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INTRODUCTION
The prevalence of the urinary incontinence (UI) increases during pregnancy and decreases after labor, although prevalence during the post-partum period is higher than before pregnancy. It is estimated that the prevalence of any type of urinary incontinence by effort during pregnancy vary between 6% and 67%, and between 3% and 38% between two and three months after labor. By using several techniques, perineal electrostimulation (PES) expects to increase the perineal muscular strength and to improve the control of these muscles in cases of UI.

GOAL
Perform an exhaustive review, between 2000 and 2014, about the applications of the electrostimulation techniques to the treatment of urinary incontinence.

MATERIAL AND METHOD
It has been performed a bibliographical search in the following databases: PubMed, Cochrane, Medline, PEDro (Physiotherapy evidence database) and Google Scholar. The criteria taken into account for inclusion were: random and controlled clinic tests in adult women.

RESULTS
13 studies have been selected. A study with level II of evidence shows that electrostimulation (ES) is more effective than no-intervention for the treatment of urinary incontinence by effort in women, although less effective than the muscular training of the pelvic floor (1,2). 12 level III studies were found; 3 of them concluded that ES is effective in the treatment of SVH (3,4); 4 concluded that ES is effective in the treatment of urinary incontinence, whereas the remaining 3 did not report better results in the group treated with ES than in the control group (5,6).

The results for ES vs. other treatments or surgery solutions show with level II and level III studies that ES is more effective than no-intervention for the treatment of IUE (8,9) and SVH. An improved efficiency of ES with respect to placebo-ES (inserted electrode without current, or with negligible current) was observed in the treatment of UI, SVH and detrusor overactivity (10-14). However, other studies with home ES assess that this is not higher than placebo-ES in the treatment of UI (8,15-18). It has been suggested that the electrode inserted in the vagina may induce changes not attributable to the current, but instead due to the proprioceptive effect and biofeedback (BF).

It also exists an evidence level II that EMSP is more effective than ES in the treatment of UI (10). A study performed on a population of 101 women assesses that both treatments are equally effective in the treatment of UI (6), whereas another one concluded that the effectiveness of ES is higher for the treatment of SVH.

DISCUSSION/CONCLUSIONS
The results are controversial, since it is difficult to clarify the efficiency of the ES. For this reason, we can assess that most clinical tests reviewed by us conclude that ES is effective in the treatment of UI and SVH in women. However, more good methodologic quality studies are required to get a higher level of scientific evidence and to know what are the optimal mode, type and current parameters for each type of UI and SVH.

BIBLIOGRAPHY


