2011
American Urological Association

Abstract Presentation of Study of safety and efficacy of Internal Trigger Point Wand developed and used in the Wise-Anderson Protocol
Patients with UCPPS often do not respond to traditional therapy; many report pain associated with palpation of internal and external pelvic muscles. This pain frequently emanates from myofascial TrPs that when palpated are tender and reproduce the specific anatomical location of pain described by the patient. Manual palpation or compression of a tender TrP elicits local discomfort or pain, referred pain or a "jump" or twitch response. TrPs are defined as hyper-irritable areas in skeletal muscles associated with palpable nodules in taut bands of muscle fiber. Symptoms frequently can be reduced with pelvic myofascial physical therapy.

### Methods

#### Study Design and Patients

- Prospective, open label, pilot study
- UCPPS patients referred themselves for an intensive 6-day physiotherapy and progressive relaxation training program
- Baseline urologic and gynecologic evaluation to rule out other treatable conditions
- Only patients with muscle-based pelvic pain were eligible

#### Protocol procedures

- Physical therapist identified and mapped each patient’s myofascial TrPs and areas of myofascial tenderness and restriction
- Instructions & supervision in personal wand use and progressive relaxation training and practice occurred in 6-day program
- Patients trained to locate and massage TrPs in pelvic muscular applying static pressure
- Wand massage was to continue regularly at home, typically 2-3 times/week, ~ 5-10 minutes/session to release the pelvic floor from active painful TrPs
- Follow-up: 1 and 6 month by telephone interview and questionnaire
- Primary outcome: changes in pain sensitivity, scale 0-10

### Results

#### Patients

- 113 (106 men, 7 women) of 157 patients completed 6 months of wand use;
- 44 patients discontinued before study completion but none for adverse events
- Median age 41 (range 22-82)
- Palpable TrPs median 6 (range 1-23)

#### Safety evaluations

- No serious adverse events occurred
- 12 had increased initial anal soreness & sensitivity with use of wand
- 3 transient minor bleeding (1 urethral, 2 rectal)

#### Pelvic muscle sensitivity

- 95% (106/111) patients reported wand as very (44) or moderately effective (62) in alleviating pain
- Median baseline sensitivity of 7.5 (IQR 6, 8.5) decreased to 5 (4, 6.5) at month 1; to 4 (2.5, 5.5) at month 6 (p<0.001)
- 39% of patients reported >60% reduction in pelvic muscle sensitivity

### Conclusions

- The personal therapeutic wand helped to achieve pain reduction or abatement in most patients thus ranking it very high amongst other multi-modal treatments
- Patients required simple education regarding hygiene and adequate training in the careful application of the wand to prevent trauma to the anal or vaginal tissue
- Self-treatment with an internal pelvic therapeutic wand appears to be a safe, viable treatment option in select refractory patients with pelvic pain