

IMPLEMENTATION OF A SERVICE FOR PEOPLE WITH PELVIC FLOOR DISORDERS

Luis Rafael Leite Sampaio^{1,*} , Francisca Clarisse de Sousa² , Tays Pires Dantas² , Natannael da Silva Pereira² , Lucas Cosmo de Meneses² , Luana de Souza Alves² , José Lucas de Souza³ , Cicera Clareliz Gomes Alves² , Gislaíne da Silva Rocha² , Sarah Emanuelle Matias Penha² , Francisco Vinícius Tomé³ , Francisco Pereira Alves² , Rhuana Alves Moreira² 

ABSTRACT

Objective: the objective was to describe the technical operational procedures and clinical data related to the implementation of a health care program for people with pelvic floor disorders in a public secondary care service. **Method:** this is an experience report, based on experiences related to academic and professional assistance in the implementation of a service aimed at pelvic floor disorders in the Cariri region of Ceará, carried out from May to July 2021. **Results:** for the implementation of the service, the following strategies were adopted: tracking the health care network for people with pelvic floor disorders; organizational structuring of the service; capturing people with pelvic dysfunctions; start of care; and therapeutic follow-up. **Conclusion:** in view of the above, it is evident that the health care program for people with pelvic floor disorders could be implemented satisfactorily, considering the infrastructure, the significant amount of care provided and the therapeutic follow-up achieved. Thus, with this report, it is expected to contribute to the development of new outpatient services aimed at this area of work of the stomatherapist nurse and the multidisciplinary team.

DESCRIPTORS: Stomatherapy. Pelvic floor disorders. Urinary incontinence. Fecal incontinence. Health care.

IMPLANTAÇÃO DE UM SERVIÇO PARA PESSOAS COM DISTÚRBIOS DO ASSOALHO PÉLVICO

RESUMO

Objetivo: objetivou-se descrever os procedimentos técnicos operacionais e dados clínicos relacionados à implantação de um programa de atenção à saúde das pessoas com distúrbios do assoalho pélvico em um serviço público de atenção secundária. **Método:** trata-se de um relato de experiência, baseado em vivências relacionadas à assistência acadêmico-profissional na implantação de serviço voltado aos distúrbios do assoalho pélvico na região do Cariri cearense, realizado de maio a julho de 2021. **Resultados:** para a implantação do serviço, adotaram-se as seguintes estratégias: rastreamento da rede de atenção à saúde da pessoa com distúrbios do assoalho pélvico; estruturação organizacional do serviço; captação de pessoas com disfunções pélvicas; início dos atendimentos; e seguimento terapêutico. **Conclusão:** face ao exposto, evidencia-se que o programa de atenção à saúde das pessoas com distúrbios do assoalho pélvico pôde ser implantado satisfatoriamente, tendo em vista

1. Universidade Regional do Cariri – Centro de Ciências Biológicas e da Saúde – Departamento de Enfermagem – Programa Mestrado Acadêmico em Enfermagem – Crato (CE), Brazil.
2. Universidade Regional do Cariri – Centro de Ciências Biológicas e da Saúde – Departamento de Enfermagem – Crato (CE), Brazil.
3. Faculdade de Medicina Estácio de Juazeiro do Norte – Departamento de Enfermagem – Juazeiro do Norte (CE), Brazil.

*Correspondence author: rafael.sampaio@urca.br

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a infraestrutura, ao expressivo quantitativo de atendimentos realizados e ao seguimento terapêutico alcançado. Assim, com este relato, espera-se contribuir para o desenvolvimento de novos serviços ambulatoriais voltados a essa área de atuação do enfermeiro estomaterapeuta e da equipe multidisciplinar.

DESCRITORES: Estomaterapia. Distúrbios do assoalho pélvico. Incontinência urinária. Incontinência fecal. Atenção à saúde.

IMPLEMENTACIÓN DE UN SERVICIO PARA PERSONAS CON TRASTORNOS DEL SUELO PÉLVICO

RESUMEN

Objetivo: El objetivo es describir los procedimientos técnicos operativos y datos clínicos relacionados a la implementación de un programa de atención a la salud de las personas con trastornos del suelo pélvico en un servicio público de atención secundaria. **Método:** se trata de un reporte de experiencia, basado en vivencias relacionadas a la asistencia académico-profesional en la implementación de servicio destinado a los trastornos del suelo pélvico en la región del Cariri cearense, realizado de mayo a julio de 2021. **Resultados:** para la implementación del servicio, se adoptaron las siguientes estrategias: rastreo de la red de atención a la salud de personas con trastornos del suelo pélvico; estructuración organizacional del servicio; captación de personas con disfunciones pélvicas; inicio de la atención; y seguimiento terapéutico. **Conclusión:** frente a lo expuesto, queda evidente que el programa de atención a la salud de las personas con trastornos del suelo pélvico puede ser implementado satisfactoriamente, teniendo en cuenta la infraestructura, el importante número de atenciones realizadas y al seguimiento terapéutico alcanzado. Así, con este informe, se espera contribuir al desarrollo de nuevos servicios ambulatorios destinados a esta área de trabajo del enfermero estomaterapeuta y del equipo multidisciplinario.

DESCRIPTORES: Estomaterapia. Trastornos del suelo pélvico. Incontinencia urinaria. Incontinencia fecal. Cuidado de la salud.

INTRODUCTION

The pelvic floor is made up of muscles and ligaments that are essential for supporting the pelvic and abdominal organs. Thus, keeping the pelvic floor structurally healthy is essential for the satisfactory functioning of the vagina, urethra, and pelvic organs. However, when damage to the pelvic floor occurs, the person may have signs and symptoms related to pelvic floor disorders (PFD)¹.

As such, PFD is defined as abnormal pelvic floor function and includes conditions that can have significant adverse impacts on a woman's quality of life, including urinary incontinence (UI) (stress, urgency and mixed), fecal incontinence, pelvic organ prolapse, sexual *dysfunction*, *diastasis recti abdominis* and pelvic girdle pain².

It is estimated that 1 in every 4 women is at risk of suffering a PFD, with approximately 17% of women affected during their lifetime. Increasing age, weight, parity and history of hysterectomy are risk factors for PFD³.

The first line of treatment for people suffering from PFD is pelvic floor muscle training, bladder muscle training and other conservative approaches, these interventions being low in complexity and economically viable. However, most women have a gap in knowledge of pelvic floor muscle disorders, do not understand their treatment options, and are unable to identify risk factors for these conditions⁴.

O *Laboratório de Enfermagem em Estomaterapia-LENFE* (Stomatherapy Nursing Laboratory) of *Universidade Regional do Cariri-URCA* (Regional University of Cariri) implemented the Stomatherapy Nursing Outpatient Clinic, created at the initiative of a professor from the nursing department at URCA to promote practical activities in the lato sensu postgraduate course in stomatherapy nursing, in addition to providing specialized care in the areas of wounds, stomas and podiatry clinic for the population of the metropolitan region of Cariri, which was possible from July 2018.

In this way, from the professional experiences in this nursing service in stomatherapy at URCA, the need for its expansion arose, through the provision, at an outpatient level, of care for tracking and, consequently, professional monitoring of people with PFD.

In this context, the referred stomatherapy nursing service implemented the health care program for people with PFD, a process that will be described in this study. It is noteworthy that the program, in addition to providing assessment and monitoring / treatment of people in the major areas of stomatherapy, also provides qualification for nursing professionals in the metropolitan region of Cariri and conciliation between theory and practice for graduate and undergraduate nursing students.

OBJECTIVE

In view of the above, the present study aimed to describe the technical operational procedures and clinical data related to the implementation of a health care program for people with PFD in a public secondary care service.

METHODS

This is a descriptive study, of the experience report type, which seeks to portray the experiences of professional nurses, specialists in stomatherapy and nursing students, regarding the implementation of an outpatient service aimed at the health of people with PFD.

The service was implemented between May and July 2021, in a stomatherapy nursing outpatient clinic, located in the metropolitan region of Cariri Ceará, which is formed by nursing students, general nurses, postgraduate students in stomatherapy and stomatherapist nurses, that operate on a non-profit basis.

This service has been in existence for three years, working in the areas of wounds, clinical podiatry and stomas, and currently, in view of the local and regional epidemiological profile, there was a need to expand care for the health care of people with PFD.

To make this expansion possible, some strategies were adopted, including: 1) tracking the health care network for people with PFD: this stage took place through contact with the health secretariats of the municipalities that make up Cariri in Ceará. From this, it was observed that there was no public service aimed at these people; 2) organizational structure of the service: the organizational structure was planned and implemented in order to favor the implementation of a qualified service, with better therapeutic possibilities; 3) capturing people with pelvic dysfunctions: some strategies were needed to be implemented, including leafleting - as the pamphlet is a tool that can be taken home, it allows people to read the information regarding the service several times, and can bring awareness, emotional support and encouragement to learning about the service. Pamphleting is a genre adopted to approach the interlocutor in a moment of total distraction, making him react to the presentation used. Therefore, it is a quick and direct speech, like an everyday conversation, but that fits the constraints of an advertising-type speech genre. It is an effective strategy for reaching a relevant number of people, in addition to allowing a dialogue between the receiver and the deliverer of the information⁵. Publicity on local radio – the radio unites classes and profiles in one place, in this way it is easier to reach your target audience with your ad. In addition, it allows breadth of information, since the radio is close to people, whether they have the battery-powered radio on, the car stereo or online via smartphones or computers, thus enabling positive results to be achieved. Billboards – visualization, quick reading and efficient fixing were the main advantages of billboards. For this, the location and positioning were strategically studied so that the results of publicity and attracting people were as relevant as possible; 4) start of care; and 5) therapeutic follow-up.

It is worth noting that the present investigation is approved by the Ethics Committee under no. 3,779,482. The ethical precepts of resolution 466/12 were respected.

RESULTS

Thematic categories were listed for a better presentation of the results found. Such steps will be described below.

Screening the health care network for people with pelvic floor disorders

Initially, a survey of the local health care network was carried out in order to identify the real need for assistance and implementation of the new service. For this, the health secretariats of the region were contacted to identify people with PFD, and if there was a specific point of attention to assist these people. A priori, noting the need, it was noted that the region did not have a specific service to assist people with PFD. Faced with this situational diagnosis, the implementation of the service began.

Organizational structuring of the service

Among some adaptations, the physical infrastructure was transferred to a building with a greater number of rooms, one specifically structured for the care of people with incontinence. In addition, new equipment was acquired, enabling the performance of procedures such as electrostimulation, biofeedback, application of pessaries, among others.

Capture of people with pelvic dysfunctions

In order to attract people with PFD, some strategies were implemented, such as leafleting, radio interviews, billboards and social networks.

1. Leafleting

At that moment, during the action, we explain the main signs and symptoms of incontinence, clarify doubts, in addition to informing about the therapeutic possibilities (Fig. 1).

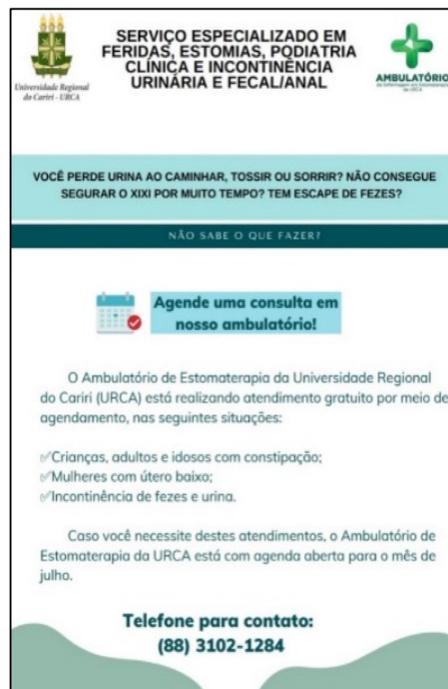


Figure 1. Pamphlet used for active search for people with pelvic floor disorders. Crato (CE), Brasil – 2021.

There were 5 days of leafleting in the two cities with the largest population in the metropolitan region of Cariri: Crato-CE and Juazeiro do Norte-CE, with 10 members, divided into 2 groups of 5 people, one group responsible for fundraising in the morning, and another in the afternoon, for better territorial use. The places chosen were those with the largest number of people for better dissemination, such as avenues, health centers and institutions carrying out vaccination against the Coronavirus Disease 2019 (COVID -19).

2. Radio

A formal request was made for a radio station with wide circulation in the metropolitan region of Cariri, and, thus, acceptance of participation was obtained as it was a matter of public utility. An interview was scheduled on June 15, 2021, in which we went on the air with the proposal to talk about stomatherapy, DAP, present *LENFE* and invite the population to attend in July, having reached the objective outlined (Fig. 2).



Figure 2. Radio show as capture strategies for the care of people with pelvic floor disorders. Crato (CE), Brasil – 2021.

3. Billboards

The billboards were granted by URCA and located on the main highway that connects the municipalities of Juazeiro do Norte and Crato (Fig. 3). This strategy allowed us to reach the largest number of people who traveled this route during the exhibition period.



Figure 3. Outdoor as a fundraising strategy for the care of people with pelvic floor disorders. Crato (CE), Brasil – 2021.

Contact was also made with the health departments that make up the *Departamento Estadual Regional de Saúde-DEERS20* (Regional State Department of Health) of Crato-CE, and underlying cities in order to inform about the services offered by the Stomathery Nursing Outpatient Clinic and the implementation of the new program aimed at people with PFD.

With the health secretariats with which we were able to establish contact, the pamphlets were sent virtually and other information was passed on. Subsequently, these departments were asked to refer patients in the following conditions: people with constipation, with urinary and fecal incontinence and with pelvic organ prolapse; the request was granted and thus became essential for the implementation of the new program.

4. Social media

Posts were made on the social media of the aforementioned stomathery nursing outpatient clinic, informing the population about the implementation of a free service aimed at people with PFD.

These posts consisted of publications of the pamphlet, shown in Fig. 4, an inviting video representing the care and reception of people with pelvic dysfunctions and photos containing information about each week of care.

In addition to the official channels, the members and supporters of this stomathery nursing service shared these publications on their own social networks. Furthermore, an important media and news profile from the metropolitan region of Cariri Ceará also made a post about the implementation of this outpatient service. Thus, several individuals in the region could be reached with this information.



Figure 4. Posting of a flyer on social media. Crato (CE), Brasil – 2021.

About the process of 1) tracking the health care network for people with PFD; 2) organizational structuring of the service; and 3) attracting people with pelvic dysfunctions, 31 people were asked to implement the LENFE PFD care program.

Regarding the diagnoses listed for the people who received care, 10 (27.02%) had mixed UI, 8 (21.62%) had stress UI, 7 (18.92%) had pelvic organ prolapse, 6 (16.22%) with urge UI, 5 (13.52%) with constipation and 1 (2.70%) with fecal incontinence.

A total of 133 consultations were carried out during the month of July for 31 people with PFD. In order to carry out these services, 7 professors and 22 students of the nursing specialization in stomathery at URCA were involved.

Of these 133 consultations, as a form of treatment for the disorders, different therapeutic approaches were used, according to the needs of the people (Table 1), of which the following stood out: behavioral change, which was prescribed

for 133 people (100%), electrostimulation 87 (65.4%), kinesiotherapy 74 (55.6%), bladder diary 24 (18%), biofeedback 14 (10.5%) or aromatherapy 6 (5%).

Table 1. Therapeutic approaches used in the treatment of pelvic floor disorders. Crato (CE), Brasil – 2021.

BEHAVIORS	NUMBER
Aromatherapy	6
Biofeedback	14
Bladder diary	24
Kinesiotherapy	74
Electrostimulation	84
Behavior Therapy	133

DISCUSSION

Nurses are privileged to be a unique group of professionals with a far-reaching presence at all levels of the health system. However, the nurse has not yet taken advantage of the opportunity created by the lack in the health system⁶.

In this way, an enterprising nurse is one who identifies the needs of clients and uses their training, knowledge and experience to respond to those needs effectively, creating and developing their own business within the healthcare system⁶.

In this context, the implementation of the health care program for people with PFD was fundamental for establishing in the metropolitan region of Cariri Ceará the nursing practices in stomatherapy in the care of people with PFD, in addition to strengthening the *Sistema Único de Saúde- SUS* (Health Unic System, the public healthcare net)⁷.

In the present study, it is reported that leafletting stood out from the other strategies used because it allowed the interlocutor to be approached in a moment of total distraction, making him react to the presentation used. So, with a quick and direct speech, like an everyday conversation, but that fits the constraints of an advertising-type speech genre. Being an effective tool for reaching a relevant number of people, in addition to allowing a dialogue between the receiver and the deliverer of the information⁵.

Regarding the clinical data presented in this present investigation, it is worth noting that among the PFDs, UI was the most frequent clinical condition.

Thus, UI consists of any complaint of involuntary loss of urine and has a multifactorial cause, with age, previous vaginal delivery, obesity, post-menopausal period and gynecological surgeries being the main risk factors⁸.

A population-based study carried out with Brazilian women found a prevalence of UI in 2% of women over 20 years of age, and of 4.9% in those over 65 years of age. In this sense, due to the high rate of women with this condition, a qualified, effective and free service is necessary⁹.

Regarding the conservative treatment of PFD, it was found that behavioral therapy, electrical stimulation and kinesiotherapy were the most frequently used interventions.

Thus, behavioral therapy promotes dynamic balance, as it involves physical, psychological, social and cultural aspects, helping the health-disease process in a holistic perspective¹⁰.

Behavior change guidance is the initial treatment that can reduce or, in many cases, rehabilitate the person diagnosed with UI, being a low-cost process, considered safe and active in most cases¹¹.

It is important to highlight that dietary modification, nocturnal fluid restriction, reduced consumption of alcohol and liquids with caffeine, and bladder training have a positive impact on PFD therapy¹².

Regarding electrostimulation and kinesiotherapy, it is worth noting that electrostimulation provides passive contraction of the perineal musculature, presenting great importance in the awareness of the contraction of this musculature in

patients who have difficulty identifying it, and kinesiotherapy comes to strengthen this musculature through exercises of strengthening¹³.

A study carried out at a university in Rio Grande do Sul, involving a 58-year-old woman with PFD, who performed 9 consultations, twice a week, lasting 50 minutes each session, using alternate kinesiotherapy exercises in the treatment (Kegel series and awareness) and electrical stimulation used to recruit type II fibers (proprioceptive fibers) with a frequency of 50 Hz, pulse width of 250 us and duration of 20 minutes, showed that at the end of treatment the patient showed improvement in the degree of muscle strength of the pelvic floor (PFM), both the superficial and deep muscles, as well as the increase in resistance¹⁴.

Corroborating the previous statement, a study carried out with women with pelvic dysfunction, living in the city of Goiânia, undergoing a possible treatment, it was concluded that women who underwent treatment with the use of devices and exercises for PFM, for six months, with a frequency of twice a week, showed significant results in the treatment of this dysfunction¹⁵.

Although electrostimulation has been shown to be effective in strengthening the perineum, the pelvic floor rehabilitation program in *Faculdade de Enfermagem da Universidade Estadual de Campinas-UNICAMP* (Faculty of Nursing of the State University of Campinas), who has completed 10 years of experience, reports that electrostimulation is not the therapy of first choice, thus being implemented only when the patient can no longer contract the pelvic floor muscles¹⁶. Evidencing that kinesiotherapy is the most effective therapy, as it proposes advantages, since it can be customized for family or group development, optimizing the patient's time. In addition to having low costs and dispensing with the use of an outpatient clinic with specific equipment, kinesiotherapy is therapeutically effective, providing patients with autonomy and empowerment¹⁷.

During the consultations performed, discomfort was frequently noted among the patients, either because of shame and/or fear because they initially did not understand well the treatment they would receive.

In the meantime, some relaxation measures were offered in order to provide the patient with comfort to receive the treatment properly, including: laser therapy, aromatherapy with essential oils, music therapy with reduced ambient light, videos with auditory commands for children, and the like.

Aromatherapy is a non-pharmacological method, also known as a type of complementary therapy, because it is safer and causes less damage to health when compared to other drugs¹⁸. Therefore, it is used in order to reduce anxiety and muscle tensions arising from daily stress and fatigue¹⁹.

Music therapy with the use of background music to improve concentration and intensify the relaxing actions of the other techniques, provides good results, given that it favors tranquility and consequent relaxation. In one study, music therapy was used to work on the UI theme with popular songs that addressed health prevention, making education sessions very effective, leaving the routine of papers and pencils²⁰.

It is considered relevant to emphasize the importance of active listening, as well as the implementation of assistance directed to the personal needs of each individual in all areas of care, however, in PFD, these become indispensable practices. The caveat is related to the importance of building a bond between professional-patient for a harmonious therapeutic follow-up, in view of the peculiarities related to an intimate area of action for all those involved in care.

In short, excellent results were obtained during the implementation of the health care program for people with PFD. However, the short period of data analysis stands out as a limitation of this study, which took place in the month of July only.

CONCLUSION

The health care program for people with PFD could be successfully implemented, obtaining a satisfactory number of visits and a good therapeutic follow-up of these patients.

Such initiatives aimed at the care of people with PFD, especially those implemented in teaching clinics, express their essentiality in terms of promoting quality of life for assisted individuals and professional qualification aimed at nursing students and postgraduate nursing students in stomatherapy.

With the study, it was also possible to detect the recurrent social stigma associated with the diagnosis of some pelvic disorder, such as incontinence, especially among men, especially when this condition is associated with a secondary problem, such as post-menopausal erectile dysfunction. prostatectomy. With this, there is a need to work, increasingly, population awareness about the present problem.

Therefore, the study is extremely relevant to the scientific community, since it reveals important traits aimed at a normally forgotten group. PFDs are a recurring problem and deserve attention. Thus, with this report, it is expected to contribute to the development of new outpatient services aimed at this area of activity of the stomatherapist nurse and the multidisciplinary team.

AUTHORS' CONTRIBUTION

Conceptualization: Sampaio LRL; **Methodology:** Sampaio LRL, Sousa FC, Dantas TP, Pereira NS, Meneses LC, Alves LS, Souza JL, Alves CCG, Rocha GS, Penha SEM, Tomé FV and Alves FP; **Research:** Sampaio LRL, Sousa FC, Dantas TP, Pereira NS, Meneses LC, Alves LS, Souza JL, Alves CCG, Rocha GS, Penha SEM, Tomé FV and Alves FP; **Writing – First version:** Sampaio LRL and Moreira RA; **Writing – Reviewing & Editing:** Sampaio LRL and Moreira RA; **Supervision:** Sampaio LRL.

DATA STATEMENT AVAILABILITY

Data will be sent upon request.

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