NKR 38: PICO 4, Bækkenbundstræning vs usual care til inkontinente

Review information

Authors

Sundhedsstyrelsen[1]

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Citation example: S. NKR 38: PICO 4, Bækkenbundstræning vs usual care til inkontinente. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Dubbelman 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: Median 64 (IQR 60-67) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: 0 ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: median 64 (IQR 60-66) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR

	● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: 0 ● *Leaks per day (mean.SD)*: NR **Included criteria:** . Inclusion criteria for the study were a completed RRP for prostate cancer, informed consent and UI at 1 week after catheter removal, i.e. loss of ≥ 1 g during the 1-h pad-test, as recommended by the ICS **Excluded criteria:** Patients were excluded if they had UI before RRP **Pretreatment:** None
Interventions	**Intervention Characteristics** Intervention ● *Description:*: Only patients who were randomized in the PG-PFME arm were invited for a The exercises were reviewed and approved by several professional physiotherapy organizations ● *Duration:* : maximum of nine sessions of PG-PFME after RRP; the duration of each session was 30 min. ● *Follow up:* : check-up at 3 and 6 months after catheter removal ● *Setting:*: Multicentre physiotherapy settings ● *Personel:*: Physiotherapist Control ● *Description:*: Patients who were randomized to the F-PFME arm received no further guidance or instruction by the physiotherapist ● *Duration:* : NA ● *Follow up:* : check-up at 3 and 6 months after catheter removal ● *Setting:*: NA ● *Personel:*: NA
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported

Livskvalitet -physical score (Quality of life mental score) data 12md
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Antal inkontinente (n with incontinence) 3 months
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Numbers converted from graph

Antal inkontinente (n with incontinence) LFU
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: data from 26 weeks, converted from graph

Seksuel relateret livskvalitet (sexual related QoL) EoT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Deltagelse i hverdagsliv (participation i everyday life) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Deltagelse i hverdagsliv (participation i everyday life) EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Søvnmængde (sleep length) EoT

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** NR **Country:** The Netherlands **Setting:** Department of Urology, St. Elisabeth Hospital **Comments:** NR **Authors name:** Yvette D. Dubbelman **Institution:** Department of Urology, St. Elisabeth Hospital, Tilburg, The Netherlands **Email:** y.dubbelman@elisabeth.nl **Address:** Department of Urology, ElisabethHospital, Tilburg, P.O. Box: 90151, 5000 LC Tilburg, The Netherlands
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Random number generator to achieve 1:1 ratio
Allocation concealment (selection bias)	Low risk	Sealed envelopes, sequentially numbered, opened by trial nurse after result of pad test was known
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible; “The physiotherapist who guided men in the PGPFME group was unaware of the outcome data of both treatment groups”
Blinding of outcome assessment (detection bias)	Unclear risk	“The data for outcome assessment (e.g. pad-tests, voiding diaries) were collected and entered in a data base by a trial nurse who was not involved in the treatment or intervention”
Incomplete outcome data (attrition bias)	High risk	13 dropped out (of which 2 from intervention group)
Selective reporting (reporting bias)	Low risk	All outcomes in methods reported
Other bias	Low risk	

Filocamo 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 65 (4.79) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 66.8 (5.33) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** Patients who had undergone standard RRP for clinical stage T1or T2 prostate cancer **Excluded criteria:** Exclusion criteria included prior bladder or prostate surgery,prior urinary or faecal incontinence, neurogenic dysfunction of thelower urinary tract, and a preoperative history of overactive bladder. **Pretreatment:** None
Interventions	**Intervention Characteristics** Intervention ● *Description:* : A structured PFMTprogram. This began before discharge and consisted of Kegel exercises. ● *Duration:* : 3 sessions and home training for 6 months (containing 3 sets of 10 kontractions lasting 5 sec followed of 10 sec of muscle relaxation) ● *Follow up:* : 12 months and controls at 1, 3, and 6 months ● *Setting:* : Center and home

	● *Personel:*: NP Control ● *Description:* : no formal instruction ● *Duration:* : NA ● *Follow up:* : 12 months and controls at 1, 3, and 6 months ● *Setting:* : NA ● *Personel:*: NA
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) data 12md* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Antal inkontinente (n with incontinence) data 3md* ● **Outcome type**: DichotomousOutcome ● **Data value**: Endpoint *Antal inkontinente (n with incontinence) data 12md* ● **Outcome type**: DichotomousOutcome ● **Data value**: Endpoint *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** NR **Country:** Italy **Setting:** Clinica Urologica II **Comments:** Population: OBS the patients had their catheter removed aprox. 8 days before PFMT start **Authors name:** Maria Teresa Filocamo **Institution:** Clinica Urologica II, University of Florence **Email:** limarziv@ao-careggi.toscana.it **Address:** Viale Pieraccini, 18, 50139, Florence, Italy
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Block randomisation, block size of 4 for 2 groups (A and B) with only one permutation code (ABBA)

Allocation concealment (selection bias)	Unclear risk	Not stated. Therefore judged to be unclear risk
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible
Blinding of outcome assessment (detection bias)	Unclear risk	No description of blinding of pad test or data entry from questionnaires
Incomplete outcome data (attrition bias)	Low risk	2 dropped out of control group but none from intervention
Selective reporting (reporting bias)	Unclear risk	Protocol not available
Other bias	Low risk	

Franke 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 62.3 ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 60.7 ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR

	● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** Men, we invited 114 men who underwent radical prostatectomy at our institution from July 1996 through July 1997 **Excluded criteria:** Those who under-went previous transurethral prostatic resection or who had aneurological condition affecting the urinary tract were ex-cluded from study. Men with residual urinegreater than 50 ml. or a urinary tract infection were also excluded from study. **Pretreatment:** NR
Interventions	**Intervention Characteristics** Intervention ● *Description:*: Those randomized tothe treatment arm underwent a 45-minute biofeedback be-havioral therapy session 6, 7, 9, 11 and 16 weeks postopera-tively. The initiation of sessions was timed, so that patientswere completely convalescent and participated actively in theprogram with subsequent visits coinciding with as manypostoperative followup visits as possible.Perineal patch electromyography biofeedback was per-formed using abdominal electromyography leads to ensureproper isolation. Patients were instructed to continue pelvicfloor muscle exercises at home at a frequency of 20 contrac-tions 3 times daily. In addition, a timed voiding schedule wasencouraged and patients were instructed in techniques todecrease urgency and urge incontinence. ● *Duration:* : Patients were instructed to continue pelvicfloor muscle exercises at home at a frequency of 20 contrac-tions 3 times daily. Treatment continued until end of study, 6 months. ● *Follow up:* : data available at 3 mths and end of treatment 6 mths: no FU ● *Setting:* : Instructed at site and home ● *Personel:*: NR Control ● *Description:*: Those in the controlarm received no instruction and were asked to return avoiding diary and 48-hour pad test at the routine followupvisits. It is not known whether controls performed pelvic floorexercises without instruction to do so. ● *Duration:* : NR ● *Follow up:* : data available at 3 mths and end of treatment 6 mths: no FU ● *Setting:* : NR ● *Personel:*: NR
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported

	Livskvalitet -physical score (Quality of life mental score) EoT ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Inkontinensrelateret livskvalitet (incontinence related QoL) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Antal inkontinente (n with incontinence) EoT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Notes**: 18 uger efter randomisering og 24 uger efter operation *Antal inkontinente (n with incontinence) LFU* ● **Outcome type**: DichotomousOutcome *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported

Identification	**Sponsorship source:** NR **Country:** USA **Setting:** Departments of Preventive Medicine and Urologic Surgery, Vanderbilt University Medical Center, Nashville, Tennessee **Comments:** NA **Authors name:** JENNY J. FRANKE **Institution:** Departments of Preventive Medicine and Urologic Surgery, Vanderbilt University Medical Center, Nashville, Tennessee **Email:** NR **Address:** NR
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	No description. Therefore judged to be unclear risk
Allocation concealment (selection bias)	Unclear risk	“Randomised”
Blinding of participants and personnel (performance bias)	High risk	Blinding not possible. Therefore judged to be at high risk, No description. Therefore judged to be unclear risk
Blinding of outcome assessment (detection bias)	Unclear risk	No description. Therefore judged to be unclear risk
Incomplete outcome data (attrition bias)	Unclear risk	Five men withdrew after initial randomisation. Dropouts from 25 left at 6 weeks appears to be 10
Selective reporting (reporting bias)	Unclear risk	Protocol not available
Other bias	Low risk	

Glazener 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 62.4 (5.8) ● *Number with stress urinary incontinence*: 195/205 ● *Number with urgency urinary incontinence*: 135/205 ● *Number with mixed urinary incontinence*: 132/205 ● *Number operated with abdominal operation*: 157/204 ● *Number operated with perineal operation*: 6/204 ● *Number operated with laparoscopic operation*: 41/204 ● *Urinary incontinence before prostate surgery (%)*: 7 ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 62.3 (5.6) ● *Number with stress urinary incontinence*: 195/206 ● *Number with urgency urinary incontinence*: 156/206 ● *Number with mixed urinary incontinence*: 151/206 ● *Number operated with abdominal operation*: 161/205 ● *Number operated with perineal operation*: 4/205 ● *Number operated with laparoscopic operation*: 40/205 ● *Urinary incontinence before prostate surgery (%)*: 6 ● *Leaks per day (mean.SD)*: NR **Included criteria:** Men were eligible for inclusion into our trials if they had urinary incontinence at 6 weeks after surgery for prostate cancerWe defi ned incontinence as any positive response to either of two screening questions from the International Consultation on Incontinence Questionnaire Urinary Incontinence Short Form (ICIQ-UI SF) questionnaire. **Excluded criteria:** We excluded men if they had been referred for or received formal pelvic-fl oor muscle training. We also excluded men who had TURP for lower urinary tract symptoms secondary to advanced prostate cancer (channel TURP) or were to receive radiotherapy, because these factors might indepen-dently aff ect bladder function or continence mechanisms. **Pretreatment:** Stress urinary incontinence195/205 (95%) 195/206 (95%) Urgency urinary incontinence135/205 (66%) 156/206 (76%) no signifikant
Interventions	**Intervention Characteristics** Intervention ● *Description:*: Men randomly assigned to the intervention groups were invited to attend four one-to-one sessions held over 3 months with a therapist and received a supplementary MAPS pelvic-fl oor exercise leafl et, aimed at establishing a home exercise regimen. ● *Duration:*: four one-to-one sessions held over 3 months ● *Follow up:*: 3, 6, 9, and 12 months after randomisation ● *Setting:*: multi center ● *Personel:*: The therapists were either specialist continence physiotherapists or specialist continence or urology nurses

	Control ● *Description:*: Men in the control groups were not invited to one-to-one therapy and did not receive the MAPS pelvic-fl oor exercise leafl et. ● *Duration:*: NA ● *Follow up:*: 3, 6, 9, and 12 months after randomisation ● *Setting:*: multi center ● *Personel:*: NA
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Scale**: SF-12 mental ● **Range**: 0-100 ● **Unit of measure**: point ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SF-12 mental ● **Range**: 0-100 ● **Unit of measure**: point ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Scale**: SF-12 physical ● **Range**: 0-100 ● **Unit of measure**: point ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet -physical score (Quality of life mental score) data 12md*

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: SF-12 physical
- **Range**: 0-100
- **Unit of measure**: point
- **Direction**: Higher is better
- **Data value**: Endpoint

Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: ICIQ
- **Range**: 0-21
- **Unit of measure**: point
- **Direction**: Lower is better
- **Data value**: Endpoint

Antal inkontinente (n with incontinence) data 3md

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Notes**: (EoT ved 3 mdr)

Antal inkontinente (n with incontinence) data 12md

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: (LFU 12 mdr)

Seksuel relateret livskvalitet (sexual related QoL) EoT

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT

- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

	Deltagelse i hverdagsliv (participation i everyday life) EOT ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** National Institute of Health research, Health Technology Assesment (NIHR HTA) Programme **Country:** UK **Setting:** Multicenter-studie med deltagelse af 34 centre **Comments:** ClinicalTrials.gov Identifier: NCT00237029 **Authors name:** Cathryn Glazener **Institution:** Health Services Research Unit, University of Aberdeen **Email:** c.glazener@abdn.ac.uk **Address:** University of Aberdeen, Foresterhill, Aberdeen, AB25 2ZD, UK
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Computer generated, minimised on centre, age and pre-existing urinary incontinence
Allocation concealment (selection bias)	Low risk	Remote computer allocation
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible for men and personnel
Blinding of outcome assessment (detection bias)	Unclear risk	Outcomes from questionnaires completed by men, data entry clerks blinded to group
Incomplete outcome data (attrition bias)	Low risk	No differential dropout from the groups
Selective reporting (reporting bias)	Low risk	Outcomes in methods were reported
Other bias	Low risk	

Goode 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 66.3 (7.5) ● *Number with stress urinary incontinence*: 31 (44.3) ● *Number with urgency urinary incontinence*: 1 (1.4) ● *Number with mixed urinary incontinence*: 38 (54.3) ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: excluded ● *Leaks per day (mean.SD)*: 28.1 (22.0)leaks/week Control ● *Age (mean.SD)*: 66.9 (7.7) ● *Number with stress urinary incontinence*: 30 (44.1) ● *Number with urgency urinary incontinence*: 1 (1.5) ● *Number with mixed urinary incontinence*: 37 (54.4) ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: excluded ● *Leaks per day (mean.SD)*: 24.8 (19.9) leaks/week **Included criteria:** Community-dwelling men with incontinence persisting at least 1 year after radical prostatectomy **Excluded criteria:** Men who were incontinent before their prostatectomy or men who resolved postprostatectomy incontinence and then developed incontinence at a later timewere excluded.Other exclusion criteria includedfewerthan2incontinenceepisodes per week, prostatectomy within a year of study entry, current active prostate cancer treatment other than hormonal therapy, postvoid residual urine volume greater than 200 mL, prior treatment in a structured behavioral therapy program, artificial urinary sphincter or suburethral sling, cardiac pacemaker, Mini-Mental State Examination score lower than 24, inability to quantitate individual leakage episodes on bladder diary, and unstable medical conditions. Participants taking an anticholinergic medication for incontinence were eligible after a 2-week washout period.Participants with fecal impaction, urinary tract infection, hematuria, or hemoglobinA1c levels greater than 10% were eligible after appropriate treatment. **Pretreatment:** Nej, se table 1. Dog en trend til forskel vedrørende BMI og tidligere PFME

Interventions	**Intervention Characteristics** Intervention ● *Description:*: Behavioral therapy was implemented in4 visits approximately 2 weeks apart byphysician investigators or nurse practitioners.The first visit consisted of an explanationofcontinence-relatedanatomyandpelvic floormuscleexercises, followed byteachingusinganalpalpation.Participantswereinstructedinpelvicfloormusclecontractionwithout breath holding or contractionof abdominal, thigh, or buttockmuscles.Homeexercisesincluded3dailysessions (1 each lying, sitting,andstanding)with 15 repetitions of a 2- to 10-second contraction followed by an equalperiodofrelaxationdependingontheparticipant'sdemonstrated ability.Thecontractionand relaxation duration wasadvanced by 1 second each week to amaximum of 10 to 20 seconds. Participantswereinstructedtopracticeinterruptionor slowing of the urinary stream duringvoidingoncedailyforthefirst2weeks.Participantskeptdailybladderdiariesandexercise logs during the 8 weeks of treatment.Participants received a fluid managementhandoutdefiningnormalintake,which consisted of drinking 6 to 8 eightfluid-ounceglassesdaily,andadvisingparticipantsto avoid caffeine and distributefluid consumption throughout the day.At the second visit, diaries were reviewedandparticipantsweretaughtbladdercontrolstrategies.Thestrategyforpreventingstress incontinence was to contractpelvic floor muscles just before andduringactivities thatcausedleakage,suchas coughing or lifting. The urge controlstrategy involved instructions tonotrushto the toilet but instead to stay still andcontract the pelvic floor muscles repeatedlyuntil urgency abated and then proceedto the bathroom at a normal pace.In subsequent visits, diaries were reviewedand success or failure with bladdercontrol strategies discussed in detailto improve results and adherence ● *Duration:* : If the diary did not document at leasta 50% reduction in incontinence episodesat the third visit, pelvic floormuscle training was repeated. ● *Follow up:*: ● *Setting:* : ● *Personel:* : Behavioral therapy was implemented in 4 visits approximately 2 weeks apart byphysician investigators or nurse practitioners. Altså ingen fysioterapeut!!! Må gælde for både gruppe A og B. Control ● *Description:*: delayed treatment ● *Duration:* : ● *Follow up:*: After 8 weeks, they were offered off-protocol treatment with their choice of behavioral therapy with or without bio-feedback and electrical stimulation. ● *Setting:* : ● *Personel:* : Kan ikke se, hvem der taler med disse
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) 3md data(8uger-)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported

- **Scale**: SF-36
- **Unit of measure**: points
- **Direction**: Higher is better
- **Data value**: Change from baseline
- **Notes**: effekt ved 8 uger

Livskvalitet -mental score (Quality of life mental score) 12 md data

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Data value**: Change from baseline

Livskvalitet -physical score (Quality of life mental score) 3md data(8uger-)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: SF-36
- **Unit of measure**: points
- **Direction**: Higher is better
- **Data value**: Change from baseline
- **Notes**: 8 ugers data

Livskvalitet -physical score (Quality of life mental score) data 12md

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Inkontinensrelateret livskvalitet (incontinence related QoL) 3md data(8uger-)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Incontinence Impact Questionnaire (IIQ)
- **Range**: 0-400
- **Unit of measure**: points
- **Direction**: Lower is better
- **Data value**: Change from baseline

Antal inkontinente (n with incontinence) 3md data(8uger-)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: data taget fra cochrane review

Antal inkontinente (n with incontinence) LFU

	● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** Funding/Support:This study was supported by grantR01 DK60044 from the National Institute of Diabe-tes and Digestive and Kidney Diseases and by the De-partment of Veterans Affairs Birmingham–Atlanta Geri-atric Research, Education, and Clinical Center. **Country:** USA **Setting:** a university 2 Veterans Affairs continence clinics **Comments:** clinicaltrials.gov Identifier: NCT00212264 **Authors name:** Patricia S. Goode, MSN, MD **Institution:** University of Alabama Birmingham Center for Aging **Email:** pgoode@uab.edu **Address:** 933 19th St S, Birmingham, AL 35294-2041
Notes	*Helle Hvarness* on 29/02/2016 08:30 **Outcomes** SF-36 skemaet i artiklen anfører resultatet i median og ikke mean, som der står i skemaet her i extraction. Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Stratified by site, type and frequency of UI, generated by computer programme
Allocation concealment (selection bias)	Low risk	Sealed envelopes, opened sequentially
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible. Data entry staff blinded to group.
Blinding of outcome assessment (detection bias)	Unclear risk	Outcomes from questionnaires completed by men, data entry staff blinded to group
Incomplete outcome data (attrition bias)	High risk	Analysis and reported tables on 172 men
Selective reporting (reporting bias)	Low risk	Results of outcomes reported
Other bias	Low risk	

Manassero 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 66.8 (6.3) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 67.9 (5.5) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR

	● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** Only patients who could comply with the protocol andregularly attend hospital appointments were considered forthe study. The inclusion criteria for the trial were: objectivelyconfirmed urinary incontinence (>2 g of urine loss on 24 hr Pad test) and good general conditions. **Excluded criteria:** The exclusion criteria were history of preoperative incontinence, significant perioperativecomplications, active rectal lesions or infections,psychiatric or neurological disorders, inability to contract thepelvic floor muscles or with a weak contraction and detrusoroveractivity.prior transurethral or open resection of the prostate were excludedbecause of the impairment of the BN preservation. **Pretreatment:** Mean urine leakage per day (SD):T Group = 247 g (505 g)C Group = 97 g (138 g)The degree of incontinence at thebeginning was higher in the T group, as 14 patients had highvolume loss (24 hr Pad test >250 g), instead of 5 patients in theC group.
Interventions	**Intervention Characteristics** Intervention ● *Description:* : Patients in the treatment (T) group took part in a pelvic floorreeducation program for as long as any degree of incontinencepersisted, within a 1 year period. The training programinvolved active PFE. Verbal feedback of the contraction wasused to instruct the patients to correctly and selectivelycontract their pelvic muscles while relaxing the abdominalmuscles. ● *Duration:*: 45 contractions (3sessions of 15) per day at home, progressively increasing the number until 90 per day. For 1 year. ● *Follow up:* : 1,3,6 and 12 months ● *Setting:* : The training programinvolved active PFE. Verbal feedback of the contraction wasused to instruct the patients to correctly and selectivelycontract their pelvic muscles while relaxing the abdominalmuscles. and hometraining. Residual incontinence was also assessedsubjectively preoperatively and at 1, 3, 6, and 12 months withaVAS(0¼completely continent, 10¼completely inconti-nent). . ● *Personel:* : The therapy wasdescribed and taught by two pelvic floor experiencedurologists Control ● *Description:* : The patients in the control (C) group were only assessedregarding the rate of residual incontinence. ● *Duration:*: NA ● *Follow up:* : 1,3,6 and 12 months ● *Setting:* : NA ● *Personel:* : NA
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome *Livskvalitet -mental score (Quality of life mental score) LFU*

- **Outcome type**: ContinuousOutcome

Livskvalitet -physical score (Quality of life mental score) EoT
- **Outcome type**: ContinuousOutcome

Livskvalitet -physical score (Quality of life mental score) LFU
- **Outcome type**: ContinuousOutcome

Inkontinensrelateret livskvalitet (incontinence related QoL) EoT
- **Outcome type**: ContinuousOutcome

Antal inkontinente (n with incontinence) EoT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Notes**: at 3 months

Antal inkontinente (n with incontinence) LFU
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Data value**: Endpoint
- **Notes**: 12 months

Seksuel relateret livskvalitet (sexual related QoL) EoT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Deltagelse i hverdagsliv (participation i everyday life) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Deltagelse i hverdagsliv (participation i everyday life) EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Søvnmængde (sleep length) EoT
- **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported
Identification	**Sponsorship source:** NR **Country:** Italy **Setting:** Department of Urology, University of Pisa, Pisa, Italy **Comments:** NR **Authors name:** Francesca Manassero **Institution:** Department of Urology, University of Pisa, Pisa, Italy **Email:** francy_manassero@hotmail.com **Address:** Department of Urology, University ofPisa, Ospedale ‘‘Santa Chiara’’, via Roma 67, 56126 Pisa, Italy
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Computer generated random numbers
Allocation concealment (selection bias)	Low risk	Stratified on volume of urine lost on pad test
Blinding of participants and personnel (performance bias)	High risk	Blinding of intervention not possible
Blinding of outcome assessment (detection bias)	Unclear risk	Blinded outcome assessors
Incomplete outcome data (attrition bias)	High risk	Differential dropout of 13 from control group, ITT analysis used for data entry by review authors
Selective reporting (reporting bias)	Unclear risk	Outcomes in methods reported
Other bias	Low risk	

Moore 1999

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 66.8 ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 67.4 ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** **Excluded criteria:** Demand pacemaker Previous pelvic muscle stimulation Active rectal lesions or infections Known detrusor instability **Pretreatment:** There is significant more participants educated <8 grade in the control group (11 of 21)than in the treatment group (2 of 18)
Interventions	**Intervention Characteristics** Intervention ● *Description:* : intensive PME (pelvic muscle floor exercise) (group 2) Patients in group 2 receivedthe standard treatment (as above) plus intensive physio-therapy 30 min twice a week for 12 weeks. For this,patients were supine with the knees bent, and the physiotherapist seated at the patient's right side. Fourcomponents of muscle function were exercised, i.e. strength, endurance, speed, and control. Strength exer-cises focused on recruiting as many muscle fibres as possible, maintaining the contraction at an optimumhold, while keeping the accessory muscles relaxed. Initial contractions were of 5–10 s with a 10–20 s rest, with12–20 repetitions. Endurance exercises focused on main- taining a muscle contraction at 65–75% of maximumstrength. The 'hold' time was 20–30 s with an equal rest time, with 8–10 repetitions. Speed was achieved bysets of quick repetitive contractions in a 10-s span with a 20-s rest. Finally, purposeful control involved gradualrecruitment to a maximal contraction and occurred in three stages, with a 5-s hold at each stage and a slowrelease, with a rest period of 15–30 s. ● *Duration:* : 30 min twice a week for 12 weeks ● *Follow up:* : Data were obtained at baseline, and again at 12, 16 and24 weeks after enrolment.

	● *Setting:*: NR ● *Personel:*: delivered by one experienced physiotherapist. Control ● *Description:* : group 1 (standard treatment) received the usual instructions to conduct PME after RP, which included simple written and brief verbal instructions on PME by both the nurses in the pre-admission clinic and the patient's urologist at postoperative visits. ● *Duration:* : After the initial assessment, Group 1 had no furthercontact with the investigator until the follow-up visits at 12, 16 and 24 weeks. ● *Follow up:* : Data were obtained at baseline, and again at 12, 16 and24 weeks after enrolment. ● *Setting:*: NR ● *Personel:*: NR
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Inkontinensrelateret livskvalitet (incontinence related QoL) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Antal inkontinente (n with incontinence) data 3 md* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Notes**: at 12 weeks after baseline (fra cochrane review) *Antal inkontinente (n with incontinence)data 12 md*

	● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** Dr Moore's studies were funded for 4 years by a Doctoraldistress for urinary incontinence in women: TheFellowship from the Kidney Foundation of Canada.Incontinence Impact Questionnaire and the UrogenitalFunding for the research project was received from theDistress Inventory.Neurourol Urodyn1995;14: 131–9Oncology Nurses' Society, Canadian Nurses' Foundation,14 Aaronson NK, Ahmedzai S, Bergman Bet al.The EuropeanCaritas Health, Alberta Physiotherapy Association, EdnaOrganization for Research and Treatment of Cancer QLQ-Minton Foundation, and the University of Alberta,C30: a quality-of-life instrument for use in internationalEdmonton, Canada. **Country:** London & Canada **Setting:** King's College London & Urodynamics & Northern Alberta Continence Service & Northtown Physiotherapy **Comments:** NA **Authors name:** K.N. MOORE **Institution:** King's College London, Waterloo Road, London, *Urodynamics & Northern Alberta Continence Service, Caritas Health, MisericordiaHospital, Edmonton, Alberta, and †Northtown Physiotherapy, Edmonton, Alberta, Canada **Email:** **Address:** King's College London, Waterloo Road, London

Notes	*Julie Hansen* on 25/02/2016 20:42 **Outcomes** Qoality of life and the impact of incontinence IICQ is reported narratively; should be extracted narratively! Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Participants were assigned using a computer-generated random-number list placed in sealed envelopes at the end of the assessment visit, with patient and researcher opening the sealed envelope”
Allocation concealment (selection bias)	Low risk	“Participants were assigned using a computer-generated random-number list placed in sealed envelopes at the end of the assessment visit, with patient and researcher opening the sealed envelope”
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible / Physiotherapist blinded
Blinding of outcome assessment (detection bias)	Unclear risk	Not reported. Therefore judged to be unclear risk
Incomplete outcome data (attrition bias)	Low risk	5 (3 from group B, 2 from group A), 3 bladder neck contractures, 1 rectal pain when performing exercises, 1 vacation for 4 months). No differential dropout
Selective reporting (reporting bias)	Unclear risk	Protocol not available
Other bias	Low risk	

Overgard 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 60 (range 48-68) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 62 (range 49-72) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** All men with clinically localised prostate cancer operatedwith open RP between September 2005 and December2006 at St Olavs Hospital in Norway were invited toparticipate in a randomised controlled trial. **Excluded criteria:** NRone patient was excluded due to postponed operation **Pretreatment:** The control group score 46.0 (25.8) in pelvic floor muscle strength, the intervention group scored 35.3 (27.4)
Interventions	**Intervention Characteristics** Intervention ● *Description*:: All the participants (groups A and B) were individuallyinformed of the anatomy and function of the pelvic floormuscles and how to correctly contract their muscles. Feedback(knowledge of result and performance) was provided by thephysiotherapist. Correct pelvic floor muscle contraction wasassessed (digital anal palpation) and muscle strength mea-sured preoperatively and postoperatively at 6 wk and 3, 6, and12 mo. Group A followed a pelvic floor muscle exercise courseconsisting of intensive pelvic floor muscle training guided by aphysiotherapist for 45 min once weekly, starting immediatelyafter catheter removal and lasting as long as the patient usedpads or chose to continue training. Patients were instructed toperform three sets of 10 contractions daily at home, in either asupine, sitting, or standing position. The physiotherapistencouraged the patients to contract the pelvic floor muscles asintensely as possible and to hold the contraction for 6–8 s, andat the end of each contraction to add three to four fastcontractions[12]. Oral and written instructions were given.Group A patients who were unable to participate in weeklytraining sessions at the hospital owing to long travellingdistance (n= 20), were given a Digital Versatile Disc (DVD),wherein the physiotherapist

	instructed the patients andguided them through the pelvic floor muscle training program.Training frequency was recorded in a training diary. ● *Duration:*: NR ● *Follow up:*: 6 wks, 3 + 6 + 12 months ● *Setting:*: At site + home ● *Personel:*: Physiotherapist Control ● *Description:*: All the participants (groups A and B) were individuallyinformed of the anatomy and function of the pelvic floormuscles and how to correctly contract their muscles. Feedback(knowledge of result and performance) was provided by thephysiotherapist. Correct pelvic floor muscle contraction wasassessed (digital anal palpation) and muscle strength mea-sured preoperatively and postoperatively at 6 wk and 3, 6, and12 mo. Patients randomised to group B received oral and writtendescriptions by a nurse/urotherapist of the postoperativetraining program, which had been used in the preceding 5 yrat the department of urology. These included encouragementto perform three sets of 10 pelvic floor muscle contractionsdaily. ● *Duration:*: NR ● *Follow up:*: 6 wks, 3 + 6 + 12 months ● *Setting:*: Home ● *Personel:*: Nurse/urotherapist
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) data 12md* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md* ● **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported *Antal inkontinente (n with incontinence) 3md data* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Data value**: Endpoint *Antal inkontinente (n with incontinence) 12 md data* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Data value**: Endpoint *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** Financial disclosures: I certify that all conflicts of interest,including specific financial interests and relationships andaffiliations relevant to the subject matter or materialsdiscussed in the manuscript (eg, employment/affiliation,grants or funding, consultancies, honoraria, stock ownershipor options, expert testimony, royalties, or patents filed,received, or pending), are the following: none.Funding/Support and role of the sponsor: The work was fundedby The Norwegian Fund for Postgraduate Training in Physiotherapyand The Norwegian Cancer Society. **Country:** Norway

	Setting: Department of Public Health and General Practice, Medisinsktekninsk forskningssenter **Comments:** ClinicalTrials.gov Protocol Registration System Account NCT00239824. **Authors name:** Mari Overgård **Institution:** Clinical Service, St. Olavs Hospital, Trondheim University Hospital, Norway **Email:** siv.morkved@ntnu.no (S. Mørkved) **Address:** Department of Public Health and General Practice, Medisinsktekninsk forskningssenter, 7489 Trondheim, Norway.
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Norwegian University performed the computerised randomisation procedure immediately after pre-operative test
Allocation concealment (selection bias)	Low risk	Norwegian University performed the computerised randomisation procedure immediately after pre-operative test. Urologist no prior knowledge of randomisation procedure
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible
Blinding of outcome assessment (detection bias)	Unclear risk	No information. Therefore judged to be unclear risk
Incomplete outcome data (attrition bias)	High risk	Drop out rate was 6% Four lost to follow up in physiotherapy group, one lost in instructions only group
Selective reporting (reporting bias)	Low risk	Outcomes in methods reported
Other bias	Low risk	

Ribeiro 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 62.2 (6.3) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR

	● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 65.6 (8.0) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** Men who underwent radical retropubic prestatectomy on site for clinically localized prostate cancer. **Excluded criteria:** Prior uretheral, bladder or prostata surgery, pelvic radiotherapy, neurological dieases with a possible impact on incontinence or any medical condition that could limit participation in the training program. **Pretreatment:** None
Interventions	**Intervention Characteristics** Intervention ● *Description:*: BFB-PFMT (bio feedback pelvic floor muscle training). A surface electrode was inserted into the anus and the reference electrode was placed on the ledt lateral malleolus. in the right lateral decubitus position patients practiced 3 series of 10 rapid contractions while viewing a computer monitor to improve the phasic musculature component. Then patients practiced 3 sustained contractions of 5, 7 ot 10 seconds depending on ability to maintain the contraction of the pelvic floor muscle tonic component. Subjects were placed supine position, with hips flexed to approx. 60 degrees to practice 10 contractions during prolinged expiration, avoiding the Valsalva maneuver. Verbal and written instructions were used to conduct daily HE whilune lying, sitting and standing. ● *Duration:* : 1 session of 30 minutes per week (until no longer incontinent, maximum 12 weeks) ● *Follow up:*: 6, 9 and 12 months (status at 1 +3 months) ● *Setting:*: Clinic ● *Personel:*: Physiotherapist Control ● *Description:*: Usual care. Brief verbal instriction from the urologist to contract the pelvic floor muscle. No specific exercise schedule was recommended. ● *Duration:* : NA ● *Follow up:*: 6, 9 and 12 months (status at 1 +3 months)

	● *Setting:*: NA ● *Personel:*: NA
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -physical score (Quality of life mental score) data 12md* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: IIQ-7 ● **Range**: 0-21 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Change from baseline ● **Notes**: Incontinence Impact Questionnaire– Short Form IIQ-7 *Antal inkontinente (n with incontinence) 3md data* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: aflæst fig. 2 side 1036 *Antal inkontinente (n with incontinence) LFU* ● **Outcome type**: DichotomousOutcome

	● **Reporting**: Fully reported ● **Data value**: Endpoint ● **Notes**: Fig 2. s.1036 *Seksuel relateret livskvalitet (sexual related QoL) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Deltagelse i hverdagsliv (participation i everyday life) EOT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** Fundageo Amparo a Pesquisa do Estado de São Paulo (FAPESPI. 2003/07656-7) **Country:** Brazil **Setting:** Division of Urology, University of São Paulo school of medicine, São Paolo **Comments:** NR **Authors name:** Lucia Helena Ribeiro **Institution:** Division of Urology **Email:** crismgomes@uol.com.br **Address:** Divisao de Clinica Urologiaca, Caxia Postal: 11273-9
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	No description. Therefore judged to be unclear risk
Allocation concealment (selection bias)	Unclear risk	"Randomised controlled trial"
Blinding of participants and personnel (performance bias)	High risk	Blinding to intervention not possible
Blinding of outcome assessment (detection bias)	Unclear risk	No information. Therefore judged to be unclear risk
Incomplete outcome data (attrition bias)	Low risk	19: A:10 (2 refused further follow-up, 7 post-operative complications, 1 radiotherapy); B: 9 (6 refused further follow-up, 2 post-operative complications, 1 radiotherapy). No differential dropout
Selective reporting (reporting bias)	Low risk	Outcomes in methods reported
Other bias	Low risk	

VanKampen 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Age (mean.SD)*: 64 (36) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR ● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR Control ● *Age (mean.SD)*: 66 (58) ● *Number with stress urinary incontinence*: NR ● *Number with urgency urinary incontinence*: NR

	● *Number with mixed urinary incontinence*: NR ● *Number operated with abdominal operation*: NR ● *Number operated with perineal operation*: NR ● *Number operated with laparoscopic operation*: NR ● *Urinary incontinence before prostate surgery (%)*: NR ● *Leaks per day (mean.SD)*: NR **Included criteria:** Included:men incontinent post-radical prostatectomy 15 days after surgery after catheterremoval **Excluded criteria:** NR **Pretreatment:** NR
Interventions	**Intervention Characteristics** Intervention ● *Description:*: Patients in the treatment group took part in a pelvic-floor re-education programme for as long as any degree of incontinencepersisted, with a time limit of 1 year. Each patient receivedindividual treatment in an outpatient clinic once a week. Duringthe first treatment session the anatomy and function of the pelvicfloor and bladder were explained. The training programmeinvolved active pelvic-floor muscle exercises and biofeedback. ● *Duration:*: Until continens, within a period of 1 year. ● *Follow up:*: 1, 6 and 12 months status ● *Setting:* : Clinic ● *Personel:* : Therapist Control ● *Description:*: Patients in the control group also attended the outpatientclinic once a week. They were told about the origin ofincontinence after radical prostatectomy and received placeboelectrotherapy that could not affect the pelvic-floor musclefunction. The placebo electrotherapy (a false interferentialcurrent) was given via four skin electrodes, two placed on theabdomen and two on the adductor muscles of the thighs. ● *Duration:*: Until continens, within a period of 1 year. ● *Follow up:*: 1, 6 and 12 months status ● *Setting:* : Clinic ● *Personel:* : Therapist
Outcomes	*Livskvalitet (Quality of Life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Livskvalitet -mental score (Quality of life mental score) LFU*

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Livskvalitet -physical score (Quality of life mental score) EoT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Livskvalitet -physical score (Quality of life mental score) data 12md
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Inkontinensrelateret livskvalitet (incontinence related QoL) data 3md
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Antal inkontinente (n with incontinence) 3 months
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint

Antal inkontinente (n with incontinence) 12 months
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Lower is better
- **Data value**: Endpoint

Seksuel relateret livskvalitet (sexual related QoL) EoT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Deltagelse i hverdagsliv (participation i everyday life) EOT
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

	Deltagelse i hverdagsliv (participation i everyday life) EOT ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Søvnmængde (sleep length) EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported
Identification	**Sponsorship source:** This study was supported by a grant from the Fund of Scientific Research,Flanders, Belgium **Country:** Belgium **Setting:** Faculty of Physical Education and Physiotherapy, Division of Urology **Comments:** None **Authors name:** M Van Kampen **Institution:** Department of Physiotherapy, Faculty of Education and Physiotherapy, University Hospital, KU Leuven, Belgium **Email:** marijke.vankampen@uz.kuleuven.ac.be **Address:** University Hospital, KU Leuven,3000 Leuven, Belgium
Notes	Risk of bias assessment is from Anderson et al 2015 (Cochrane review)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Stratified by grams of urine loss (< 50 , > 50, < 250, > 250 g)
Allocation concealment (selection bias)	Low risk	A - stratified randomisation with sealed envelopes
Blinding of participants and personnel (performance bias)	Unclear risk	The control group “received placebo electrotherapy that could not affect the pelvicfloor muscle function.” “The patients in both groups were treated by the same therapist (MVK) until they became continent, within a period of 1 year”
Blinding of outcome assessment (detection bias)	Unclear risk	Outcome assessor not involved with the study
Incomplete outcome data (attrition bias)	Unclear risk	Dropouts: 5
Selective reporting (reporting bias)	Unclear risk	Protocol not available
Other bias	Low risk	

Footnotes

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Data and analyses

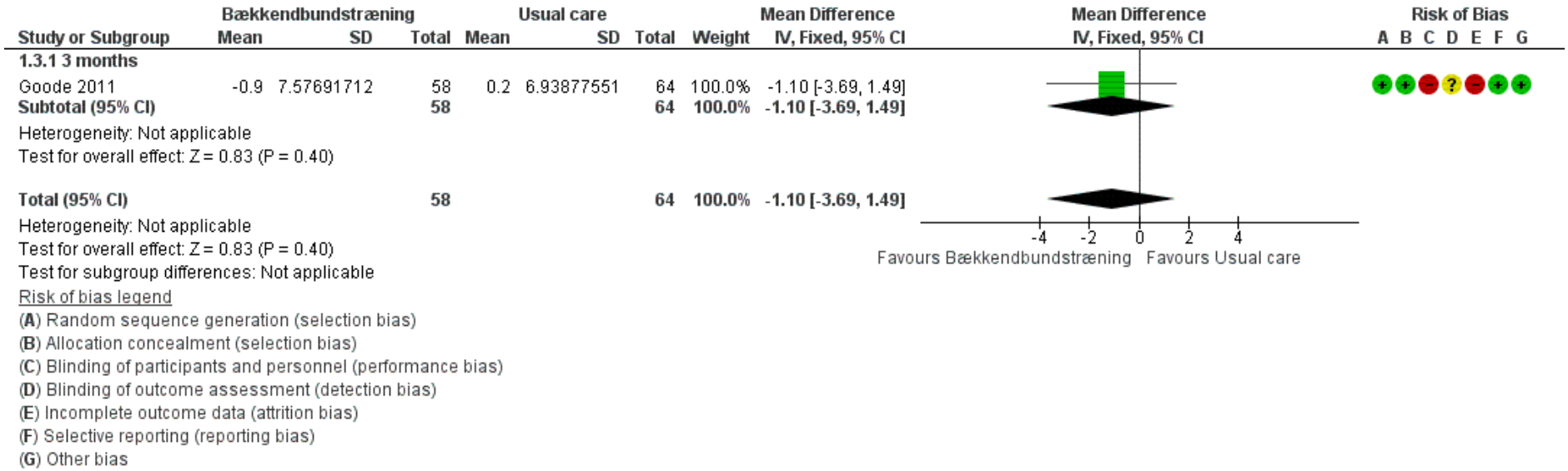
1 Bækkendbundstræning vs Usual care

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.3 Livskvalitet -mental score (Quality of life mental score) 3 months	1	122	Mean Difference (IV, Fixed, 95% CI)	-1.10 [-3.69, 1.49]
1.3.1 3 months	1	122	Mean Difference (IV, Fixed, 95% CI)	-1.10 [-3.69, 1.49]
1.4 Livskvalitet -mental score (Quality of life mental score) 12 months	1	381	Mean Difference (IV, Fixed, 95% CI)	0.70 [-1.01, 2.41]
1.4.1 12 months	1	381	Mean Difference (IV, Fixed, 95% CI)	0.70 [-1.01, 2.41]
1.7 Livskvalitet -physical score (Quality of life mental score) 3 months	1	122	Mean Difference (IV, Fixed, 95% CI)	-2.20 [-3.71, -0.69]
1.7.1 3 months	1	122	Mean Difference (IV, Fixed, 95% CI)	-2.20 [-3.71, -0.69]
1.8 Livskvalitet -physical score (Quality of life mental score) 12 months	1	381	Mean Difference (IV, Fixed, 95% CI)	-0.20 [-1.88, 1.48]
1.8.1 12 months	1	381	Mean Difference (IV, Fixed, 95% CI)	-0.20 [-1.88, 1.48]
1.10 Inkontinensrelateret livskvalitet (incontinence related QoL) 3 months	2	518	Std. Mean Difference (IV, Random, 95% CI)	-0.16 [-0.33, 0.02]
1.10.1 3 months	2	518	Std. Mean Difference (IV, Random, 95% CI)	-0.16 [-0.33, 0.02]

1.13 Seksuel relateret livskvalitet (sexual related QoL) EoT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.14 Tilfredshed med seksuel funktion (satisfaction with sexual function) EOT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.16 Deltagelse i hverdagsliv (participation i everyday life) EOT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.18 Søvnmængde (sleep length) EoT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.19 Antal inkontinente (n with incontinence) 3 months	10	1281	Risk Ratio (IV, Random, 95% CI)	0.75 [0.61, 0.91]
1.19.1 3 Months	10	1281	Risk Ratio (IV, Random, 95% CI)	0.75 [0.61, 0.91]
1.25 Antal inkontinente (n with incontinence) 12 months	6	977	Risk Ratio (IV, Random, 95% CI)	0.49 [0.28, 0.84]
1.25.1 12 months	6	977	Risk Ratio (IV, Random, 95% CI)	0.49 [0.28, 0.84]

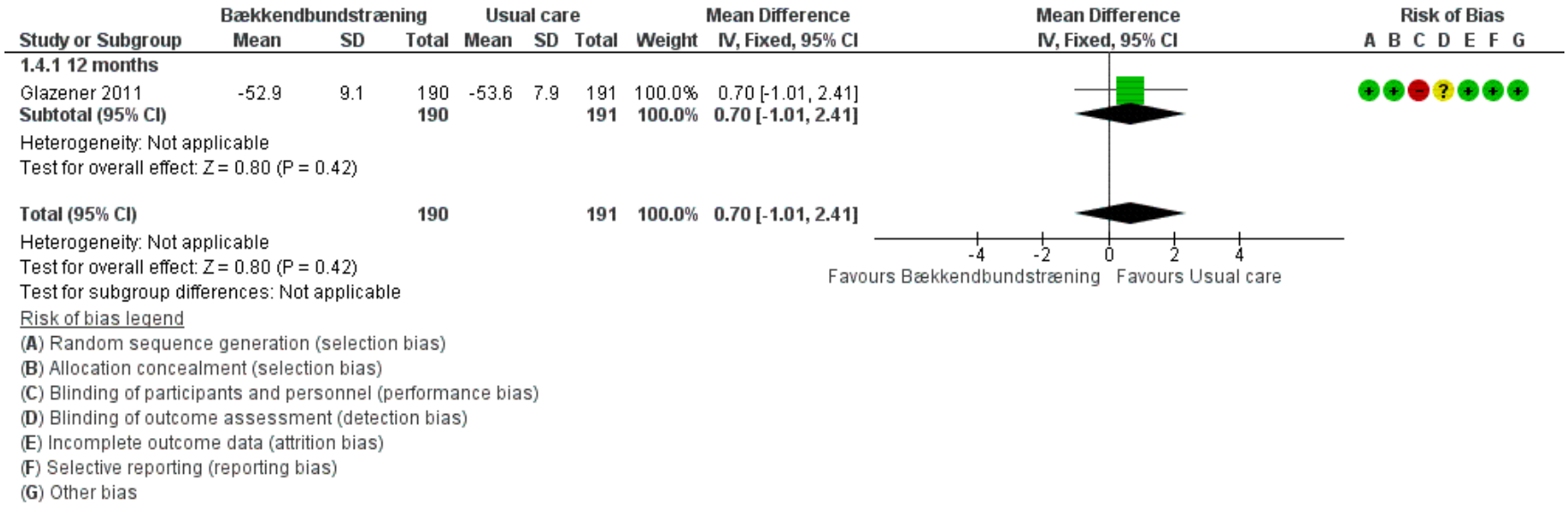
Figures

Figure 1 (Analysis 1.3)



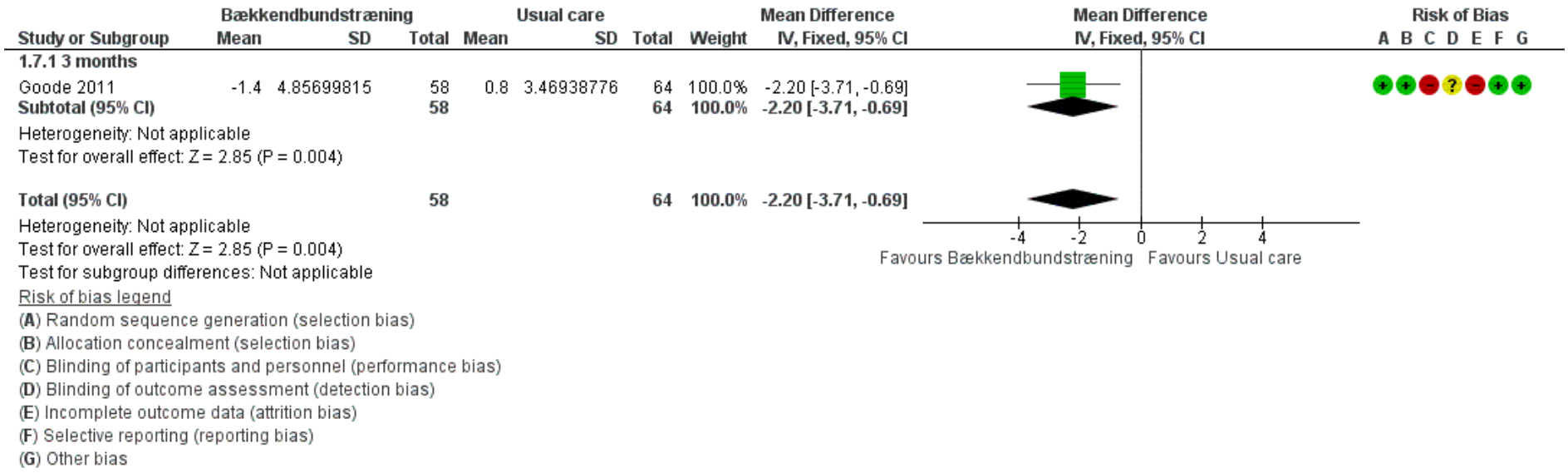
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.3 Livskvalitet -mental score (Quality of life mental score) 3 months.

Figure 2 (Analysis 1.4)



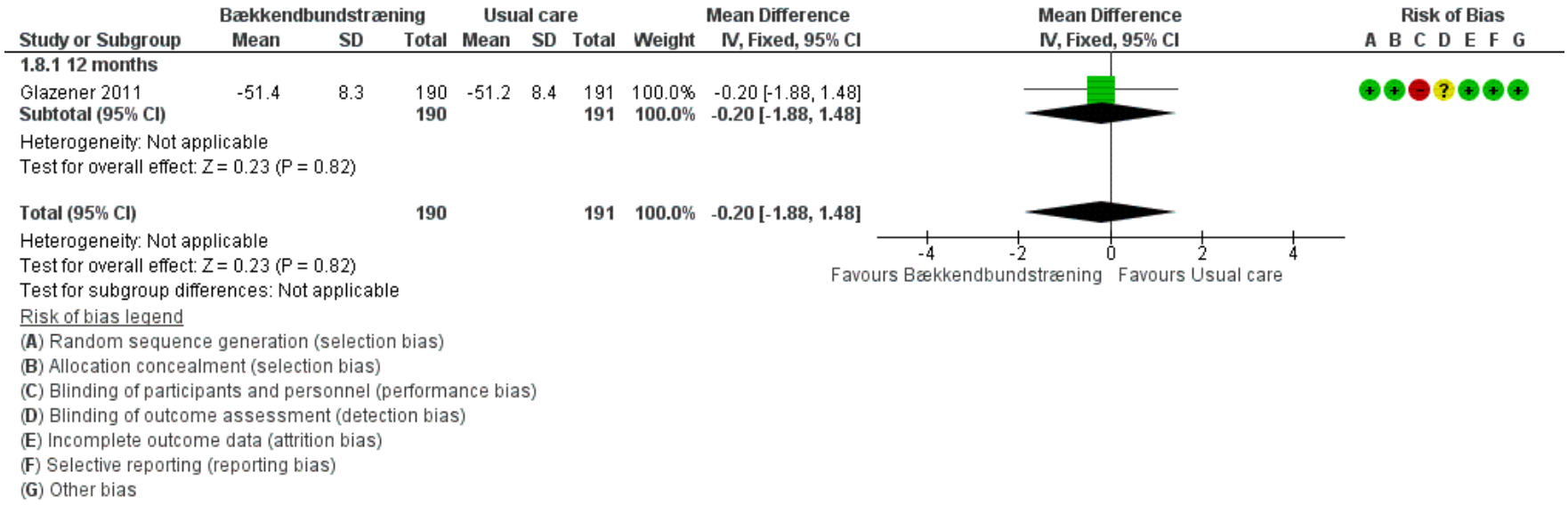
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.4 Livskvalitet -mental score (Quality of life mental score) 12 months.

Figure 3 (Analysis 1.7)



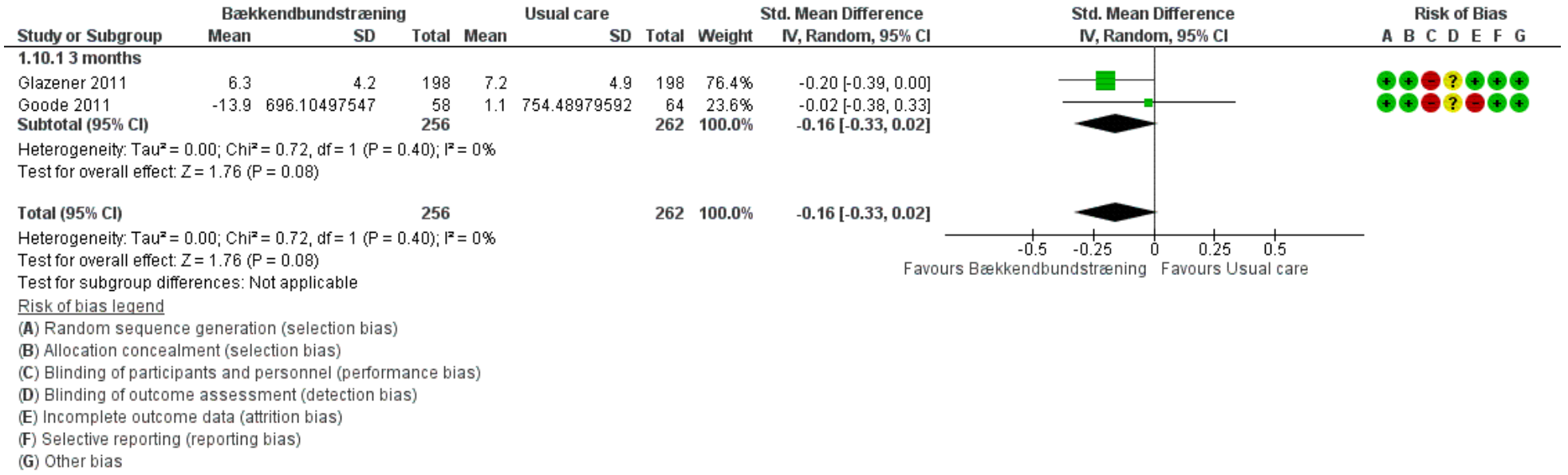
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.7 Livskvalitet -physical score (Quality of life mental score) 3 months.

Figure 4 (Analysis 1.8)



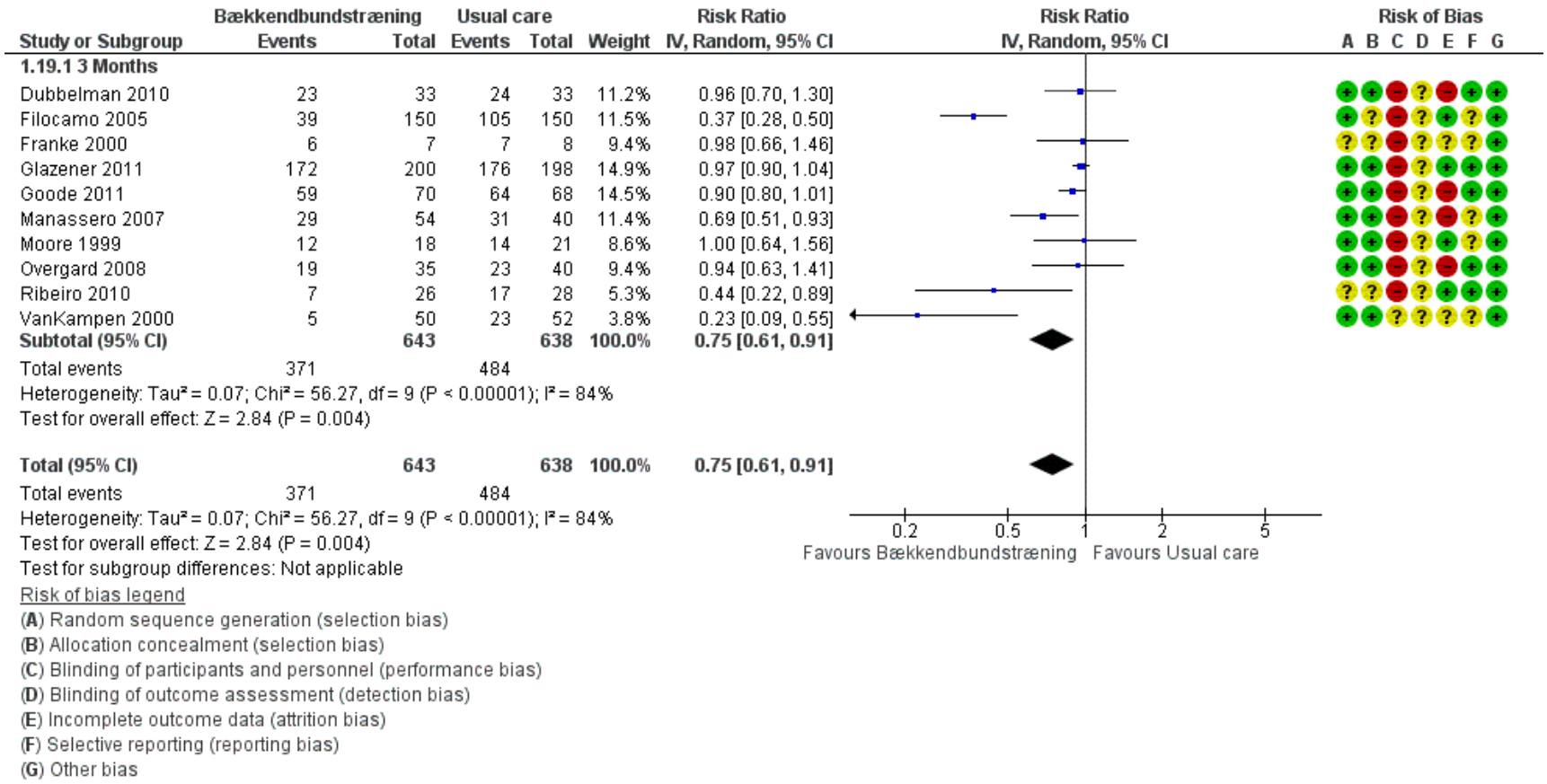
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.8 Livskvalitet -physical score (Quality of life mental score) 12 months.

Figure 5 (Analysis 1.10)



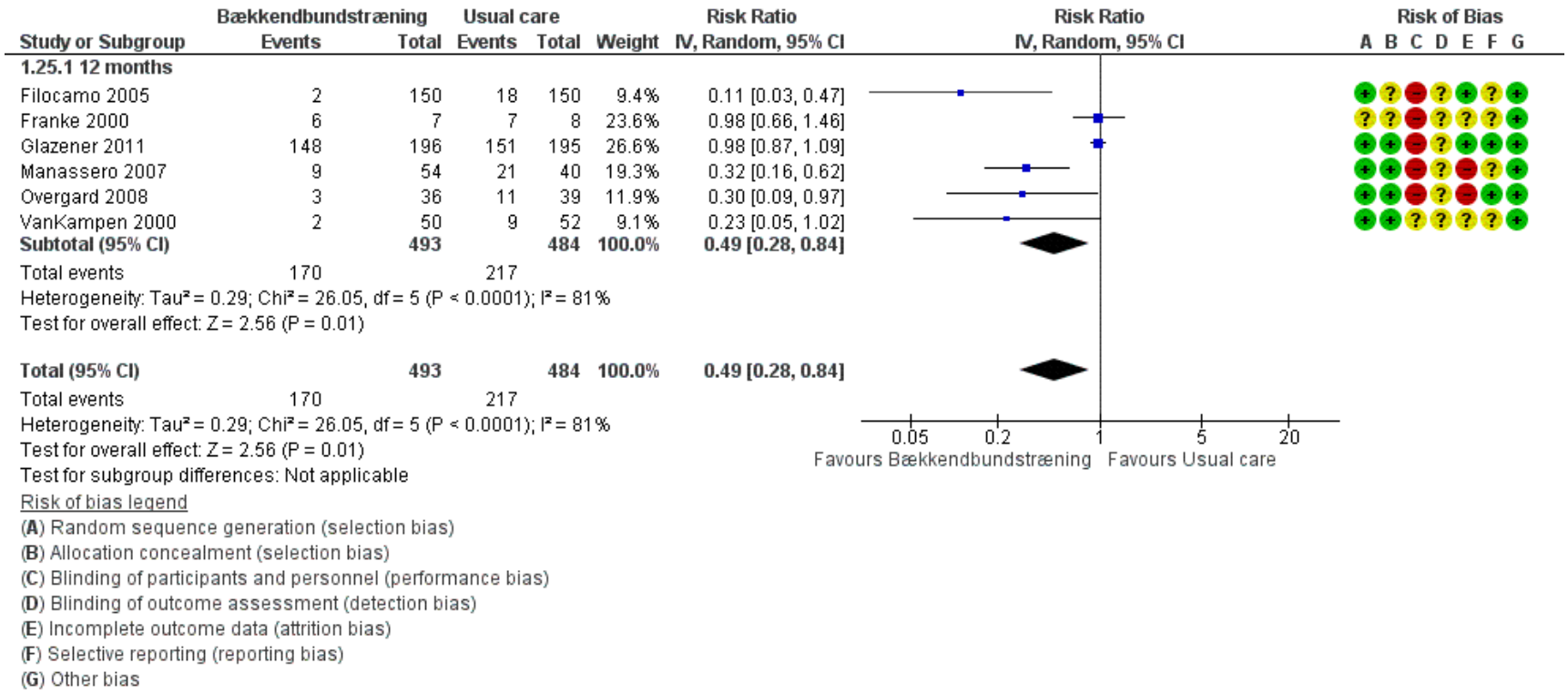
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.10 Inkontinensrelateret livskvalitet (incontinence related QoL) 3 months.

Figure 6 (Analysis 1.19)



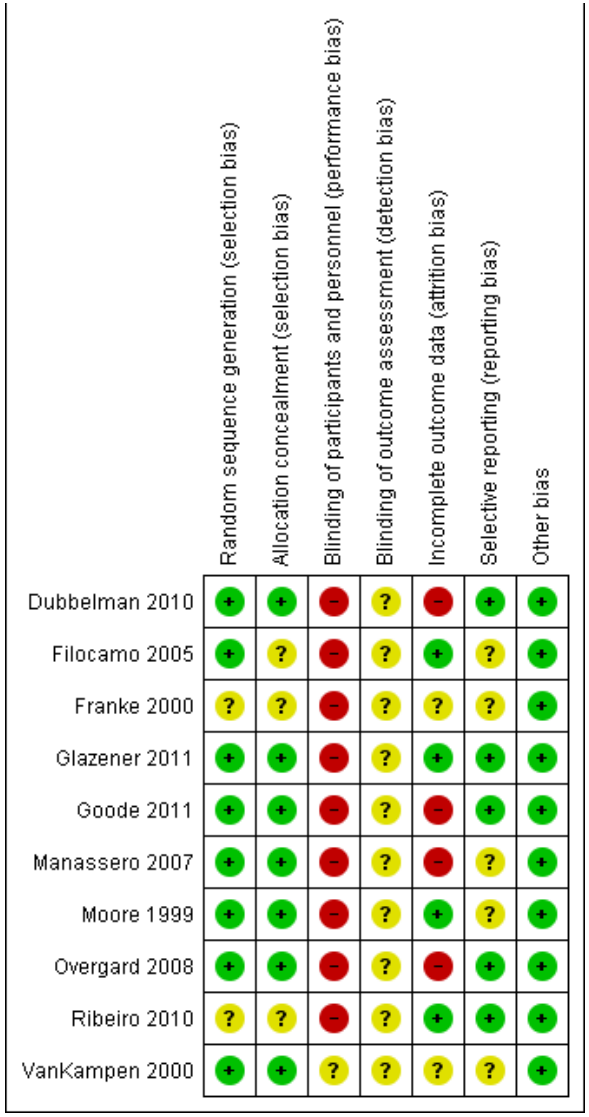
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.19 Antal inkontinente (n with incontinence) 3 months.

Figure 7 (Analysis 1.25)



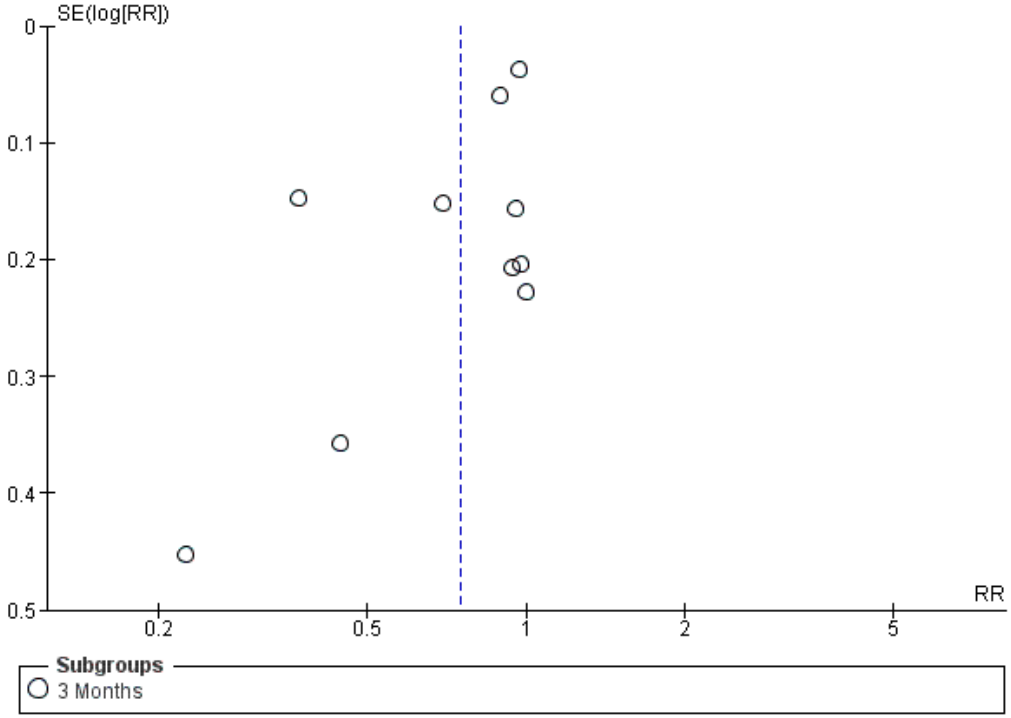
Forest plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.25 Antal inkontinente (n with incontinence) 12 months.

Figure 8



Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 9 (Analysis 1.19)



Funnel plot of comparison: 1 Bækkendbundstræning vs Usual care, outcome: 1.19 Antal inkontinente (n with incontinence) 3 months.