A reference tool for continence physiotherapists


Professor Grace Dorey works as a Consultant Physiotherapist for Continence and is a Visiting Senior Research Fellow at the University of the West of England. She is one of only a handful of physiotherapists specialising in male incontinence worldwide. This textbook has developed from her 2001 book *Conservative Treatment of Male Urinary Incontinence and Erectile Dysfunction*. Seven new chapters have been added and existing chapters have been updated extensively. Classification of male urinary incontinence has been restructured in line with the International Continence Society standardisation of terminology. The textbook is aimed at physiotherapists, continence and urology nurses, GPs and urologists as a reference tool for treating men.

This readable book brings together many aspects of male urinary and faecal incontinence and erectile dysfunction. Dorey discusses the cause, prevalence, and assessment of pelvic floor dysfunction in logical chapters that can be referred to independently or read as a continuous text. Evidenced-based information and discussion of the male lower urinary tract anatomy, physiology, and neurology precede the chapters on individual pelvic floor conditions. These are discussed in detail with regard to prevalence, aetiology, definition, and classification.

Various prostatic conditions, pelvic dysfunction, pelvic pain, and erectile dysfunction are discussed in detail including the medical investigations that may be needed. Medical and surgical management options are discussed as well as those options available to the physiotherapist.

For a therapist who has experience in treating female incontinence, the assessment chapter goes into detail of how to carry out a continence assessment on a man with pelvic floor dysfunction. Within many of the subheadings questions are posed in a way appropriate for men. The meaning of an assessment outcome is not always discussed in detail as prior knowledge of continence assessments is assumed. For the experienced continence physiotherapist the information is at a level appropriate to specialisation.

Systematic reviews are included and the evidence for treatment options is analysed and discussed practically and clinically. The methodology and results of studies are made interesting for the discerning reader or the researcher. Separate reviews are available for treatment before and after prostatectomy, sexual dysfunction, and premature ejaculation. Other treatment modalities are discussed with reference to research where available.

Some knowledge and experience is assumed when reading this book. Don’t expect detailed treatment options or in-depth practical advice on how to apply, modify, or adapt techniques within the clinical setting. This textbook is especially good for continence advisors who wish to expand their practice to include men.

The chapter on medication provides an overview of the medication available for the management of urgency and stress incontinence as well as for nocturnal enuresis, and prostate problems. There is an interesting section on medications that change the colour of the urine, as well as medications that can cause incontinence. Pharmacotherapy will need to be updated by the reader according to the local availability of drugs.

Erectile dysfunction is discussed in two chapters. An overview of the types of sexual dysfunction as well as differing ejaculation disorders are provided with references to current research. No condition is discussed in much detail, though there is enough detail for the discerning therapist to make a provisional diagnosis. The second chapter on treatment includes a literature review which highlights the sparsity of high level research in this field. There is a need for research on conservative therapies in the area of erectile dysfunction as early trials show that rehabilitating the pelvic floor may have a positive impact on several sexual dysfunctions.

This textbook was written in the UK with resources, pharmacological references, and healthcare systems that apply locally. However it can easily be adapted to other health systems and if the text is being referred to by experienced therapists, their local knowledge can easily be substituted. There are few texts that deal with the assessment and management of male incontinence. Dorey goes some way to correct this by providing a reference tool for continence physiotherapists and nurses.

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