

Functional magnetic stimulation, a new option in the therapy of incontinence

First experiences with a magnet- field chair after 1 year

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Physiotherapy in form of pelvic floor exercises is very well established as a tool in the fight against incontinence. Additional to that, devices for electrostimulation become more and more important, as they allow an optimal pelvic floor training. These devices are equipped with electrodes that have to be applied in the vagina or in the rectum. This is in many cases not very well accepted and difficult in the use by elderly patients.

A very good, but not widely known therapy option is the functional magnetic stimulation. This treatment is done with a chair that has a generator for a strong magnetic field (2 Tesla). The magnetic field induces an electrical current in the nerve pathways and lead to contractions of the pelvic floor muscles. The treatment is done in 20 minutes and can be repeated every second day. The patients sit comfortably on the chair and must not remove clothes. An improvement of the symptoms is normally seen after 5-6 treatments. The therapy is painfree and free from every complication. Contraindications are only implants made out of ferro-magnetic material and pacemakers. The magnetic stimulation can be also used for the treatment of chronic prostatitis and erectile dysfunction.

After a 3 week testing phase we started in may 2014 with the use of a magnetic chair from the manufacturer Iskra Medical (Slovenia). It works with frequencies from 1-89 Hz, stimulation time is 1-20 s, relaxation time 1-240 s.

The patients are asked to contract the muscles intentionally during the stimulation phase. This is also a good preparation for additional pelvic floor training at home.

44 patients decided to undergo such a treatment, 41 did finish until now a treatment course.

The data were collected and evaluated. Sometimes it happens that patients are not satisfied with the result although parameters like reduction of incontinence episodes, Pad- Test etc are clearly improved. This is the reason why we asked all the patients to asses the result of the therapy with the following scores:

1= better than expected

2= like expected

3= clear improvement

4= certain improvement

5= no improvement

The number of the needed therapy sessions was between 5 and 18(average 9,4). The average patient score was 2,4.

In 11 patients, the result was better than expected. No effect was only in 2 patients.

The result in the different diagnostic groups were as follows:

Stress incontinence

Total number of treatments average 11,7(range 6-18)

Urge incontinence

Total number of treatments 5,6(range 5-10)

There was no significant difference in the patients score: This was an average of 2,14 for stress incontinence and 2,28 for urge incontinence.

Among the patients were 4 with mixed (urge and stress) incontinence, the average number of treatments was here 8(6-12), the patients satisfaction in this little group was with 3,5 significant lower. Furthermore, the stress component was easier to treat than the urge component.

A very challenging disease is the double incontinence, consisting of both, fecal and urine incontinence. We had 2 such patients. In both cases we had a satisfying result after 18 treatment sessions. The urine incontinence was totally cured and the stress incontinence improved.

The functional magnetic stimulation is not covered by the social insurance, the treatment must be covered by the patients. The patients must be informed about that fact before the treatment.

After the first year i can make the conclusion, that the functional magnetic stimulation is a proved method, the results in stress as well as urge incontinence were satisfying, no improvement was observed in only 5%. (2 Patients).

A control investigation was made after 3 and 6 months. Until now there was no further treatment after this period necessary. The longevity of the effect can not be judged definitely after the relatevely short period.