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Awareness of Gynaecologists/Obstetricians Regarding the Role of Physiotherapy in Treating Uterine Prolapse

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وعي اطباء النساء و الولادة بخصوص دور العلاج الطبيعي في علاج هبوط الرحم

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ABSTRACT

Background: Obstetrics and gynecology physiotherapy is a very important and significant part of physiotherapy which is aimed at promoting women's health during pregnancy and childbirth. It requires a blend of advanced skills and the integration of physical therapy services to ensure optimal health care. This role addresses various conditions, including pregnancy, childbirth, postpartum periods, and pre and post-surgical care. One of the most common reasons for women's health issues is uterine prolapse, which greatly impacts her quality of life. Objective: To assess gynecologists'/obstetricians' awareness of the role of physiotherapy in treating uterine prolapse. Methods: from February to March 2026, research was carried out across sectional study involving 61 obstetricians and gynecologists working at public/ private hospitals in Tripoli, Libya. A self-administration structured questionnaire was adapted from previous research work. Results: The results showed that the percentage of female participants in this study (80%), and 90% of participant held postgraduate qualification. However, the majority of participants worked in government hospitals (67%). Regarding the causes of uterine prolapse, multiple vaginal births were identified as the most frequent, representing 41.1% according to the study's physicians. Regarding management practice 59% of respondents reported advising physiotherapy for uterine prolapse management, whereas 41% did not. Regarding awareness of the role of physiotherapy among the study participants was (67%) responded that uterine prolapse could be managed through physiotherapy. Conclusions: The study concluded that obstetricians and gynaecologists generally hold positive awareness toward the role of physiotherapy in treating uterine prolapse, and most physicians refer their patients to physical therapy.

الخلاصة :

يُعد العلاج الطبيعي في مجال أمراض النساء و التوليد مجالاً جوهرياً ومهمًا ضمن تخصصات العلاج الطبيعي، حيث يركز على تعزيز صحة المرأة أثناء الحمل والولادة. يتطلب العمل في هذا المجال مزيجاً متطوراً من المهارات لدى اخصائي العلاج الطبيعي ، كما أن دمج خدمات العلاج الطبيعي في رعاية حالات أمراض النساء و الولادة يُعد أمراً أساسياً لتحقيق رعاية صحية مثلى. يشمل دور أخصائي العلاج الطبيعي في هذا المجال حالات تتعلق بالحمل، والولادة، وفترة ما بعد الولادة، بالإضافة إلى المراحل قبل و بعد التدخلات الجراحية. ويُعتبر هبوط الرحم أحد أكثر الأسباب شيوعاً للمشكلات الصحية لدى النساء، مما يؤثر سلباً على جودة حياتهن. الهدف: تقييم مدى وعي أطباء أمراض النساء و التوليد بدور العلاج الطبيعي في علاج هبوط الرحم. المنهجية: أُجريت دراسة مقطعية شملت 61 طبيباً وطبيبة في تخصص أمراض النساء و التوليد ، يعملون في مستشفيات عامة وخاصة في مدينة طرابلس ليبيا، وذلك في الفترة ما بين فبراير ومارس 2026. تم استخدام استبيان أُعد خصيصاً لهذا الغرض، استناداً إلى دراسات سابقة. النتائج: اشارت النتائج الديموغرافية أن العينة كانت اغلبها من الإناث (80%) ، و 90% من المشاركين يحملون مؤهلات جامعية عليا. كما تبين أن غالبية المشاركين يعملون في مستشفيات حكومية (67%). وفيما يتعلق بأسباب هبوط الرحم، أشار الأطباء المشاركون إلى أن الولادات المهبلية المتكررة هي السبب الأكثر شيوعاً (41.1%). وفيما يتعلق بالتعامل مع الحالات افاد 59% من المشاركين بانهم ينصحون بالعلاج الطبيعي لعلاج حالات هبوط الرحم بينما 41% لا يقدمون هذه النصيحة. و كان الوعي عند اخصائي امراض النساء و الولادة بدور العلاج الطبيعي في علاج حالات هبوط الرحم (67%). الخاتمة: افادت الدراسة بان اطباء النساء والولادة لديهم دراية كافية بدور العلاج الطبيعي في علاج حالات سقوط الرحم و انهم يحيلون الحالات الي العلاج الطبيعي للعلاج.

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الكلمات المفتاحية: وعي\ العلاج الطبيعي للنساء و الولادة \عضلات قاع الحوض \هبوط الرحم \ تمارين قاع الحوض \صحة المرأة.

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1. INTRODUCTION

One of the most common causes of reproductive problems is prolapsed pelvic organs, which affects a woman's quality of life, this gynecological condition called pelvic organ prolapse, genital prolapse or uterine prolapse (Aki et al .,2011). The uterine Prolapse is a common female-specific problem in which the uterus descends partially or completely from their normal position and, protruding or descending into the vaginal canal, as a result of weakness and or stretching of the ligaments and pelvic floor muscles that act in support of pelvic organs (Eickmeyer., 2017). overall, women with uterine prolapse feel greatly diminished quality of life due to physical symptoms such as urinary incontinence, heaviness, bleeding and vaginal bulge, as well as psychosocial impacts on body posture, anxiety and risk of depression (Doaee et al., 2014). According to Tinelli (2010) pregnancy, childbirth- related pelvic floor muscles weakness and change hormones during menopause that contribute to reduce tissue elasticity. In addition, long –term conditions like respiratory problems, obesity, and chronic constipation that increase intra-abdominal pressure are contribute to the accurate etiology of uterine prolapse. Epidemiological studies demonstrate considerable global variation in uterine prolapse prevalence, ranging from 1% to 65% (Handa et al., 2019). Frequently, uterine prolapse is often more common in women from a lower socioeconomic background, who may have fewer access to health care and education (Adler et al., 2013). Women's health physical therapy is a specialized branch of physical therapy that supports women through every stage of life. It assists mothers in adjusting absolutely to the physical and psychological changes of pregnancy and the post-natal period. physical therapists also focus on the unique wellness and rehabilitation needs of women throughout their lifespan (Shah et al., 2024). Management of uterine prolapse ranges from conservative approaches to surgical interventions, depending on severity, symptoms, and patient preferences (Maher et al., 2013). According to study by (Nazar., 2021) Physiotherapy plays a central role in delivering pelvic floor muscles, postural correction, breathing control, and lifestyle advice aimed at improving pelvic floor function and reducing uterine prolapse symptom burden. Therefore. Pelvic floor muscle exercises are widely suggested as a first-line intervention for mild to moderate prolapse and as an adjunct to other treatments. Consistently, supporting musculoskeletal recovery with physiotherapy is a well-established and well-studied method, especially it is begun in a structured manner (Koranteng et al., 2023). Electro stimulation can be offered in addition to pelvic floor exercise (Kegel's exercise), when the patient cannot adequately control the pelvic floor muscles (Li et al., 2025). Overall, rehabilitation of pelvic floor muscles can improve uterine prolapse symptoms and, may delay or reduce the need for surgical intervention (Majeed et al., 2022). However, because to the referral structure, understanding of the role of Obstetrics and gynecology Physiotherapy in Libya is low. Utilization of services is dependent on physicians' understanding and attitude toward physical therapists, and their professional skills are dependent on health team members' cooperation. Furthermore, nonetheless gaps in women education and clinical implementation persist Due to embarrassment Libyan women who suffered uterine prolapse often hide their condition, do not seek help, and live with the disease and its complications for long period. Although research by (Barros et al., 2021& Sarfraz et al,2023).

have showed that importance of physiotherapy in the managing of uterine prolapse, no, such study was discovered in Libya. As a result, the purpose of this study is to assess obstetricians' and gynecologists' awareness of the function of physiotherapy in the treatment of uterine prolapse

2. METHOD

The research employed a cross-sectional survey method to gather information from 61 obstetricians/gynecologists over a span of three months, from January to March 2026. The Questionnaires were distributed to public hospitals and private clinics in Tripoli, Libya. through non-probability convenient sampling. (Tripoli University Hospital, Al-Jalaa Hospital , Al-Khadra Hospital, and. The private clinics included Al-Istiqlal Clinic, Al-markazia Clinic, Al-Baraa Hospital, AL-Arab Hospital, Al-Bushra Clinic and Al-Shifa clinic. A questionnaire that can be completed independently, which has been modified from a standardized version utilized in previous study (Sarfraz et al., 2023). The questionnaire was divided into three sections: the first section contained demographic information while the second part about causes of uterine prolapse, and the last section addressed awareness regarding the role of physical therapy.. Inclusion criteria Gynaecologist who are practicing Exclusion criteria Gynecologist who are not practicing or those in only teaching job. Requisite permission, Informal interaction with Gynaecologists, Explanation of the study, Fulfilment of inclusion criteria, all participants acquired an information sheet describing the study's aim and objectives, ensuring they were well-informed about their involvement. Consent obtained, Structured questionnaire given to responded, filling up of questionnaire, Questionnaire taken back interpretation of data. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics (frequencies, and percentage ratios) for general analysis were used. Independent T tests were applied to examine the relationships between quantitative variables, and probability values (P) <0.05 have statistically significant.

3. ETHIC APPROVAL

Ethical approval for this study was obtained from faculty of medical technology, physiotherapy department, and participants were secure of the discretion of information.

4. RESULT

61 obstetricians/gynecologists, (20%) working in private clinics whereas (67%) working in public hospitals. The results of the demographic data showed that the majority of participants were female 49 (80%) higher than males 12 (20%). While the majority of the participants are the higher educational qualifications holders (90 %). As well, this result outcomes point out that the majority of respondents (47%) stated seeing more than 15 OPD patients per month.

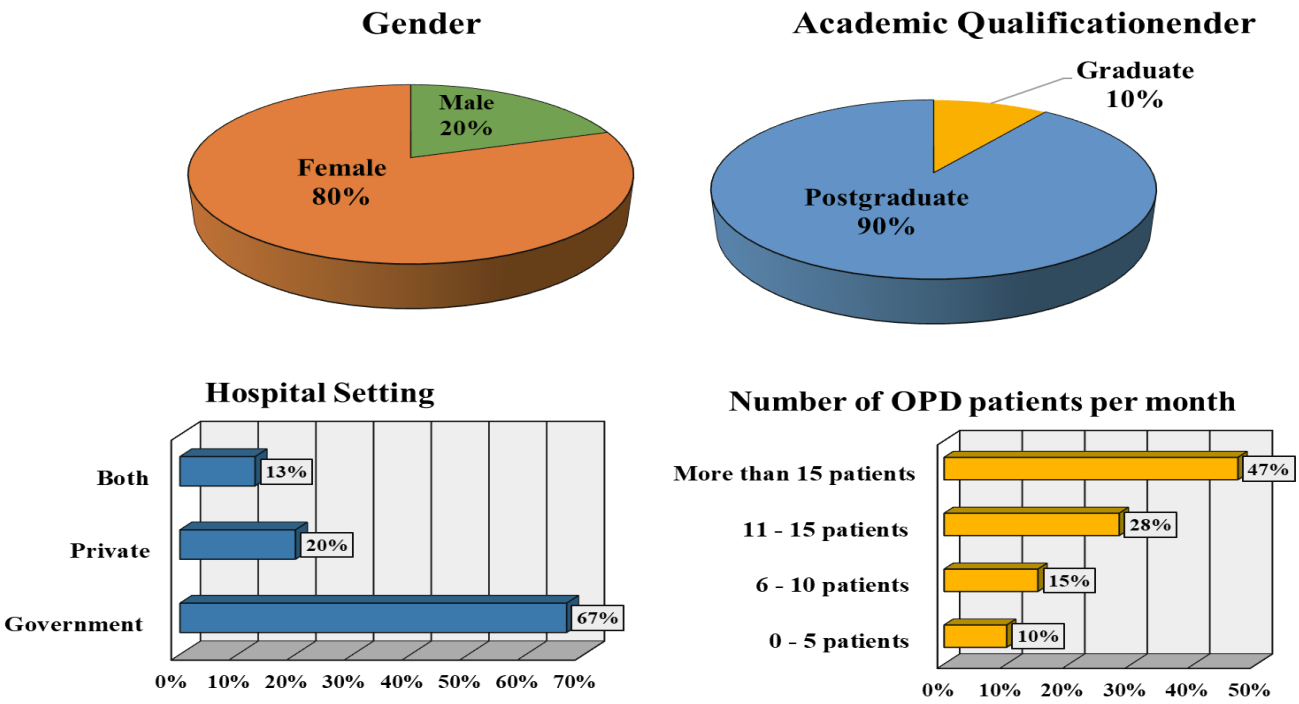


Figure 1. Charts and graphs in the distribution of demographic participant data

As for the results of section 2 related to the causes of uterine decline, she explained that the most common reasons for the decline in the uterus in the opinion of the doctors participating in a study are multiple vaginal births (41.1%), followed by age (26.3%), who was born with a large child (21.1%).

Table 1: Section show the distribution of the reasons for the Uterine Prolapse

Variable	Frequency N (%)	
What are the common causes of uterine prolapse in your opinion?	Bladder infection	4 (4.2%)
	Old age	25 (26.3%)
	Birth to a large baby	20 (21.1%)
	Multiple vaginal births	39 (41.1%)
	Post -surgical	7 (7.3%)

As for the results, section 3 related to awareness of the role of physical therapy in the study participants, answered (67 %), that the decrease in the uterus can be managed through physical therapy. Since the type of management is usually recommended by the uterine decrease, surgical management (56 %), followed by the Physiotherapy Department (36 %). While participants are advised to physiotherapy to manage uterine landing (59 %). (61 %) of the participants is recommended to study for treatment without referring the patient to the physiotherapy department. I answer (29 %) randomly and not on the same percentage in referring patients to the physiotherapy department. Do not contradict the publications about the decrease in the uterus in your workplace (72 %). Where the patient's restoration is evaluated through physical therapy by partial recovery by (74%).



Figure 3. Charts and graphs in distributing awareness data for the role of physical therapy for the study participants.

5. DISCUSSION

Uterine prolapse (UP) is a common cause of gynaecological morbidity and a public health problem worldwide (Nazar,2021). Physiotherapy is competent as a conventional treatment, encouraging behavioral therapy and muscle strengthening techniques in a non-invasive way, through pelvic floor muscles training, endorsing better support for the pelvic content (Rodrigues et al., 2009). Consequently, the primary aim of this research was to assess gynecologists obstetricians' awareness of the role of physiotherapy in treating uterine prolapse. were determined using a self-administered questionnaire.

In this study obstetricians' awareness toward the role of physiotherapy in the treatment of uterine prolapse was found among 42 physicians (67%). Regarding to causes of uterine prolapse the Physicians considered multiple vaginal deliveries and advanced age to be the most common causes of uterine prolapse, accounting for 41.1% and 26.3% of the cases, respectively. This is steady with a study (Sarfraz et al., 2023), whose findings showed that physicians considered aging and multiple vaginal deliveries are the most common causes of uterine prolapse, accounting for 38% and 36.9% of the cases.

This study revealed significant differences in the findings regarding physicians' awareness and attitudes toward treating patients with uterine prolapse, the result observed that 56% of physicians recommended surgery while 36% recommended physical therapy. This is consistent with the study by (Brunes et al., 2022) where 70% recommended surgery due to its effeteness and accuracy.

Regarding to advice and refer patients to physiotherapy department to management uterine prolapse. This study finding reveal distinction between recommending physiotherapy and referring patients to physiotherapy departments. Although 59% of physicians reported advising physiotherapy. While 61% reported advising without referring.

according to study in 2023 sarfrz et al conducted that educational leaflets on uterine prolapse were reported to be available in the workplace of (52.9%) respondents. Whereas in our study (72%) reported unavailable leaflets regarding uterus prolapse on workplace.

Overall, concerning perceived following physiotherapy 26% reported complete recovery, even though partial recovery was more commonly 74%. Nevertheless, in 2012 Bernardes et al conducted that significantly increase in pelvic floor

6. CONCLUSION

This study demonstrated that obstetricians and gynaecologists were almost entirely awareness of the determination of physiotherapy in managing UP. The primary causes contributing to the frequency of uterine prolapse recognized were old age and history of multiple vaginal deliveries. Surgery and physiotherapy are the most common management for UP. Specified that a healthy community trusts on the health's women. This study recommends holding for those suffered from uterine prolapse to improve education and guidance. Moreover, increase awareness sessions for obstetricians and gynaecologists approximately the role of physiotherapy in the prevent and management of uterine prolapse. Also, recommended that physicians refer patients for physiotherapy department.

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