

INFORMED CONSENT

PELVIC FLOOR PHYSIOTHERAPY

In accordance with the current legislation, it must be registered that you, as a healthcare user, receive and understand all the information related to your medical consultation.

Please read carefully the information below, which summarises what your pelvic floor physiotherapist has discussed with you.

Who will perform the therapeutic intervention?

Physiotherapists are the competent healthcare providers to carry out an evaluation of male and female pelvic floor muscles in order to find and treat any possible dysfunction. As part of their professional competencies, physical therapists also deal with patient's education, preventive measures and therapeutic exercise, and the use of electrotherapy as part of a treatment.

Who requires pelvic floor physiotherapy treatment?

Pelvic floor dysfunctions in women are associated with urinary and anal incontinence, constipation, visceral prolapses, pelvic pain and sexual dysfunctions. Prevalence is higher at some stages in life, like during the postpartum or the menopause periods, but different risk factors, lifestyle or surgical interventions can trigger symptoms like urine leakage, perineal weight sensation or pain.

The most frequent pelvic floor dysfunctions in men are associated with symptoms of pelvic pain of urinary, sexual or anal type and with those related to prostate surgery like urinary incontinence.

With paediatric patients, physiotherapists perform the assessment and treatment of dysfunctions related to urinary and faecal emptying.

What treatments do physiotherapists use?

Pelvic floor physiotherapists perform an anamnesis and functional examination, which can be intracavitary, in order to decide on the best treatment for each patient. The treatment methods are based on manual therapies, therapeutic exercise, biofeedback, electrotherapy and cognitive behavioural therapy.

These treatments are often administered through the vagina or the anal canal.

Do pelvic floor physiotherapy treatments have side effects?

The application of physiotherapy methods is not painful. Inform your physiotherapist if you feel any discomfort or pain. Although quite infrequent, some patients may feel a slight sensation of irritation of the tissues after the treatment.

Most of the techniques used in perineal physiotherapy do not have any side effect. Electrotherapy is contraindicated in case of pregnancy or if you have an implanted electronic device.

Electrical stimulation may cause a slightly unpleasant tingling sensation that is well tolerated by patients. Quite infrequently, if the mucous membranes are touched, this can cause a low-intensity electric sensation. Patients may feel pain in case of hypersensitivity or if the electrode malfunctions.

What does the patient need to inform the physiotherapist about?

The physiotherapist must have all the necessary medical information in order to carry out a correct assessment and clinical reasoning process that leads to the correct diagnosis.

The patient must always inform about:

- Any active infectious process or suspected infection
- Any diagnosed chronic disease
- Pregnancy or likelihood of pregnancy
- Being under medical treatment for a condition that involves taking medication
- Hypertension
- Any implanted electronic device (pacemaker, neuromodulator)
- Any oral anticoagulant treatment
- Any allergies
- Any previous surgical operations

In accordance with *Law 41/2002 on 14 November Regulating Patient Autonomy and Health Documentation and Information-Related Rights and Obligations*, an informed consent form must be signed. Since pelvic floor physiotherapy may involve an internal exam, a specific form must be signed.

Please verbally inform your physiotherapist that you have fully understood all the information in this document.

I, of years of age.

I, of years of age and ID number, as (parent, legal guardian, etc.).

DECLARE

That I have been informed by about the risks and benefits of pelvic floor treatment and I understand I can withdraw my previous consent.

That I am satisfied with, have read and understood the information provided and I have had the opportunity to ask questions and all my doubts have been resolved.

By signing, I give my consent.

....., ...(day)..... ...(month).....,(year).....

Patient's signature	Legal guardian's signature (if applicable)	Physiotherapist's signature Name:..... Registration number:

That I withdraw consent given on ...(day) ...(month)..., ...(year)... and would like to stop treatment.

....., ...(day)... ...(month)....., ...(year).....

Patient's signature	Legal guardian's signature (if applicable)	Physiotherapist's signature Name:..... Registration number: