splint when exercising, but it should be noted that physiotherapists in the UK should not recommend this.

The next three chapters briefly outline prolapse, bowel function and chronic pelvic pain. Chapter 8 provides an outline of what might happen during a pre-operative physiotherapy



visit, and the author gives tips on how to prepare both physically and mentally for the operation. The ninth chapter deals with the immediate post-operative expectations and contains advice similar to that outlined in leaflets routinely provided to patients. It is suggested that PFMEs should be begun again approximately 6 weeks post-operatively or when advised by the consultant, but the timing of the resumption of these exercises is open to debate.

Chapters 12 and 13 are perhaps the most useful sections of the book since these provide advice on the recommencement of activities after discharge, at 6 and 12 weeks, and beyond. Additional tips on travelling, a return to sexual function and work are also given.

Pelvic Floor Recovery is clearly written and has more than 50 good illustrations. It also contains useful information for students and newly qualified physiotherapists with an interest in this area, as well as those on a rotation on a gynaecological ward. It could also be a useful book for those patients waiting to undergo

pelvic floor surgery who are interested in finding out how they can help themselves both before and after surgery. However, the text is perhaps too detailed for many patients, especially those from lower socio-economic groups, who have an average reading age of 12 years. The cost could also be prohibitive for some individuals.

Dr Doreen McClurg
Nursing, Midwifery and Allied Health Professions
Research Unit
Glasgow Caledonian University
Glasgow
UK