

**ECHO IDAHO**

Cancer Survivorship

# Pelvic Health and Cancer Survivorship

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# Learning Objectives

- Define types of pelvic floor dysfunction
- Overview of pelvic floor physical therapy treatments
- Provide clinician screening and interview tools for pelvic floor disorders

# Types of Dysfunction following Gynecologic Cancer Treatment

- Cancer treatment modality strongly predicts dysfunction category<sup>3</sup>

Cancer treatment	Common pelvic floor dysfunction	Pelvic PT interventions	Other supportive treatment
Pelvic surgery	Prolapse Stress incontinence Sexual dysfunction	Pelvic floor training	Pessary use Surgical support
Radiotherapy	Urgency UI Reduced bladder capacity Vaginal Stenosis/Dyspareunia	Bladder training Dilators Pelvic floor and functional strength	Pharmacologic treatment
Chemotherapy	Neurogenic bowel/bladder Sensory changes	Bladder training Pelvic floor training with biofeedback	Neuromodulation Surgical support

# Sexual Health

- Dilators
  - Used in combination with pelvic floor training (up or down regulation)
  - Can be uncomfortable but should not be painful
  - Evidence supports use in combination with general exercise program<sup>3</sup>
- Sensation changes are common
- Integumentary support<sup>5</sup>
  - Estrogen
  - Moisturizers
  - Lubrication
- Body image, emotional health
- Global exercise program



# Stress Urinary Incontinence

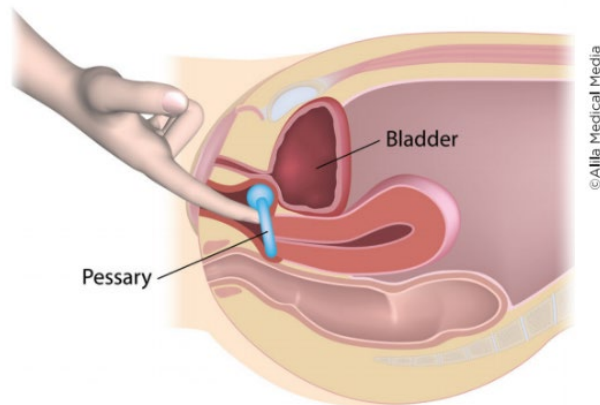
- Intrabdominal pressure generated by an activity is greater than the pressure on the urethra
- Strength training<sup>3</sup>
  - Pelvic floor
  - Global strength
  - Increase muscle mass
- Manage intrabdominal pressure with activity
- Support connective tissue



# Prolapse

- Learn management of intraabdominal pressure
- Pelvic floor coordination and strength

- Pessary
  - “Sports bra for your vagina”
  - Internal support device



<https://bpgyn.com/education-docs/vaginal-pessaries/>

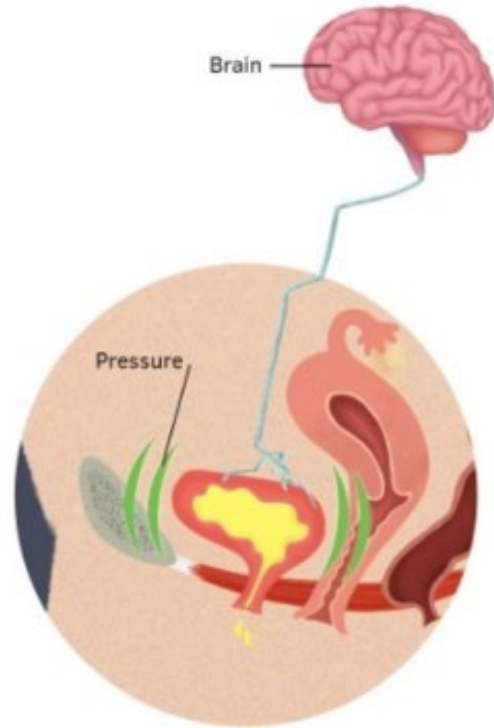


<https://www.femselect.com/q-a-therapeutic-options-for-prolapse/>



<https://rebornphw.com/pelvic-support-devices-for-prolapse-and-bladder-leaks/>

# Urinary Urgency/Urge Incontinence



Urge incontinence

- Altered sensation
- Detrusor overactivity
- Reduced capacity
- Hormonal changes
  - Can impact the tissue quality of the urethra<sup>5</sup>

Photo: <https://healthand.com/us/topic/general-report/urinary-incontinence>

# Urinary Urgency/Urge Incontinence

## What we do

- Pelvic floor function
  - Weak or overactive?
- Work on sensory awareness
- Promote healthy bladder habits
- Bladder training

## “Normal” Bladder habits

- Void 8-16 oz every 2-4 hours
- Fluid intake modifications
- Waking 0-1x to void at night

# Fecal Incontinence and Constipation<sup>3</sup> 🍌

Sensory changes

Impaired motility

Pelvic floor  
weak/tight

Changes in connective  
tissue support

# Fecal Incontinence and Constipation 🍌



- Support pelvic floor with positioning
- Optimize stool form
- Muscle function
  - Weakness
  - Dyssynergia
- Manual therapy
- Work on sensory awareness<sup>5</sup>
  - EMG biofeedback
  - Rectal balloon training

# Pelvic Health and Breast Cancer Survivorship

- Incontinence and sexual dysfunction are common
- Especially in estrogen sensitive cancers where patients have been on blockers
- Patients want more information and want to be screened and offered resources<sup>2</sup>



# Male Pelvic Health and Prostate Cancer<sup>5</sup>

- Pre- hab is well supported in the literature
- Strength and health status prior to treatment is predictive of outcomes in combination with extent of surgical intervention
- High volume of pelvic floor strengthening is indicated
- Bowel, bladder, and sexual dysfunction occur with prostate, colorectal, and other cancers

# Screening questions<sup>1</sup>

- Educate about pelvic floor dysfunction, **screen early and often**
- Have you noticed a change in your bowel or bladder habits?
  - Changes in ability to control urine and stool are common after cancer treatments.
  - Have you noticed urine leakage, or changes in how often you need to go to the bathroom? Difficulty making it to the toilet in time?
  - Have you noticed changes in frequency of bowel movements, leakage of stool, or staining in your underwear?
- Do you have any concerns regarding sexual function?
  - Changes in sexual function, sensation, and pain with sexual activity are common after and during cancer treatments, are do you have any concerns in these areas?

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# COZEAN PELVIC DYSFUNCTION SCREENING PROTOCOL

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INSTRUCTIONS: CHECK ALL THAT APPLY

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- I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable
- I can remember falling onto my tailbone, lower back, or buttocks (even in childhood)
- I sometimes experience one or more of the following urinary symptoms
  - Accidental loss of urine
  - Feeling unable to completely empty my bladder
  - Having to void within a few minutes of a previous void
  - Pain or burning with urination
  - Difficulty starting or frequent stopping/starting of urine stream
- I often or occasionally have to get up to urinate two or more times at night
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out
- I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica
- I sometimes experience one or more of the following bowel symptoms
  - Loss of bowel control
  - Feeling unable to completely empty my bowels
  - Straining or pain with a bowel movement
  - Difficulty initiating a bowel movement
- I sometimes experience pain or discomfort with sexual activity or intercourse
- Sexual activity increases one or more of my other symptoms
- Prolonged sitting increases my symptoms

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**IF YOU CHECKED 3 OR MORE CIRCLES,  
PELVIC FLOOR DYSFUNCTION IS LIKELY. YOU MAY BENEFIT FROM AN  
ASSESSMENT FROM A PELVIC FLOOR REHABILITATION (PT/OT) PROVIDER.**

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# Connecting patients with resources



St. Luke's has pelvic floor therapists in Boise, Meridian, Nampa, McCall, and Wood River Valley



Private Practices

Herman and Wallace Institute or APTA Pelvic Health

Internal assessment is not a requirement for every patient but is often very helpful.



If there are no pelvic health therapists in your area general exercise is recommended in most research articles

# Key Points

Pelvic floor disorders are very common after gynecologic cancer treatment – ASK!

Normalize but offer resources

- Some patients may fear PFD is stemming from cancer itself not an effect of treatment
- Multidisciplinary treatment options including pelvic floor therapy



# References

1. Brennen R, Lin KY, Denehy L, Soh SE, Frawley H. Patient and clinician perspectives of pelvic floor dysfunction after gynaecological cancer. *Gynecol Oncol Rep.* 2022;41:101007. doi:10.1016/j.gore.2022.101007
2. Colombage UN, Lin KY, Soh SE, Brennen R, Frawley HC. Experiences of pelvic floor dysfunction and treatment in women with breast cancer: a qualitative study. *Support Care Cancer.* 2022;30(10):8139-8149. doi:10.1007/s00520-022-07273-2
3. Kurtuluş D, Arkan K, Suçeken FY, Akgöl S, Can B, Behram M. Pelvic floor dysfunction following gynecologic cancer surgery and adjuvant therapy: epidemiology, mechanisms, and management—a systematic review. *Int Urogynecol J.* Published online January 4, 2026. doi:10.1007/s00192-026-06522-w
4. Sandhu JS, Breyer BN, Comiter C, et al. Incontinence after prostate treatment: AUA/GURS/SUFU guideline. American Urological Association Education and Research, Inc; 2019. Amended 2024. Approved June 2024.
5. White G, Rose G. Rehabilitation interventions for pelvic floor dysfunction among women during and following treatment for gynecological cancer: a systematic scoping review. *J Womens Pelvic Health Phys Ther.* 2024;48(2):112-121. doi:10.1097/JWH.0000000000000290