婦女失禁的物理治療

東區醫院物理治療部
温淑盈

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港島東聯網中西醫結合研討會

甚麼是失禁？

正常排尿
女性泌尿系統
排尿循環

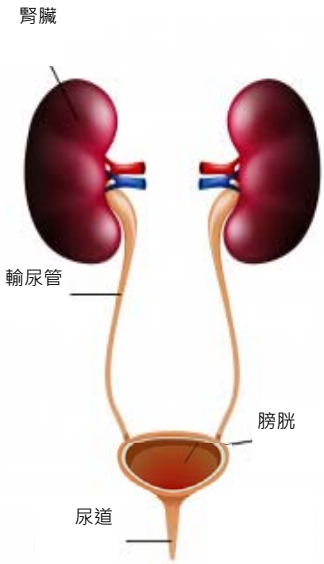
甚麼是失禁

- 2019 年
  國際理遺學會定義

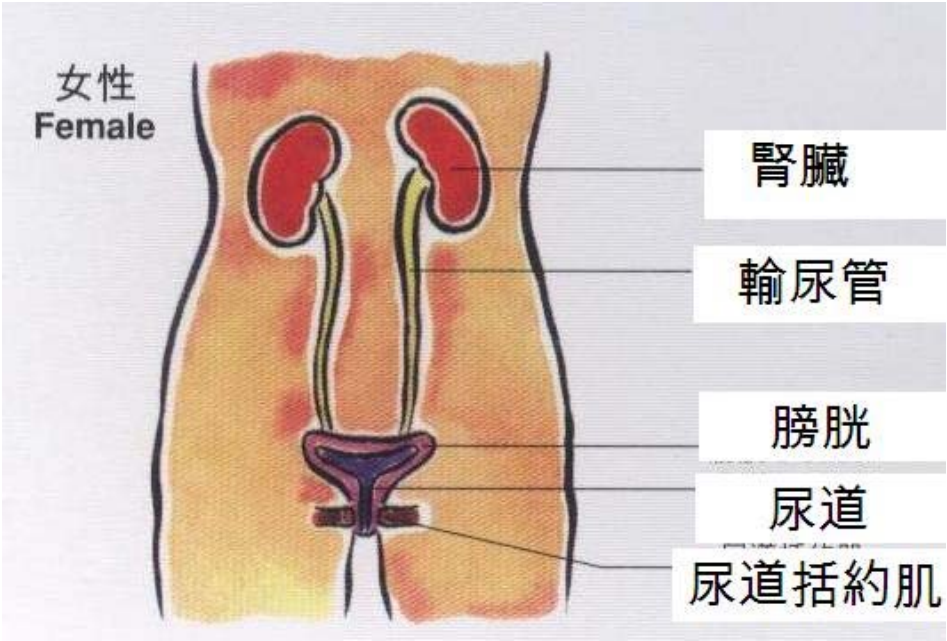
- 失禁：
  尿液不由自主地
  從尿道流出

正常排尿

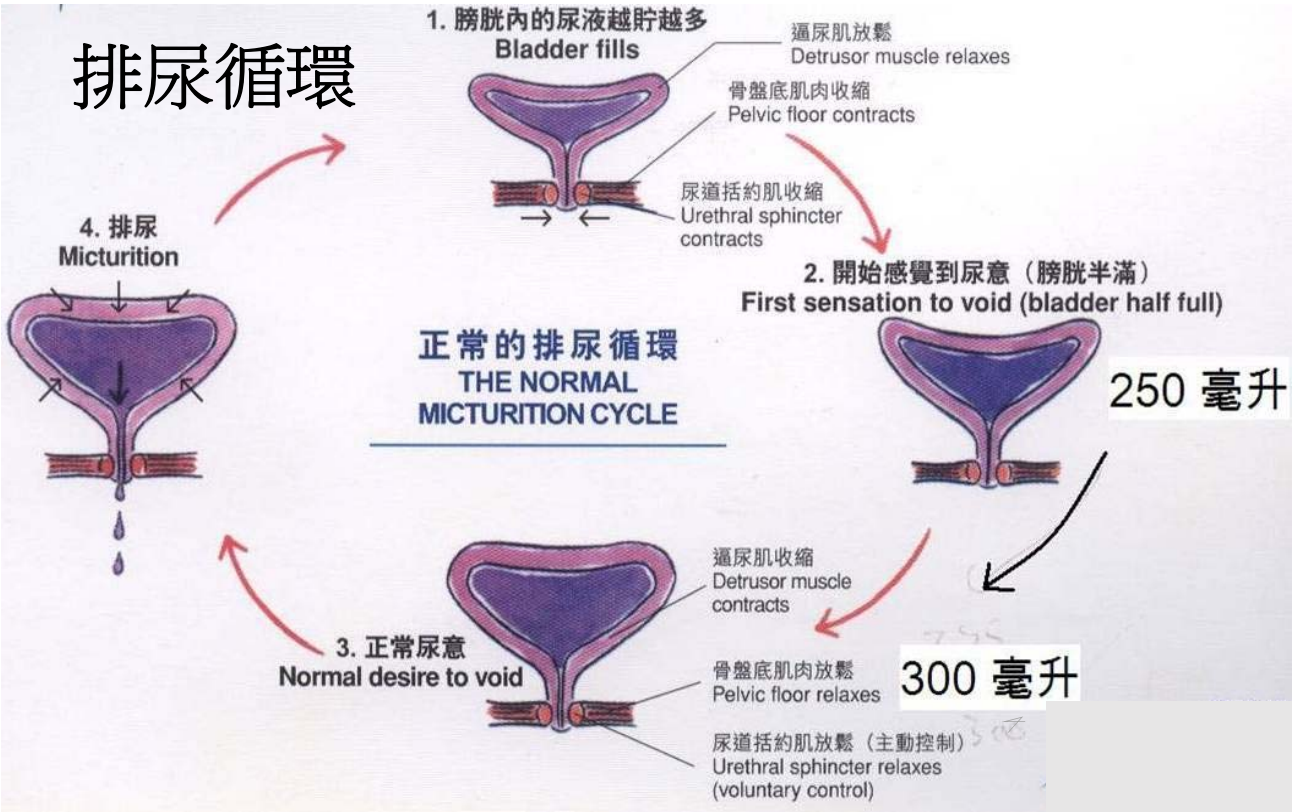
- 正常的膀胱可「安全」地儲存尿液
  及可在意志控制下順利排尿

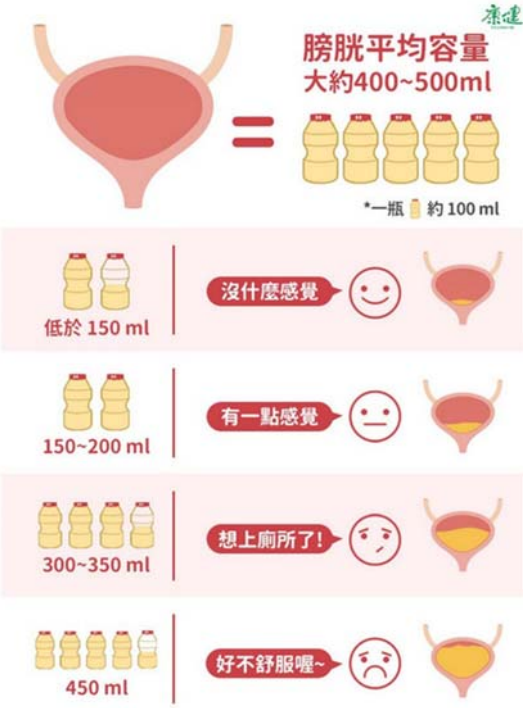


女性泌尿系統

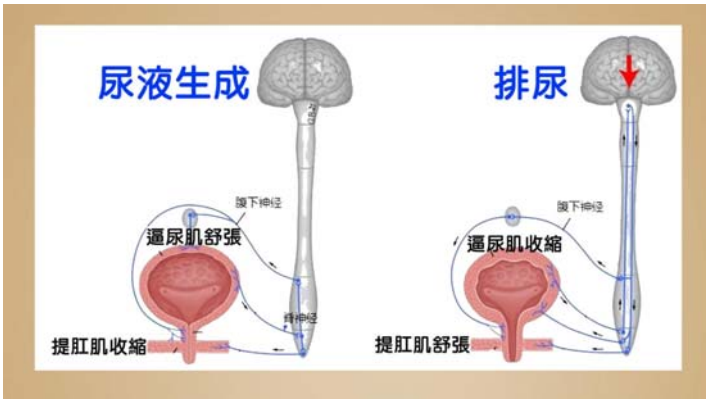

女性
Female
腎臟
輸尿管
膀胱
尿道
尿道括約肌

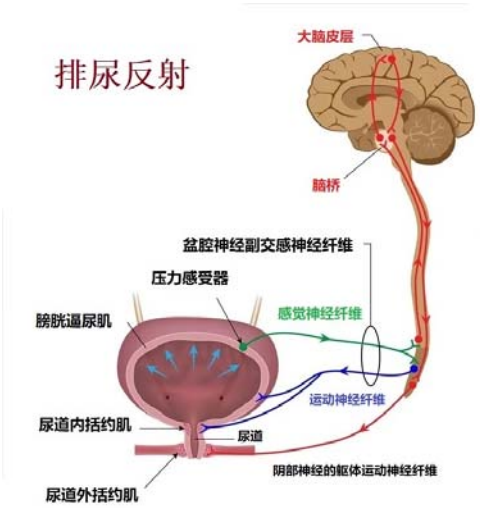
排尿循環


1. 膀胱內的尿液越貯越多
Bladder fills
逼尿肌放鬆
Detrusor muscle relaxes
骨盤底肌肉收縮
Pelvic floor contracts
尿道括約肌收縮
Urethral sphincter contracts
2. 開始感覺到尿意（膀胱半滿）
First sensation to void (bladder half full)
250 毫升
正常的排尿循環
THE NORMAL MICTURITION CYCLE
4. 排尿
Micturition
3. 正常尿意
Normal desire to void
逼尿肌收縮
Detrusor muscle contracts
骨盤底肌肉放鬆
Pelvic floor relaxes
300 毫升
尿道括約肌放鬆（主動控制）
Urethral sphincter relaxes (voluntary control)


膀胱平均容量
大約400~500ml
*一瓶 約 100 ml
低於 150 ml
沒什麼感覺
150~200 ml
有一點感覺
300~350 ml
想上廁所了!
450 ml
好不舒服喔~

排尿神經控制


尿液生成
排尿
腹下神经
逼尿肌舒張
逼尿肌收縮
提肛肌收縮
提肛肌舒張


排尿反射
大脑皮层
脑桥
盆腔神经副交感神经纤维
压力感受器
膀胱逼尿肌
感觉神经纤维
运动神经纤维
尿道内括约肌
尿道
阴部神经的躯体运动神经纤维
尿道外括约肌

正常排尿

- 日間 ： 平均少於8次（視乎飲水份量）
- 一般排尿份量：250－500 毫升

250ml
一盒細包
紙包飲品

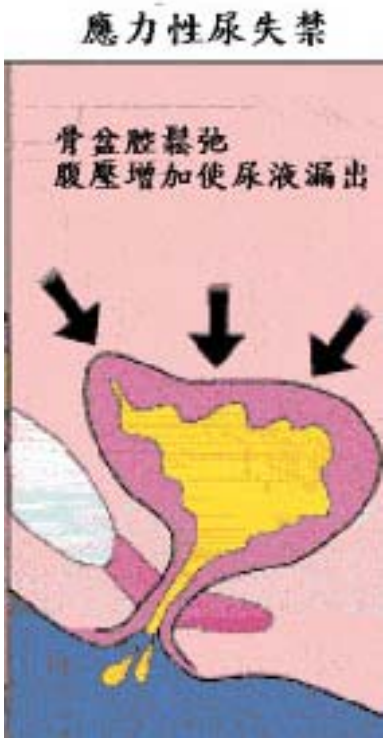
失禁種類

壓力性失禁　　混合性失禁

急切性失禁　　滿溢性失禁

壓力性失禁

- 當腹部內的壓力增加，如咳嗽、打噴嚏、大笑、跑步、抱起重物時，尿液便會漏出
- 成因：盆骨底肌肉「鬆弛」



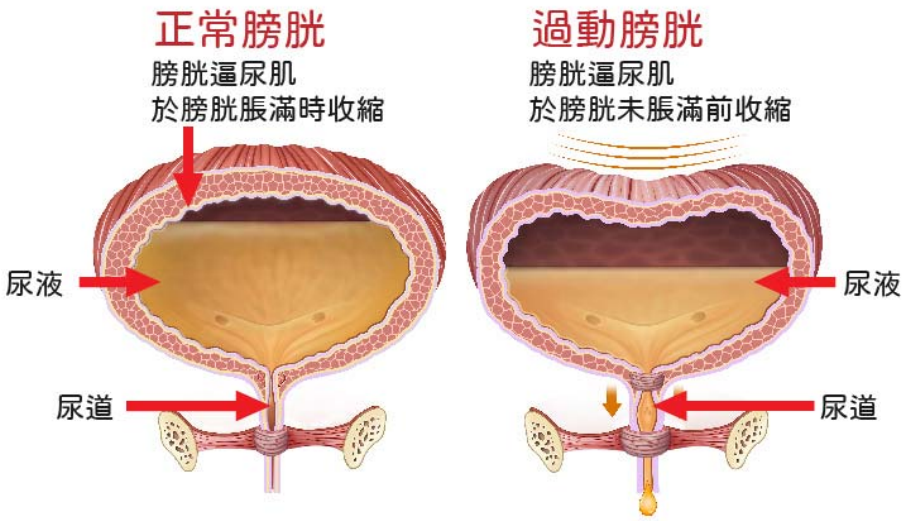
較高機會患有壓力性失禁的人士

- 多次生產的婦女
- 更年期後的婦女
- 體形肥胖的人士
- 缺乏運動的長者
- 從事太多增加腹部壓力的運動/工作

急切性失禁

- 因突如其來強烈的尿意，無法忍住小便，引致尿失禁
- 成因：膀胱肌過份敏感，有不正常的收縮

膀胱過動症-膀胱逼尿肌同會陰肌有密切關係



膀胱過動症

- 病徵：尿頻、夜尿、急切性尿失禁
  時常感覺尿急，有尿意，但通常排尿時尿量很少

成因

- 膀胱過份敏感
- 不良的飲水及如廁習慣

不良的飲食習慣

- 為了「以防萬一」，沒有或只有少量尿意便去如廁
- 過量飲用含咖啡因飲料，如：可樂、咖啡或茶
- 酸的食物
  例如醋、檸檬、葡萄柚、奇異果、柑橘、番茄等，這些食物具有酸味，會刺激膀胱黏膜、促進尿意
- 含有酪胺（Tyramine）的食物
  葡萄酒、啤酒、酸奶、奶酪、納豆等食物含有酪胺，酪胺會促進尿道緊縮、讓交感神經過度興奮，也容易提高尿意
- 添加糖和人工甜味劑：糖和人工甜味劑，都會刺激膀胱，蜂蜜也會造成問題
- 含酒精飲料、辛辣食物等
- 調味料及防腐劑 :味精、罐頭、即食面
- 飲水過量/過少.....

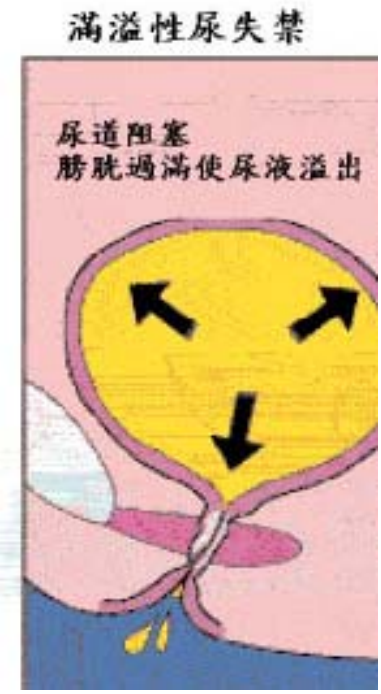
混合性失禁

壓力性失禁 ＋ 急切性失禁 ＝ 混合性失禁

滿溢性失禁

- 因過量小便積聚於膀胱內，
  可能在沒有尿意的情況下失禁

- 成因
  - 神經系統問題
    如中風、老人癡呆、柏金遜症
    和脊髓神經受損等的患者

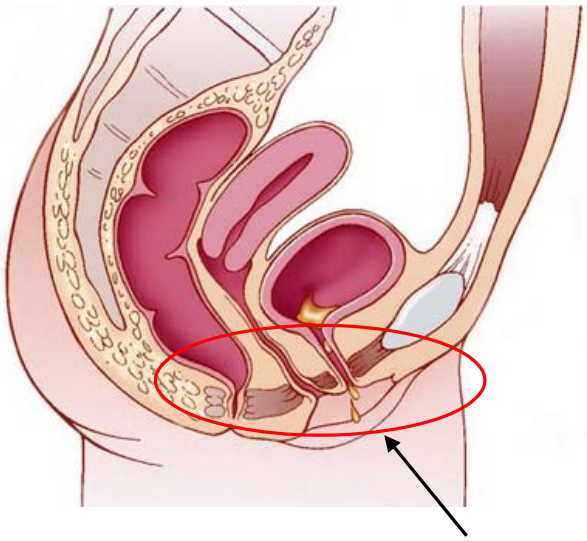


物理治療

盆骨底肌肉運動
其他輔助治療

盆骨底肌肉

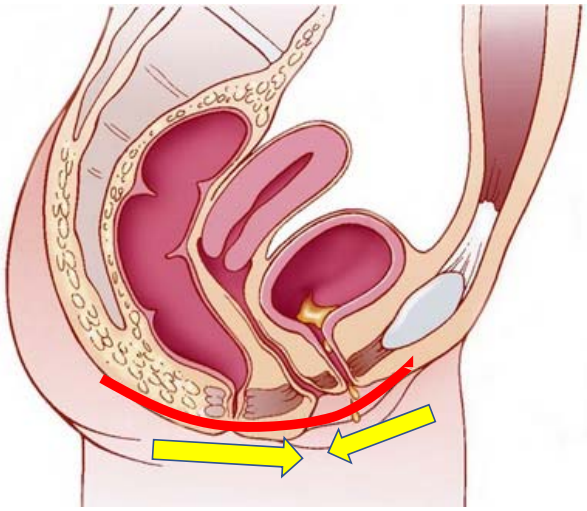
- 一組在下盆的細小肌肉
- 將尿道及肛門緊密連接，
  前面連接恥骨，
  後面連接尾龍骨



盆骨底肌肉

盆骨底肌肉作用

1. 使尿道及肛門緊閉，
   防止大小二便失禁
2. 承托下盆的器官，
   包括膀胱及直腸



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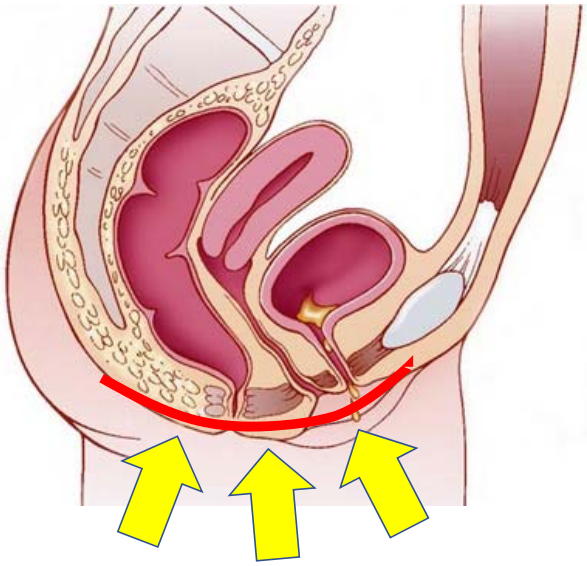
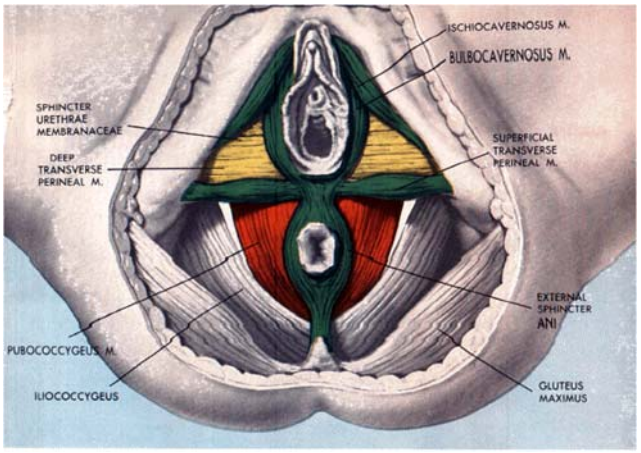


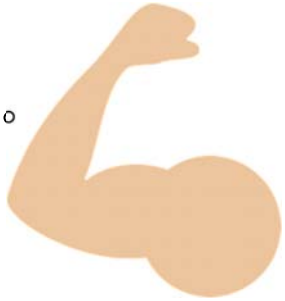
盆骨底肌肉運動

- 仰臥、坐下、站立
- 想像自已忍著大小便，
  收緊肛門及尿道附近的肌肉
- 早、午、晚 練習三次



盆骨底肌肉運動

1. 增加肌肉耐力
   保持收緊5-10秒，然後放鬆。保持呼吸。
   重覆10次。



2. 增强肌肉力度
   以最强力度及最快速度收緊盆骨底肌肉，然後放鬆。
   重覆5-10下。

盆骨底肌肉運動

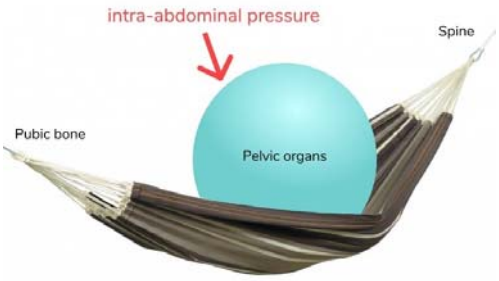
- 配合引致滲尿的動作 例如：打噴嚏、咳嗽時
- 任何時候（如上班、等車）
- 任何姿勢（如走路、上落樓梯）

配合日常生活

凱格爾運動/盆骨底肌肉運動

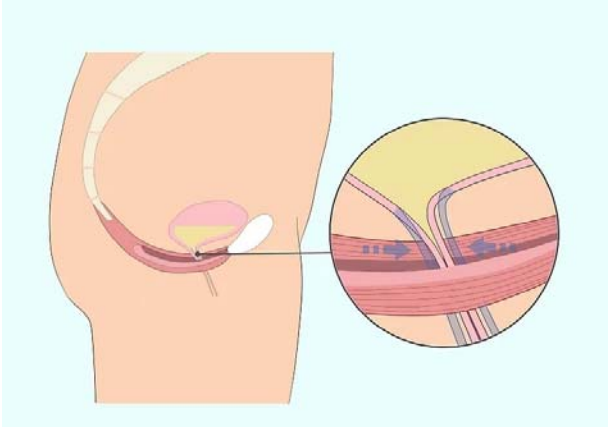
Dr. Arnold Kegel

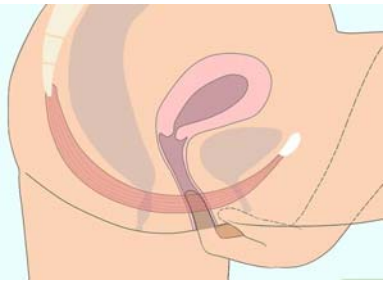
- 凱格爾運動要每天鍛鍊，
- 每次約6-15分鐘，
- 至少要6週~8週，才會有改善，必須持之以恆，
- 每天做才會效果更顯著

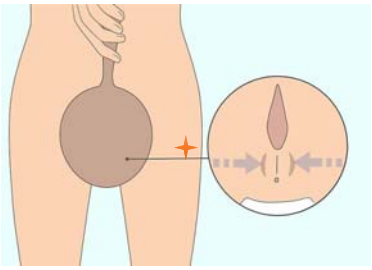


The pelvic floor is like a hammock supporting pelvic organs

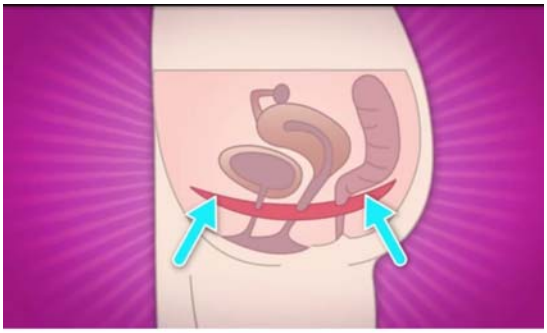
凱格爾運動/盆骨底肌肉運動





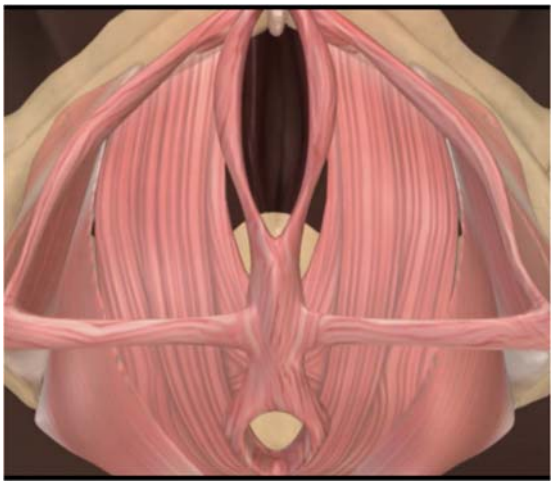


向上提起

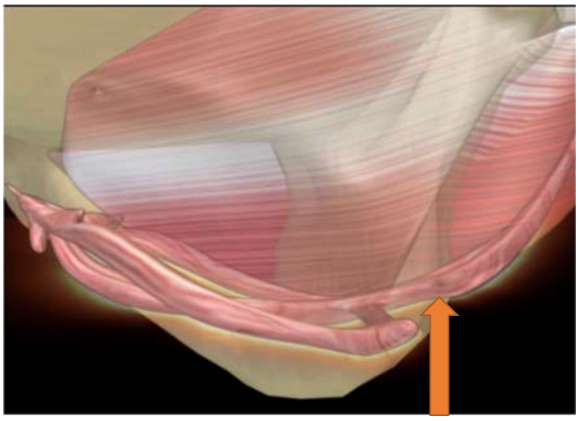


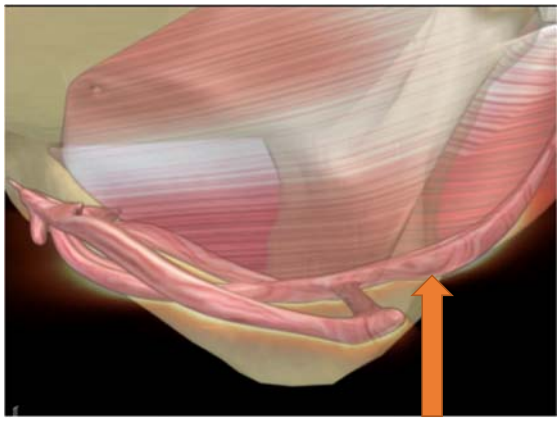
Exercising Your Pelvic Floor with The Big Bump

向上提起

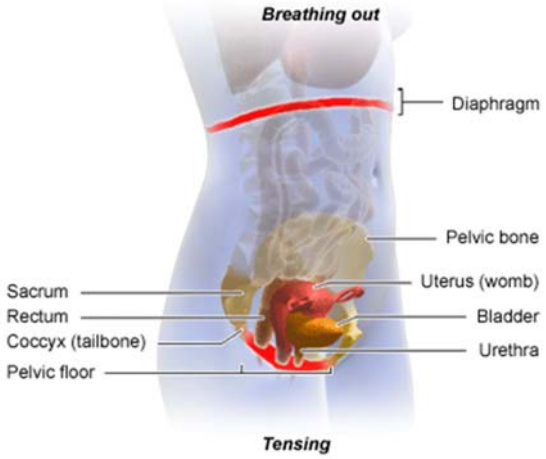


向上提起



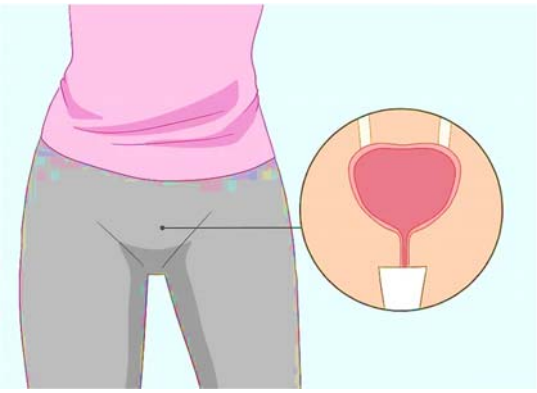


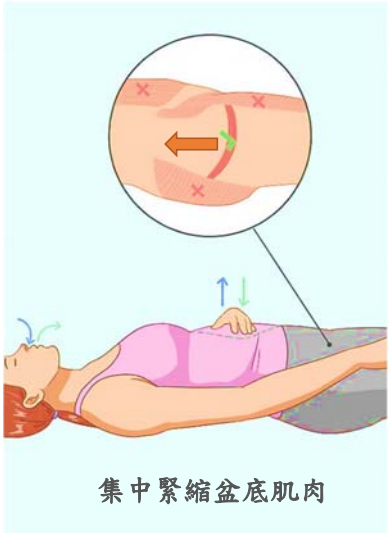
配合呼吸-*呼氣->提起* ： 吸氣-放鬆



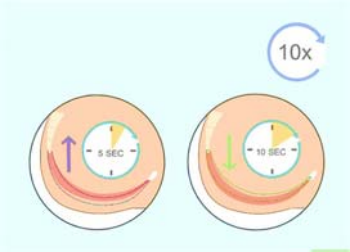
凱格爾運動/盆骨底肌肉運動

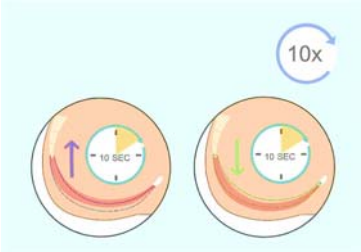
骨盆底肌向上提起



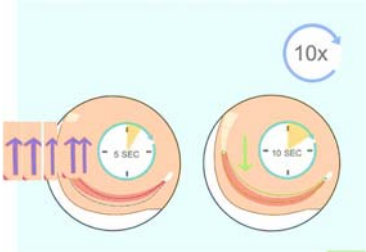


凱格爾運動/盆骨底肌肉運動



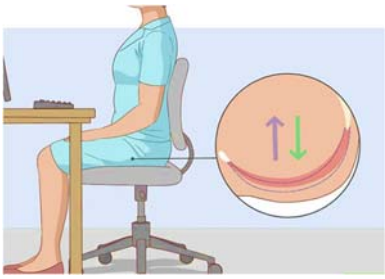


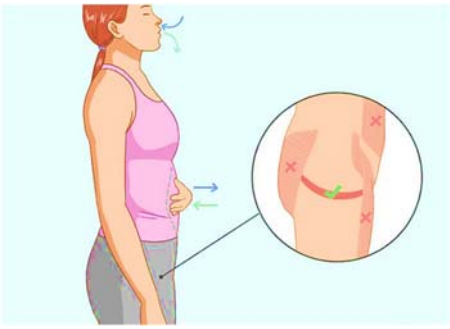
慢收縮



快收縮

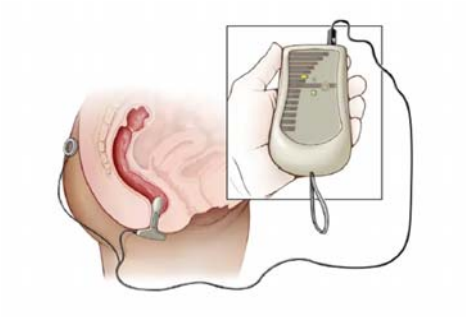
凱格爾運動/盆骨底肌肉運動



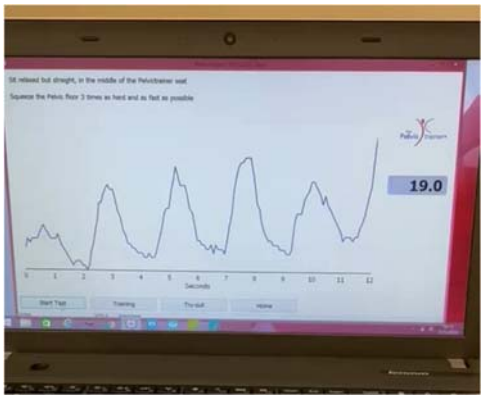


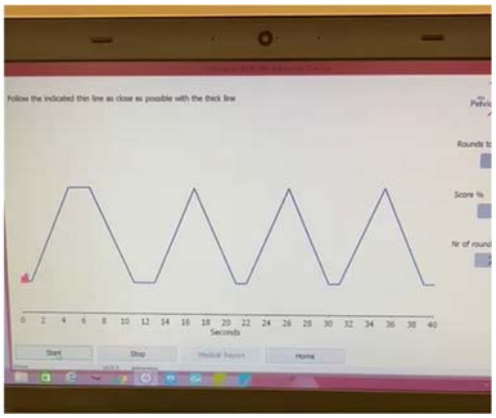
凱格爾運動/盆骨底肌肉運動-日常活動/睡前

輔佐工具



生物回饋





超聲波生物回饋

慢收縮

快收縮

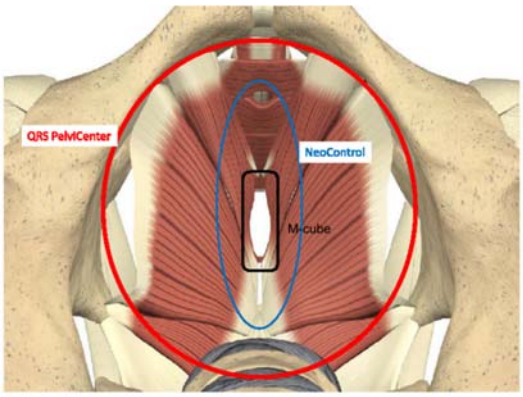
Magnetic stimulation

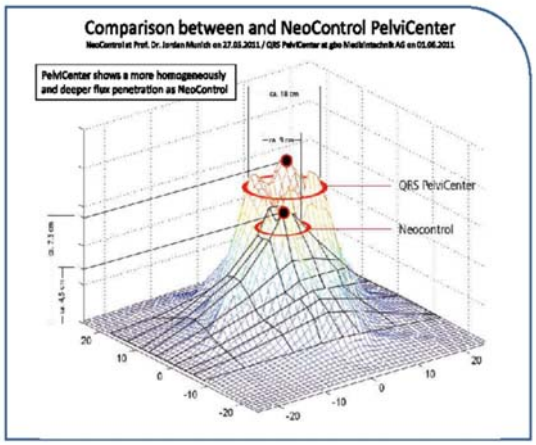
$390,000私密修護椅

$398,000肌皇陰肌逆齡儀器

QRS 1010 PelviCenter-那打素基金
$800,000

分別?





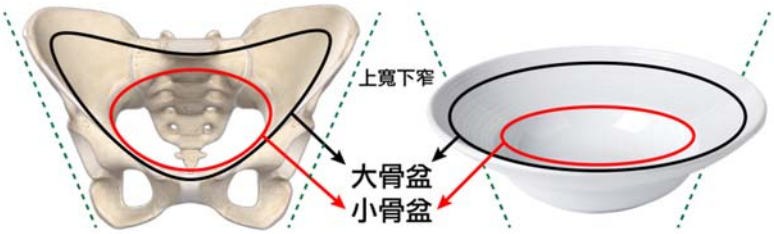
適合男女病人

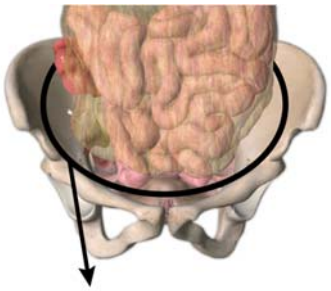
為何仍失敗?

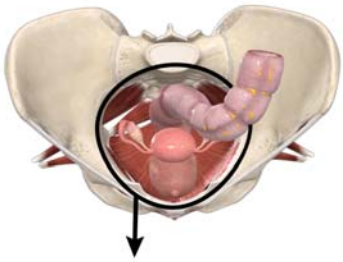
懶

盆骨底肌肉...
其實好唔簡單

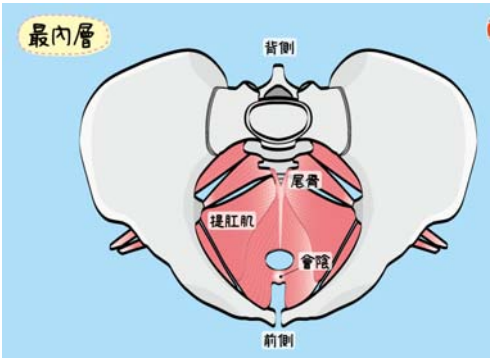
盆骨底肌肉-1

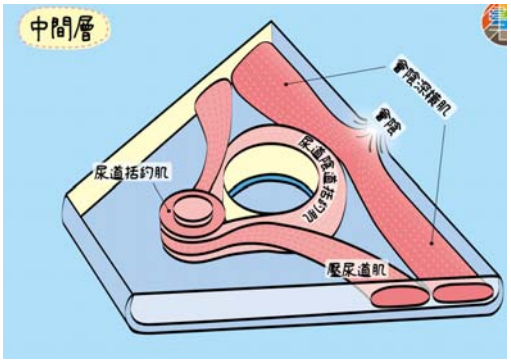


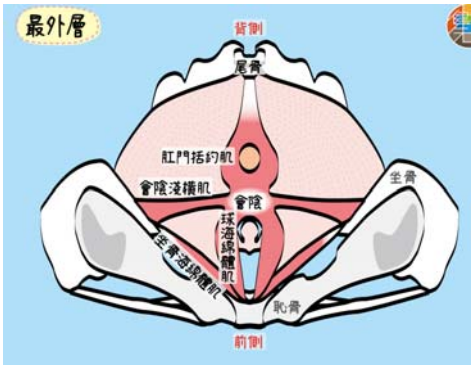




盆骨底肌肉-2





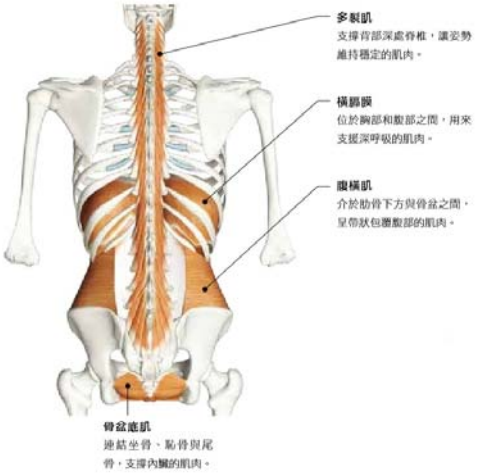


上層大肌肉負責支撐，中下層小肌肉控制出口。

盆骨底肌肉-3

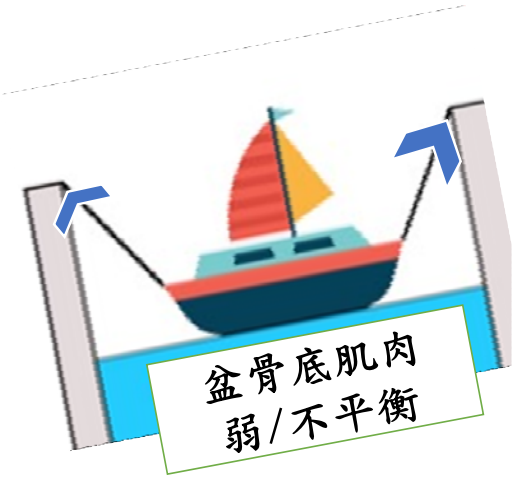
• 收縮陰道:將骨盆底肌向上提起
同時鍛鍊4處核心肌

1-橫膈膜是屋頂、
2-腹橫肌是牆壁、
3-多裂肌是梁柱，
4-骨盆底肌則是地板，
「核心屋」



為何需要物理治療師?

盆骨底肌肉-4



為何需要物理治療師?

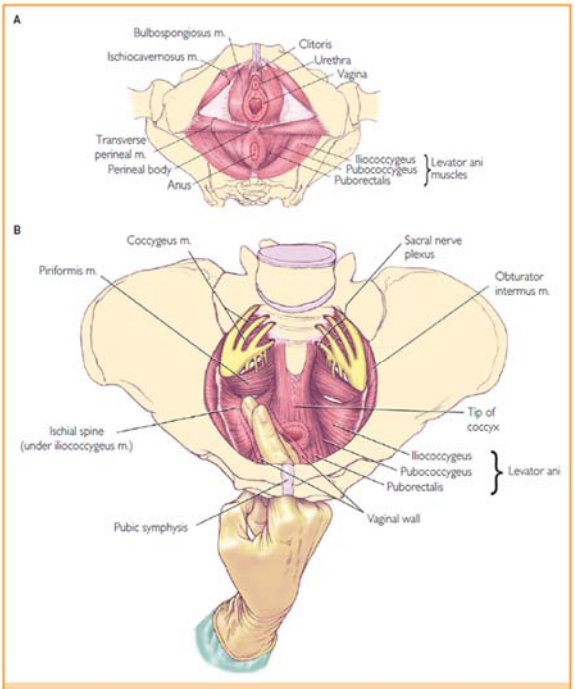
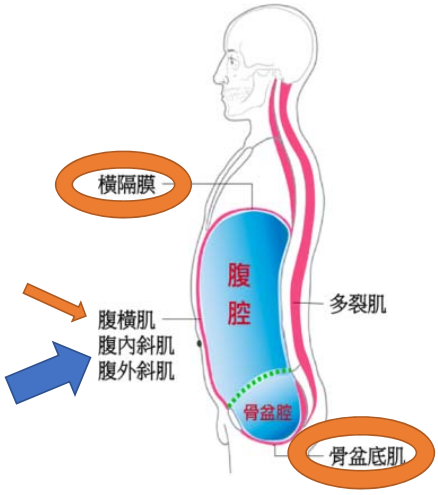


FIGURE. A, Muscles of the pelvic floor. B, Digital palpation of deep pelvic floor muscles. m = muscle.

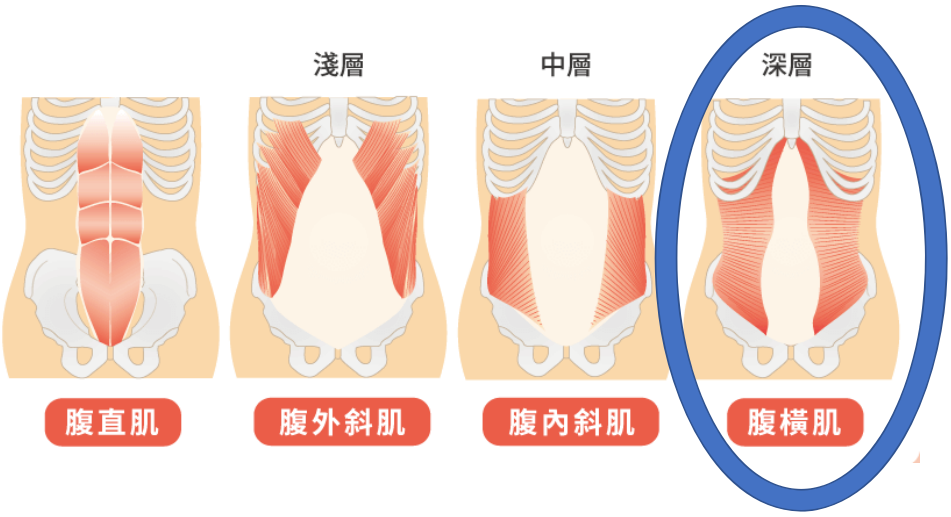
為何需要物理治療師?

- 因為有很多因素影響盆骨底肌肉



為何需要物理治療師?

腹橫肌太弱

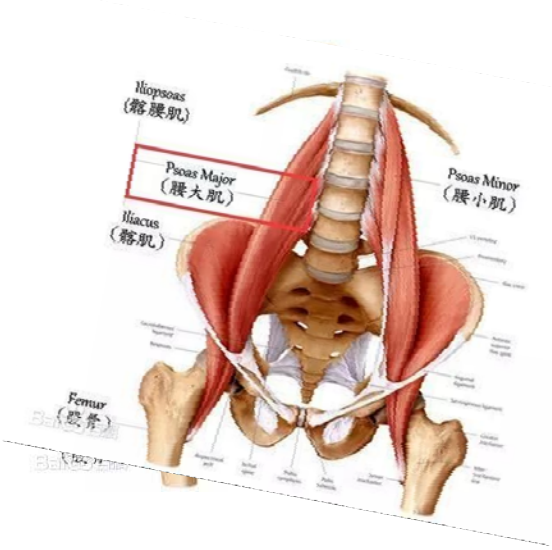


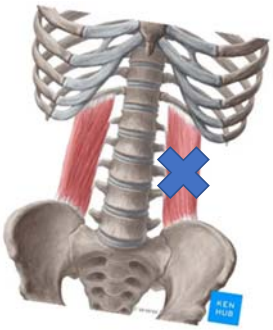
為何需要物理治療師?

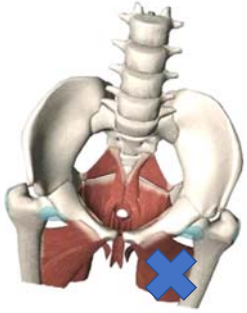
腹橫肌

為何需要物理治療師?

高低盆骨

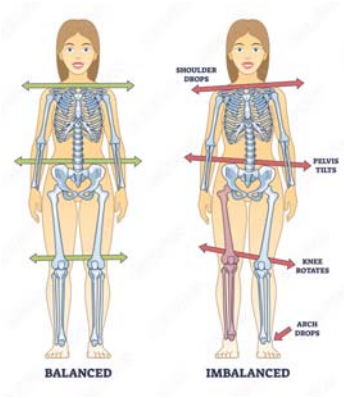






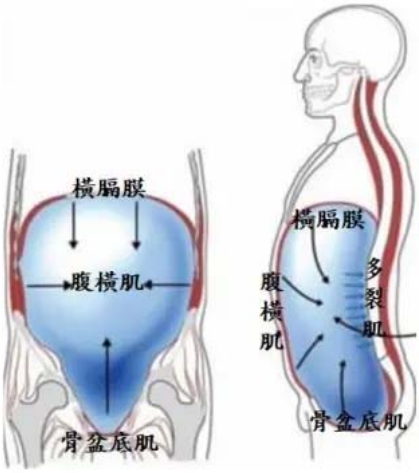
為何需要物理治療師?

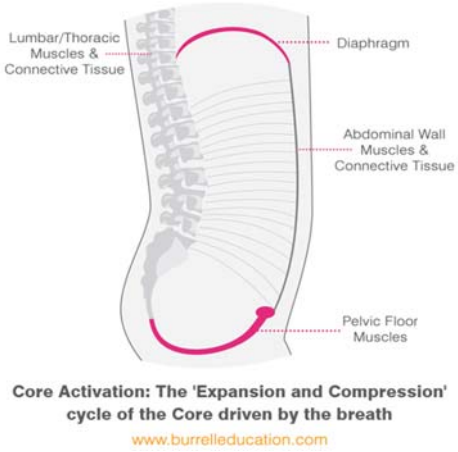
高低盆骨

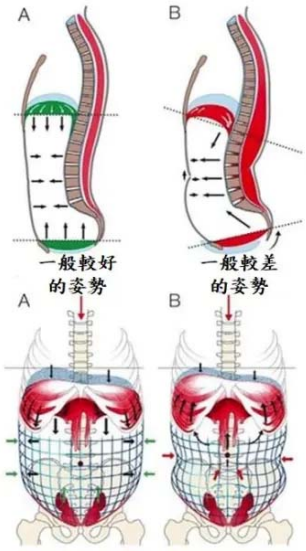


為何需要物理治療師?

與呼吸/姿勢相關







盆骨底肌肉-5

盆骨底肌肉

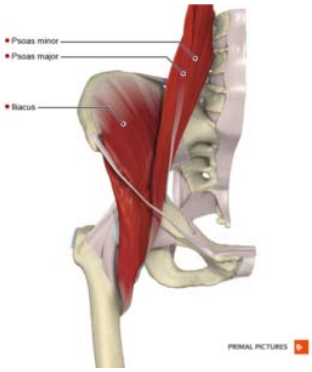
強化:
肌力, 耐力, 反應

放鬆

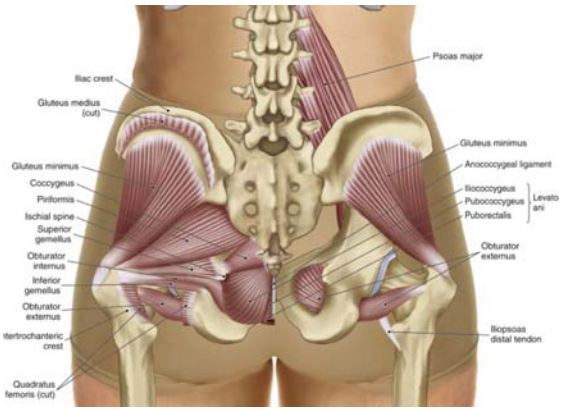
伸展
相關肌肉

令肌肉增加血循環及彈性

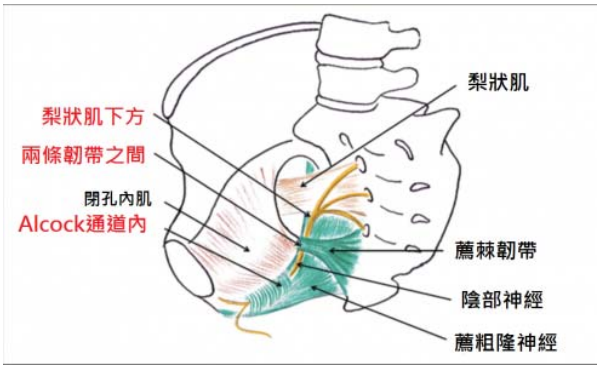
伸展相關肌肉-1 腰大肌



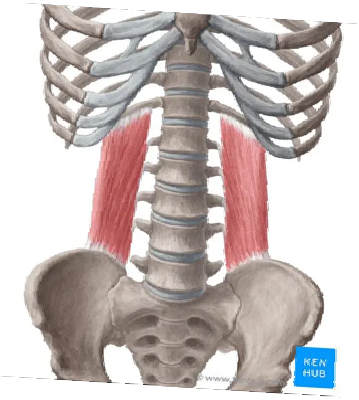
伸展相關肌肉-2 臂內外收肌



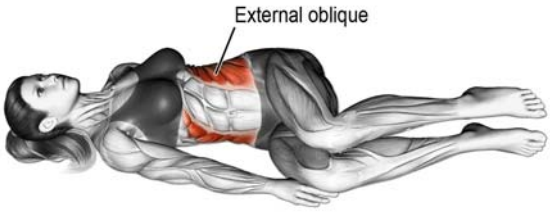
伸展相關肌肉-3 梨狀肌

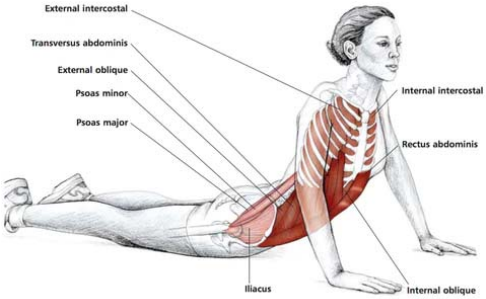


伸展相關肌肉-4 腰方肌

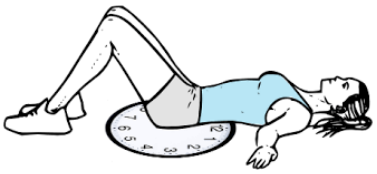


伸展相關肌肉-5 腹肌





腹式吸呼及盤骨活動



物理治療/手療/針灸:止痛/改善肌肉失衡

疤痕處理

為何需要物理治療師?

ORIGINAL ARTICLE

The Relationship Between Incontinence, Breathing Disorders, Gastrointestinal Symptoms, and Back Pain in Women

A Longitudinal Cohort Study

Michelle D. Smith, PhD, Anne Russell, MMedStat,† and Paul W. Hodges, PhD**

SEXUAL MEDICINE REVIEWS

REVIEWS

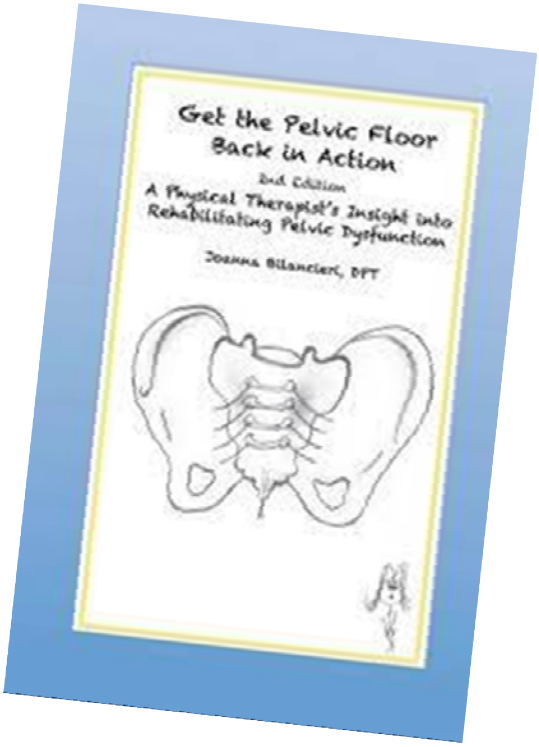
Pelvic Floor Physical Therapy for Pelvic Floor Hypertonicity: A Systematic Review of Treatment Efficacy

Daniëlle A. van Reijn-Baggen, MSc,[1,2] Ingrid J.M. Han-Geurts, MD, PhD,[1] Petra J. Voorham-van der Zalm, PhD,[2] Rob C.M. Pelger, MD, PhD,[2] Caroline H.A.C. Hagenaars-van Miert, BSc,[3] and Ellen T.M. Laan, PhD[4]

- 骨盆底肌的 6 大功能
- 簡單來說，骨盆底肌的 3 層結構共有 6 項重要功能（5S + 1 ）：
- 支撐（Support）：支撐臟器重量、抗衡腹內壓。
- 核心穩定（Stability）：為核心肌群之一，協助維持身體核心穩定力。
- 性功能（Sexual Function）：協助性行為的完成。Dysparenunia
- 括約肌控制（Sphincteric Function）：控制泌尿及排便排氣。
- 淋巴靜脈回流（Lymph Pump）：透過肌肉收縮，協助骨盆腔內的淋巴與靜脈回流。
- 呼吸（Respiration）：骨盆底肌的律動對於呼吸品質與呼吸深度有重要的影響

謝謝

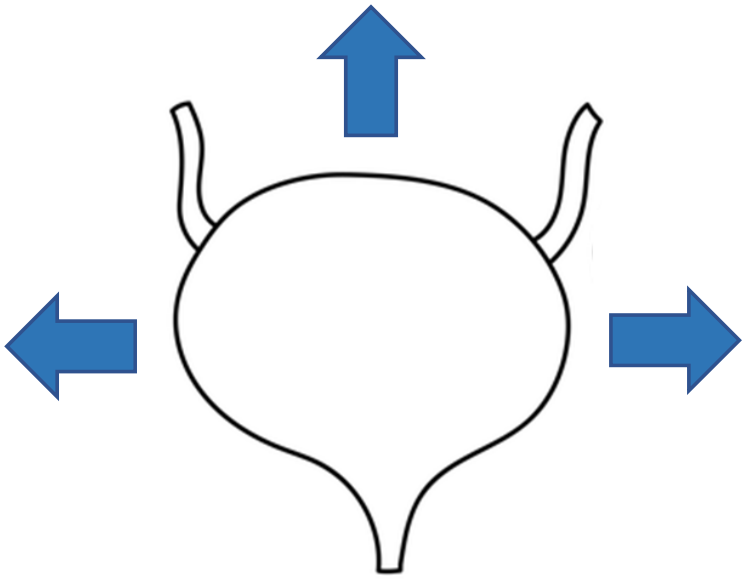
Dr. Amanda Olson, DPT



Dr. Joanna Bilancieri, DPT

膀胱訓練

- 目的
  - 訓練膀胱伸張力
  - 增加膀胱容量
  - 減少排尿次數



建立良好的如廁習慣

- 有尿意時才排尿，
  避免「以防萬一」而如廁
- 不要在洗澡時排尿
- 如廁時預留時間，
  每次都要排清膀胱
- 良好的如廁姿勢
  - 坐下，不要用半蹲的姿勢如廁

定期排尿訓練

- 定立定時如廁的習慣
- 正常大約2至3小時如廁一次（視乎飲水份量）
- 有尿意時，稍微忍耐，不要立即如廁
  - 一開始可先忍耐15分鐘再如廁
  - 成功後再增加忍耐的時間

減低尿意的方法

飲食及生活習慣的調節

- 養成良好飲水習慣
- 保持良好的大便習慣

良好飲水習慣

- 每天飲用6－8 杯水
  - 每杯約250 ml
  - 包括湯及飲品
- 避免飲用茶、含咖啡因和酒精飲品

良好飲水習慣

- 夜尿患者應減少睡前飲水份量

T or F？

良好的大便習慣

- 預防便秘
- 多食高纖維食物
  - 1日2 碗蔬菜，2份水果
- 良好飲水習慣
  - 每天飲用6－8杯水
- 不要過份用力排便