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The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate A Systematic Review Yani Erniyawati1, Kusnanto1 and Padoli2 1 Faculty of Nursing, Universitas Airlangga, Kampus C Mulyorejo Surabaya 60115, Indonesia 2Health Polytechnic State of Surabaya, Jl. Pucang Jajar Tengah 56 Surabaya, Indonesia Keywords: Kegel Exercise or Pelvic Floor Muscle Training, Urine Incontinence, Trans Urethral Resection of The Prostate. Abstract: Background: Incontinence of urine found for client post a trans urethral resection of the prostate after the release of the lapse of a catheter. Kegel exercise or Pelvic Floor Muscle Training useful to resolve incontinence of urine. This exercise can increase muscle power of pelvic. Objective: The purpose of this article was to explore research finding about effectiveness kegel exercise or pelvic floor muscle training client with incontinence of urine post trans urethral resection of the prostate. Methods: The search was carried in some data based electronically with use health discriptors pelvic floor muscle training and kegel exercise and incontinence urine and prostatectomy within the last ten years published in English. Results on the search was 13 journals that meet the criteria. Conclusion: Kegel exercise or pelvic floor muscle training effective to reduce incontinence of urine, improve erectil function cost and care more effective and improve the quality of life significantly. Need more research on the effectiveness of kegel exercise or pelvic floor

muscle training to urinary incontinence, erectil function and quality of live for client post trans urethral resection of the prostate on the duration of the execution of the exercise. 1 INTRODUCTION Urinary incontinence (IU) is a disorder of the fulfillment of elimination of urine. Urinary incontinence can be a passage of urine, sometimes only a very small amount (a few drops), very much, or uncontrolled (occurring outside the desire) (Smeltzer, 2009). IU is found on the client post-TURP or Trans Urethral Resection of the Prostate when the first control after the release of the catheter hose. According Bruschini et al.2011, IU in the surgery of benign prostatic hyperplasia (BPH) is rare, but 30- 40% of clients experiencing early IU. According Bruschini et al., 2011IUcause post- TURP very multufaktorial, including urinary sphincter insufficiency (USI) or bladder dysfunction (BD), which is defined as a decrease in development or detrusor overactivity (DO). USI occur as a result of injury to the sphincter mechanism andincontinence is usually associated with BladderDisfungtion (BD), which includes detrusor overactivity (DO). Additionally DO associated with increased bladder muscle tension with urinary retention that can lead to IU. Kegel exercises are exercises to strengthen the pelvic floor muscles that will improve urethral resistance and urinary control (Smeltzer, 2009). This exercise was originally developed by Arnold Kegel in 1948 as a method of controlling incontinence in women after childbirth. This exercise is done by strained muscles hold off on pubbocogeus (PC) (Widianti, 2010). Kegel. exercise can be used to reduce the symptoms of all types of urinary incontinence (Dumoulin, 2010).. Kegel is done twice a day for 15 minutes for 6-8 seconds with a break of 6 seconds is very effective for urinary incontinence in women (Kashanian et al., 2011). Kegel exercise has been used as a treatment for urinary incontinence in elderly women (Aslan et al., 2008; (Kashanian, et al, 2011), lowered complaint dribling on the client post-TURP (Madjid, 2011), 725 Erniyawati, Y., Kusnanto, . and Padoli, . The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate. DOI: 10.5220/0008331807250733 In Proceedings of the 9th International Nursing Conference (INC 2018), pages 725-733 ISBN: 978-989-758-336-0 Copyright ○c 2018 by SCITEPRESS – Science and Technology Publications, Lda. All rights reserved INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research accelerate wound healing perinium on mother normal post partum (Ridlayanti, et al., 2011), effective against urinary incontinence and quality of life in post-TURP client ((Zhang, et al, 2007). Results of previous systematic review showed that Kegel exercise is done before surgery had a significant effect on urinary incontinence after TURP. This review is conducted to assess the effectiveness of Kegel exercises for urinary incontinence in the client after TURP surgery. 2 METHODS Research articles obtained from a search on line English language articles in several databases include Proquest, Science Direct, Jural nurses, Google Scholar in the last 10 years (2007-2017). The keywords used are pelvic floor muscle training and Kegel exercise and incontinence of urine and prostatectomy within the last ten years published in English. 2.1 Selection Research Results obtained 657 journals were selected, leaving 15 full text journals titled pelvic floor muscle training or Kegel exercise. Of the 15 articles were selected and gained back 13 journals that met inclusion criteria. The inclusion criteria of this study were: 1) The reporting of interventions Pelvic Floor Muscle Training (PMFT) or Kegel exercise that aims to reduce urinary incontinence, 2) uses the randomized studies (RCT), 3) Original Research, 4) Do the clients who suffered incontinence urine, 5) Published in English. Search on line of english articles in some database including Proquest, Science direct, Jurnal Ners, Google Scholar in the last 10 years (2007-2017) Eligible artikel Health discriptors (n= 657) pelvic floor muscle training and kegel exercise and Full text artikel incontinence urine and excludes, with

prostatectomy reason (n= 15) Artikel Full text to review (n= 13) Figure 1: Alogaritme Pencarian Artikel. 3 RESULTS This review examines the effect of Kegel exercise or Pelvic floor Muscle Training (PMFT) against urinary incontinence (10 journals), quality of life (2 journals), erectile dysfunction (1 journal). Design on 13 journals reviewed were all using the RCT were on level 2 of 7 degrees level of evidence to the random allocation. Ably uniform type of intervention that is Pelvic floor muscle training (PMFT) or Kegel exercise (KE). PMFT or TO can degrade or improve urinary incontinence significantly in the women (Kashanian et al., 2011), can treat urinary incontinence in the elderly (Aslan et al., 2008), showed a significant increase of the resistance of the pelvic floor muscles (Tibaek et al., 2007), improving the quality of life (Centemero et al., 2010, Geraerts et al., 2015), improves erectile function Geraerts et al., 2015), menurunka urinary incontinence in the client post- prostatectomy (Tibaek et al., 2007; Zhang, Strauss and Laura, 2007; Overga, 2008; Centemero et al., 2010; Yamanishi et al., 2010; Glazener et al., 2011; Goode et al., 2011; Tienforti et al., 2012; Geraerts et al., 2013). PMFT performed before surgery showed a significant increase in the durability of the pelvic floor muscle after TURP, although the clinical relevance improving the status of urodynamic no difference. Process in getting the research articles that are relevant to the use of keywords, obtained 13 articles in accordance with the inclusion criteria, then the article is extracted. From the data extraction carried out several synthesis in order to provide an overview of The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Trans Urethral Client Post Resection of the Prostate .. The results of the extraction of the synthesized research article can be seen in the table below: (Tibaek et al.,2007). The instrument used is the DAN-PSS-1 questionnaire. The procedure has been standardized intervention carried out by a physiotherapist experienced and do not know to jamming and the results of the initial test (Tibaek et al., 2007). PMFT can improve urinary incontinence in women with or without kegelmaster (Aslan et al., 2008; Kashanian et al., 2011). Three questionnaires were used Incontinence Quality of Life (IQOL), Incontinence Impact Questionnaire (IIQ) and its 726 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate complementary Urogenital Distress Inventory (UDI). Pelvic floor muscle strength was evaluated using the Oxford grading system (Kashanian et al., 2011).The muscle strength was evaluated using digital tools gained 52% in women who do PMFT and 48% who did PMFT(Aslan et al., 2008). Two journals were reviewed comparing the effects of PMFT done since before and after post- surgery (Centemero, et al, 2010) (Geraerts, et al, 2013). RESULTS p = 0.002, which means patients do PMFT before and after surgery showed better results compared to only do after surgery is PMFT performed before surgery have an increased risk 0.41- fold lower incontinence and 0.38-fold lower incontinence in PMFT after surgery (Centemero, et al, 2010). One journal comparing whether behavioral therapy with or without biofeedback and pelvic floor electrical stimulation to the patient prostatectomy urinary incontinence, urge incontinence episodes showed an average decrease of 28 to 13 per week, or a reduction of 55% after the behavioral therapy of incontinence episodes while the average decline of 26 to 12 or 51% after the behavior and stimulation, but there was no significant difference in the reduction of incontinence between the treatment group and the control group with p = 0.069 (Goode, et al, 2011) Support groups can improve the effectiveness PMFT (Zhang, et al, 2007). The group that only did PMFT have a level higher urinary incontinence based on a visual analog scale assessment of the group PMFT a support group (4.7 vs. 3.2) and more groups are using pads PMFT (85%) compared with the group with the support group (50 (Zhang, et al, 2007). Besides effect on urinary incontinence, PMFT also affect erectile function in patients post

prostatectomi (Geraerts, et al, 2015). One is reviewed journals show that PMFT can improve erectile function in post-prostatectomy patients are significantly (p = 0.0025) using the questionnaire used is or International reindexs IIEF erectile function (Geraerts, et al, 2015). A decrease in urinary incontinence and erectile function improvement has a positive correlation with quality of life. Two journals state that kapatuhan against PMFT can give a good effect on urinary incontinence and quality of life (Zhang, et al, 2007) (Centemero, et al, 2010) 4 DISCUSSION The results of this review indicate that article 13 pelfic floor muscle training (PMFT) or Kegel exercise effectively lower urinary incontinence, improve erectile function and quality of life. In addition to the single intervention that is PMFT, can also be combined with a support group (Zhang, et al, 2007). PMFT effective against urinary incontinence in men due to the condition of the bladder muscles and improved (Parekh in the (Zhang, et al, 2007)). Research conducted (Zhang, et al, 2007) showed that urinary incontinence in men better by combining PMFT and support group. The combined effect significantly to the quality of life especially in the field of social events and the relationship of husband and wife (Zhang, et al, 2007). Research conducted by Goode et al.2011 states that 16% of men who do PMFT with behavioral therapy that can reduce the frequency of their urinary incontinence is more than half the frequency. (Goode, et al, 2011) also, say that the addition of biofeedback and electrical stimulation did not promote behavioral change in doing PMFT. Behavior terapy is a technique that can be used to change a person's behavior through teaching or improve their knowledge (Goode, et al, 2011). This behavior occurs because the changes after the teaching of the revenue, one would think, act and behave (Notoatmojo etal.,2012). Patients reflect behavioral therapy with a positive attitude may be because the client has a strong desire to heal and improve the quantity of their lives. Research conducted by (Overga, et al, 2008) which distinguish whether there are differences PMFT effect on urinary incontinence after radical prostatectomy surgery guided by a physiotherapist to be done alone showed that the group who received training physiotherapist guided reduction of urinary incontinence significantly more than their coaching clients themselves with p = 0,001 with a time of 3 months. This is probably due to oversight, respondents were more focused and to be serious in doing the exercises. (Goode, et al, 2011) stated that the client's behavior can be influenced by the presence of a stimulus. The stimulus could be anything, including guidance from a physiotherapist. (Centemero, et al, 2010), (Geraerts, et al, 2013) states that PMFT were performed before surgery and continued after surgery the results are more significant in reducing urinary incontinence than PMFT is done after surgery. This is likely caused because the muscles of the pelvic longer getting stimulation. To get the muscles of the body are obvious, of course, will not be obtained in practice only occasionally, the client should exercise regularly followed by a gradual increase in training volume within a specific time period. The combination of 727 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research these two things will greatly affect muscle enlargement process (Ongko et al., 2016). Tibaek et al., 2006 proves that PMFT performed before surgery resulted in a significant improvement in pelvic floor muscle endurance after TURP is a significant increase of 86% occurred after training (p = 0.004). (Geraerts, et al, 2015) found that clients with post radical prostatectomy (RP) who experienced erectile disfunction at least 12 months after RP after PMFT for 3 months to recover erectile function better (P = 0.025) and showed an increase klimaksuria with p = 0.004. This is probably due to the PMFT conducted both before and after surgery can improve the strength and pelvic floor muscle mass and can accelerate blood circulation and improve muscle bulbocavernosus. Widianti 2010 says that stimulation of the pelvic floor muscles will build muscle mass that can strengthen the pubococcygeus

muscle (PC) supports muscle bulbocavernosus and muscle iskhiokavernosus so as to make the penis erect very loudly anytime they want, improving blood circulation in the penis, can enhance sexual stamina, increase the volume and the intensity of ejaculation, improve urinary flow. 5 CONCLUSION The purpose of this systematic review is to assess the effectiveness of the use of pelfic floor muscle training or Kegel exercise as a therapeutic intervention in post-TURP urinary incontinence clients. Some studies showed that significantly reduces urinary incontinence, treatment costs, improve erectile function and quality of life of the client. Further studies on the duration of the execution of the exercise. REFERENCES Aslan, E. et al. (2008) 'Bladder training and Kegel exercises for women with urinary complaints living in a rest home', Gerontology, 54(4), pp. 224–231. doi: 10.1159/000133565. Bruschini, H. et al. (2011) 'Urinary incontinence following surgery for BPH: The role of aging on the incidence of bladder dysfunction', International Braz J Urol, 37(3), pp. 380–386. doi: 10.1590/S1677- 55382011000300012. Centemero, A. et al. (2010) 'Preoperative Pelvic Floor Muscle Exercise for Early Continence After Radical Prostatectomy : A Randomised Controlled Study', 57, pp. 1039–1044. doi: 10.1016/j.eururo.2010.02.028. Geraerts, I. et al. (2013) 'Influence of Preoperative and Postoperative Pelvic Floor Muscle Training (PFMT) Compared with Postoperative PFMT on Urinary Incontinence After Radical Prostatectomy : A Randomized Controlled Trial', European Urology. European Association of Urology, 64(5), pp. 766–772. doi: 10.1016/j.eururo.2013.01.013. Geraerts, I. et al. (2015) 'Pelvic fl oor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy : a randomized controlled trial'. Nature Publishing Group, (August), pp. 1–5. doi: 10.1038/ijir.2015.24. Glazener, C. et al. (2011) 'Urinary incontinence in men after formal one-to-one pelvic-floor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS): Two parallel randomised controlled trials', The Lancet. Elsevier Ltd, 378(9788), pp. 328–337. doi: 10.1016/S0140- 6736(11)60751-4. Goode, P. S. et al. (2011) 'Behavioral Therapy With or Without Biofeedback and Pelvic Floor Electrical Stimulation for Persistent Postprostatectomy Incontinence', 305(2). Kashanian, M. et al. (2011) 'European Journal of Obstetrics & Gynecology and Reproductive Biology Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on u', 159, pp. 218–223. doi: 10.1016/j.ejogrb.2011.06.037. Madjid, A., Irawaty, D. and Nuraini, T. (no date) 'Pasien Pasca Transurethral Resection of the Prostate Melalui Kegel ' S Excercise'. Notoadmojo, S. (2012). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta. Ongko, J. 2016. Fitness Trainer Study Guide. APKI: Jakarta Overga, M. (2008) 'Does Physiotherapist-Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy ? A Randomised Controlled Trial', 54, pp. 438–448. doi: 10.1016/j.eururo.2008.04.021. Smeltzer, S. C., Bare,B. (2009). Texbook of Medical Surgical Medikal Nursing (11 th ed.) Philladelphia: Lipincott Williams & Wilknis. Tibaek, S. et al. (2007) 'Pelvic floor muscle training before transurethral resection of the prostate : A randomized , controlled , blinded study', (November 2006). doi: 10.1080/00365590601183584. Tienforti, D. et al. (2012) 'Daniele Tienforti , Emilio Sacco , Francesco Marangi , Alessandro D ' Addessi , Marco Racioppi , Gaetano Gulino , Francesco Pinto , Angelo Totaro , Daniele D ' Agostino and Pierfrancesco Bassi', pp. 1004–1011. doi: 10.1111/j.1464-410X.2012.10948. Widianti, A. T., Proverawati, A. (2010). Senam Kesehatan Aplikasi Senam Untuk Kesehatan. Yogyakarta: Nuha Medika. Yamanishi, T. et al. (2010) 'Randomized, placebo controlled study of electrical stimulation with pelvic floor muscle training for severe urinary incontinence after radical prostatectomy', Journal of Urology. Elsevier Inc., 184(5), pp. 2007–2012. doi: 10.1016/j.juro.2010.06.103. 728 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to

Incontinence Urine for Client Post Trans Urethral Resection of The Prostate Zhang, A. Y., Strauss, G. J. and Laura, A. S. (2007) 'and a Support Group on Urinary Incontinence', 34(1), pp 43 APPENDIX 2 No Title Design, Instrumen Variable Sample Result 1 Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on urinary incontinence in women: a randomized trial Kashanian, M., Ali, Shadab Shah., Nazemi, Mitra., Bahasadri, Shohreh. 2011 RCT - Incontinence Quality Of Life (IQOL) - Incontinence Impact Questionnaire (IIQ) - Urogenital Distress Inventory (UDI) - pelvic floor muscle training (PFMT or Kegel exercise) - assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) - urinary incontinence in women A sample size of 76 patients (38 in each group) Pelvic floor muscle exercises (PMFT) or Kegel exercise with or without the aid of resistance which device was conducted twice a day for 15 minutes during 6-8 seconds with breaks 6 seconds each session with the duration of 12 weeks does not show a significant difference which means that both this method effective for the repair of incontinence of urine in women. 2 Bladder Training and Kegel Exercises for Women with Urinary Complaints Living in a Rest Home. Aslan, Ergul., Komurcu, Nuran., Beji, Nezihe K., Yalcin, Onay. 2008 RCT - Quality of Life Scale, - Mini-Mental Test - The Rankin Scale - Bladder Training - Kegel Exercises - Urinary Incontinence for Women Sample 64 patient, 33 treatment, 31 control. After 8 week and 6 month follew up treatment group 7 dropped and 1 died, control group 5 dropped and 1 died. Bladder exercises and Kegel exercises performed on women aged 65 years and over with urge incontinence urgency for 6-8 weeks were found to be statistically and significantly decreased in frequency and nocturia. So this therapy can be used easily as an effective treatment of urinary incontinence in elderly women who live at home. 3 Pelvic floor muscle training before transurethral resection of the prostate: A RCT - DAN-PSS-1 questionnaire - Observation - PMFT - TURP - 26 PMFT group - 23 control group Pelvic floor muscle exercises performed before surgery showed a significant 729 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research randomized, controlled, blinded study Tibaek, S., Klarskov, P., Lund, H.B., Thomsen, H., Andresen, H., Schmidt, J.C., & Niemann, O.M. (2007) increase muscle endurance of the post-TURP muscle, although clinically the correlation of post-TURP urodynamic status increase was no difference 4 5 Preoperative Pelvic Floor Muscle Exercise for Early Continence After Radical Prostatectomy Centemero, P., Rigatti, L., Giraudo, D., Lazzeri, M., Lughezzani, G., Zugna, D., Montorsi, F., Rigatti, P., Guazzani, G. (2010). Influence of Preoperative and Postoperative Pelvic Floor Muscle Training (PFMT) Compared with Postoperative PFMT on Urinary Incontinence After Radical Prostatectomy Geraerts, I., Poppel, H. V., Devoogdt, N., Joniau, S., Cleynenbreugel, B. V., Groef, A. D., Kampen, M. V. (2013) RCT - International Continence Society (ICS) standards RCT - visual analog scale (VAS) concerning their subjective feelings about UI the - Complete International Prostate Symptom Score (IPSS) a questionnaire to assess voiding symptoms. - The King's Health Questionnaire (KHQ), - - - - PMFT Early Continence PMFT Urinary Incontinence Intervention group= 59 Control group: 59 Experiment group: 91 Control group: 89 The results obtained with pelvic floor muscle exercises performed before and continued after prostate surgery showed significant results can decrease incontinence incidence and improve quality of life. There was no significant difference in PMFT results in pre and post patients with postoperative, but quality of life improved more rapidly in the group performing PMFT before and after surgery. 6 Urinary incontinence in men after formal one-to- one pelvic-fl oor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS) Glazener, C., Boachie, C., Buckley, B., Cochran, C, et al. (2011) RCT - ICIQ-UI SF questionnaire - quality-

adjusted life year (QALY) - - - PMFT Urinary incontinence Quality of live Trial 1: intervention group= 205 respondent, control group=206 respondent Trial 3: intervention group= 220 respondent, control group=222 respondent This study compared the effects of PMFT on urinary incontinence in patients following prostate radical surgery and trans urethral prostate resection between control and intervention groups. The results obtained no significant differences 730 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate between the two groups, ie, the intervention did not change the incidence of urinary incontinence and quality of life in both groups and reported no adverse effects. 7 8 Does Physiotherapist- Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy? Overgard, M., Angelsen, A., Lydersen, S., Merkued, S. (2008) Randomized, Placebo Controlled Study of Electrical Stimulation With Pelvic Floor Muscle Training for Severe Urinary Incontinence After Radical Prostatectomy Yamanishi, T., Mizuno, T., Watanabe, M., Honda, M., Yoshida, K. (2010). RCT - the questionnaire UCLA-PCI (University of California, Los Angeles, Prostate Cancer Index) RCT - ICIQ-SF - KHQ - - - - PMFT Urinary incontinence Electrical stimulation with PMFT Incontinence Intervention group= 42 (with PMFT) Control group= 43 (without PMFT) 26 intervention group 30 control group There was no statistically significant difference for PMFT performed 3 times 10 contractions daily at home for 3 months, after 6 months there was a clinical difference and after 1 year there was a statistically significant and clinical difference of PMFT effect in reducing urinary incontinence on patients post radical prostatectom. PMFT before and continued after surgery. For active Stimulation 50 Hz square wave 300 pulse duration and 5 seconds. At, 5 seconds off duty cycle is applied for 15 minutes twice daily with anal electrode. Stimulation of shock ispelvic floor muscle training and Kegel exercise and incontinence of urine and prostatectomy within the last ten years published in English. 2.1 Selection Research Results obtained 657 journals were selected, leaving 15 full text journals titled pelvic floor muscle training or Kegel exercise. Of the 15 articles were selected and gained back 13 journals that met inclusion criteria. The inclusion criteria of this study were: 1) The reporting of interventions Pelvic Floor Muscle Training (PMFT) or Kegel exercise that aims to reduce urinary incontinence, 2) uses the randomized studies (RCT), 3) Original Research, 4) Do the clients who suffered incontinence urine, 5) Published in English. Search on line of english articles in some database including Proquest, Science direct, Jurnal Ners, Google Scholar in the last 10 years (2007-2017) Eligible artikel Health discriptors (n= 657) pelvic floor muscle training and kegel exercise and Full text artikel incontinence urine and excludes, with prostatectomy reason (n= 15) Artikel Full text to review (n= 13) Figure 1: Alogaritme Pencarian Artikel. 3 RESULTS This review examines the effect of Kegel exercise or Pelvic floor Muscle Training (PMFT) against urinary incontinence (10 journals), quality of life (2 journals), erectile dysfunction (1 journal). Design on 13 journals reviewed were all using the RCT were on level 2 of 7 degrees level of evidence to the random allocation. Ably uniform type of intervention that is Pelvic floor muscle training (PMFT) or Kegel exercise (KE). PMFT or TO can degrade or improve urinary incontinence significantly in the women (Kashanian et al., 2011), can treat urinary incontinence in the elderly (Aslan et al., 2008), showed a significant increase of the resistance of the pelvic floor muscles (Tibaek et al., 2007), improving the quality of life (Centemero et al., 2010, Geraerts et al., 2015), improves erectile function Geraerts et al., 2015), menurunka urinary incontinence in the client post- prostatectomy (Tibaek et al., 2007; Zhang, Strauss and Laura, 2007; Overga, 2008; Centemero et al., 2010; Yamanishi et al., 2010; Glazener et al., 2011; Goode et al., 2011; Tienforti et al., 2012; Geraerts et al., 2013). PMFT performed before surgery showed a

significant increase in the durability of the pelvic floor muscle after TURP, although the clinical relevance improving the status of urodynamic no difference. Process in getting the research articles that are relevant to the use of keywords, obtained 13 articles in accordance with the inclusion criteria, then the article is extracted. From the data extraction carried out several synthesis in order to provide an overview of The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Trans Urethral Client Post Resection of the Prostate .. The results of the extraction of the synthesized research article can be seen in the table below: (Tibaek et al.,2007). The instrument used is the DAN-PSS-1 questionnaire. The procedure has been standardized intervention carried out by a physiotherapist experienced and do not know to jamming and the results of the initial test (Tibaek et al., 2007). PMFT can improve urinary incontinence in women with or without kegelmaster (Aslan et al., 2008; Kashanian et al., 2011). Three questionnaires were used Incontinence Quality of Life (IQOL), Incontinence Impact Questionnaire (IIQ) and its 726 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate complementary Urogenital Distress Inventory (UDI). Pelvic floor muscle strength was evaluated using the Oxford grading system (Kashanian et al., 2011).The muscle strength was evaluated using digital tools gained 52% in women who do PMFT and 48% who did PMFT(Aslan et al., 2008). Two journals were reviewed comparing the effects of PMFT done since before and after post- surgery (Centemero, et al, 2010) (Geraerts, et al, 2013). RESULTS p = 0.002, which means patients do PMFT before and after surgery showed better results compared to only do after surgery is PMFT performed before surgery have an increased risk 0.41- fold lower incontinence and 0.38-fold lower incontinence in PMFT after surgery (Centemero, et al, 2010). One journal comparing whether behavioral therapy with or without biofeedback and pelvic floor electrical stimulation to the patient prostatectomy urinary incontinence, urge incontinence episodes showed an average decrease of 28 to 13 per week, or a reduction of 55% after the behavioral therapy of incontinence episodes while the average decline of 26 to 12 or 51% after the behavior and stimulation, but there was no significant difference in the reduction of incontinence between the treatment group and the control group with p = 0.069 (Goode, et al, 2011) Support groups can improve the effectiveness PMFT (Zhang, et al, 2007). The group that only did PMFT have a level higher urinary incontinence based on a visual analog scale assessment of the group PMFT a support group (4.7 vs. 3.2) and more groups are using pads PMFT (85%) compared with the group with the support group (50 (Zhang, et al, 2007). Besides effect on urinary incontinence, PMFT also affect erectile function in patients post prostatectomi (Geraerts, et al, 2015). One is reviewed journals show that PMFT can improve erectile function in post-prostatectomy patients are significantly (p = 0.0025) using the questionnaire used is or International reindexs IIEF erectile function (Geraerts, et al, 2015). A decrease in urinary incontinence and erectile function improvement has a positive correlation with quality of life. Two journals state that kapatuhan against PMFT can give a good effect on urinary incontinence and quality of life (Zhang, et al, 2007) (Centemero, et al, 2010) 4 DISCUSSION The results of this review indicate that article 13 pelfic floor muscle training (PMFT) or Kegel exercise effectively lower urinary incontinence, improve erectile function and quality of life. In addition to the single intervention that is PMFT, can also be combined with a support group (Zhang, et al, 2007). PMFT effective against urinary incontinence in men due to the condition of the bladder muscles and improved (Parekh in the (Zhang, et al, 2007)). Research conducted (Zhang, et al, 2007) showed that urinary incontinence in men better by combining PMFT and support group. The combined effect significantly to the quality of life especially in the field of

social events and the relationship of husband and wife (Zhang, et al, 2007). Research conducted by Goode et al.2011 states that 16% of men who do PMFT with behavioral therapy that can reduce the frequency of their urinary incontinence is more than half the frequency. (Goode, et al, 2011) also, say that the addition of biofeedback and electrical stimulation did not promote behavioral change in doing PMFT. Behavior terapy is a technique that can be used to change a person's behavior through teaching or improve their knowledge (Goode, et al, 2011). This behavior occurs because the changes after the teaching of the revenue, one would think, act and behave (Notoatmojo etal.,2012). Patients reflect behavioral therapy with a positive attitude may be because the client has a strong desire to heal and improve the quantity of their lives. Research conducted by (Overga, et al, 2008) which distinguish whether there are differences PMFT effect on urinary incontinence after radical prostatectomy surgery guided by a physiotherapist to be done alone showed that the group who received training physiotherapist guided reduction of urinary incontinence significantly more than their coaching clients themselves with p = 0,001 with a time of 3 months. This is probably due to oversight, respondents were more focused and to be serious in doing the exercises. (Goode, et al, 2011) stated that the client's behavior can be influenced by the presence of a stimulus. The stimulus could be anything, including guidance from a physiotherapist. (Centemero, et al, 2010), (Geraerts, et al, 2013) states that PMFT were performed before surgery and continued after surgery the results are more significant in reducing urinary incontinence than PMFT is done after surgery. This is likely caused because the muscles of the pelvic longer getting stimulation. To get the muscles of the body are obvious, of course, will not be obtained in practice only occasionally, the client should exercise regularly followed by a gradual increase in training volume within a specific time period. The combination of 727 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research these two things will greatly affect muscle enlargement process (Ongko et al., 2016). Tibaek et al., 2006 proves that PMFT performed before surgery resulted in a significant improvement in pelvic floor muscle endurance after TURP is a significant increase of 86% occurred after training (p = 0.004). (Geraerts, et al, 2015) found that clients with post radical prostatectomy (RP) who experienced erectile disfunction at least 12 months after RP after PMFT for 3 months to recover erectile function better (P = 0.025) and showed an increase klimaksuria with p = 0.004. This is probably due to the PMFT conducted both before and after surgery can improve the strength and pelvic floor muscle mass and can accelerate blood circulation and improve muscle bulbocavernosus. Widianti 2010 says that stimulation of the pelvic floor muscles will build muscle mass that can strengthen the pubococcygeus muscle (PC) supports muscle bulbocavernosus and muscle iskhiokavernosus so as to make the penis erect very loudly anytime they want, improving blood circulation in the penis, can enhance sexual stamina, increase the volume and the intensity of ejaculation, improve urinary flow. 5 CONCLUSION The purpose of this systematic review is to assess the effectiveness of the use of pelfic floor muscle training or Kegel exercise as a therapeutic intervention in post-TURP urinary incontinence clients. Some studies showed that significantly reduces urinary incontinence, treatment costs, improve erectile function and quality of life of the client. Further studies on the duration of the execution of the exercise. REFERENCES Aslan, E. et al. (2008) 'Bladder training and Kegel exercises for women with urinary complaints living in a rest home', Gerontology, 54(4), pp. 224–231. doi: 10.1159/000133565. Bruschini, H. et al. (2011) 'Urinary incontinence following surgery for BPH: The role of aging on the incidence of bladder dysfunction', International Braz J Urol, 37(3), pp. 380–386. doi: 10.1590/S1677- 55382011000300012. Centemero, A. et al. (2010) 'Preoperative Pelvic Floor Muscle Exercise for

Early Continence After Radical Prostatectomy : A Randomised Controlled Study', 57, pp. 1039–1044. doi: 10.1016/j.eururo.2010.02.028. Geraerts, I. et al. (2013) 'Influence of Preoperative and Postoperative Pelvic Floor Muscle Training (PFMT) Compared with Postoperative PFMT on Urinary Incontinence After Radical Prostatectomy : A Randomized Controlled Trial', European Urology. European Association of Urology, 64(5), pp. 766–772. doi: 10.1016/j.eururo.2013.01.013. Geraerts, I. et al. (2015) 'Pelvic fl oor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy : a randomized controlled trial'. Nature Publishing Group, (August), pp. 1–5. doi: 10.1038/ijir.2015.24. Glazener, C. et al. (2011) 'Urinary incontinence in men after formal one-to-one pelvic-floor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS): Two parallel randomised controlled trials', The Lancet. Elsevier Ltd, 378(9788), pp. 328–337. doi: 10.1016/S0140- 6736(11)60751-4. Goode, P. S. et al. (2011) 'Behavioral Therapy With or Without Biofeedback and Pelvic Floor Electrical Stimulation for Persistent Postprostatectomy Incontinence', 305(2). Kashanian, M. et al. (2011) 'European Journal of Obstetrics & Gynecology and Reproductive Biology Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on u', 159, pp. 218–223. doi: 10.1016/j.ejogrb.2011.06.037. Madjid, A., Irawaty, D. and Nuraini, T. (no date) 'Pasien Pasca Transurethral Resection of the Prostate Melalui Kegel ' S Excercise'. Notoadmojo, S. (2012). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta. Ongko, J. 2016. Fitness Trainer Study Guide. APKI: Jakarta Overga, M. (2008) 'Does Physiotherapist-Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy ? A Randomised Controlled Trial', 54, pp. 438–448. doi: 10.1016/j.eururo.2008.04.021. Smeltzer, S. C., Bare,B. (2009). Texbook of Medical Surgical Medikal Nursing (11 th ed.) Philladelphia: Lipincott Williams & Wilknis. Tibaek, S. et al. (2007) 'Pelvic floor muscle training before transurethral resection of the prostate : A randomized , controlled , blinded study', (November 2006). doi: 10.1080/00365590601183584. Tienforti, D. et al. (2012) 'Daniele Tienforti , Emilio Sacco , Francesco Marangi , Alessandro D ' Addessi , Marco Racioppi , Gaetano Gulino , Francesco Pinto , Angelo Totaro , Daniele D ' Agostino and Pierfrancesco Bassi', pp. 1004–1011. doi: 10.1111/j.1464-410X.2012.10948. Widianti, A. T., Proverawati, A. (2010). Senam Kesehatan Aplikasi Senam Untuk Kesehatan. Yogyakarta: Nuha Medika. Yamanishi, T. et al. (2010) 'Randomized, placebo controlled study of electrical stimulation with pelvic floor muscle training for severe urinary incontinence after radical prostatectomy', Journal of Urology. Elsevier Inc., 184(5), pp. 2007–2012. doi: 10.1016/j.juro.2010.06.103. 728 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate Zhang, A. Y., Strauss, G. J. and Laura, A. S. (2007) 'and a Support Group on Urinary Incontinence', 34(1), pp 43 APPENDIX 2 No Title Design, Instrumen Variable Sample Result 1 Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on urinary incontinence in women: a randomized trial Kashanian, M., Ali, Shadab Shah., Nazemi, Mitra., Bahasadri, Shohreh. 2011 RCT - Incontinence Quality Of Life (IQOL) - Incontinence Impact Questionnaire (IIQ) - Urogenital Distress Inventory (UDI) - pelvic floor muscle training (PFMT or Kegel exercise) - assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) - urinary incontinence in women A sample size of 76 patients (38 in each group) Pelvic floor muscle exercises (PMFT) or Kegel exercise with or without the aid of resistance which device was conducted twice a day for 15 minutes during 6-8 seconds with breaks 6 seconds each session with the duration of 12 weeks does not show a significant difference which means that both this

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M., Yoshida, K. (2010). RCT - the questionnaire UCLA-PCI (University of California, Los Angeles, Prostate Cancer Index) RCT - ICIQ-SF - KHQ - - - - PMFT Urinary incontinence Electrical stimulation with PMFT Incontinence Intervention group= 42 (with PMFT) Control group= 43 (without PMFT) 26 intervention group 30 control group There was no statistically significant difference for PMFT performed 3 times 10 contractions daily at home for 3 months, after 6 months there was a clinical difference and after 1 year there was a statistically significant and clinical difference of PMFT effect in reducing urinary incontinence on patients post radical prostatectom. PMFT before and continued after surgery. For active Stimulation 50 Hz square wave 300 pulse duration and 5 seconds. At, 5 seconds off duty cycle is applied for 15 minutes twice daily with anal electrode. Stimulation of shock is limited to 3 mA with 2 sec at 13 seconds found that electrical stimulation combined with PMFT can result in recovery of urinary incontinence in post-operative 731 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research prostatectomy patients every month 9 Efficacy of an assisted low-intensity programme of perioperative pelvic fl oor muscle training in improving the recovery of continence after radical prostatectomy: a randomized controlled trial Tienforti, D., Sacco, E., Marangi, F., et al. (2011) RCT - (International Consultation on Incontinence Questionnaire on Urinary Incontinence [ICIQ-UI] [ICIQ] - Overactive Bladder [OAB] - University of California, Los Angeles-Prostate Cancer Index [UCLA-PCI] , - - biofeedback (BFB) combined with an assisted low- intensity programme of postoperative perineal physiokinesitherapy in reducing the incidence, duration urinary incontinence Overall, 34 consecutive patients were eligible and 32 were available for the fi nal analysis: 16 patients for each study group Pelvic floor muscle exercises performed three times a day for 10 minutes with 5 contractions and 5 seconds of rest after removal of catheter tube at home under supervision and evaluated thrice for 6 months showed that the preoperative biofeedback combined with PMFT was significantly more effective rather than standard treatments in improving urinary incontinence recovery. 10 Effects of Combined Pelvic Floor Muscle Exercise and a Support Group on Urinary Incontinence and Quality of Life of Postprostatectomy Patients Zhang, A., Strauss, G. J., Siminoff, L. A. (2007) RCT - Los Angeles, Prostate Cancer Index - American Urological Association Symptom Index - visual analog scale (VAS) - - Combined Pelvic Floor Muscle Exercise and a Support Group Urinary Incontinence and Quality of Life Support group= 14 Control group= 15 PMFTs performed four to seven days per week at home and attending bi- weekly group meetings have lower urinary incontinence rates. 11 Behavioral Therapy With or Without Biofeedback and Pelvic Floor Electrical Stimulation for Persistent Postprostatectomy Incontinence Goode, P. S., Burgio, K. I., Johnson, T. M., et al. (2011) RCT - The American Urological ssociation (AUA- 7) symptom index - InternationaL ProstateSymptom Score quality-of- life question - - - Behavioral Therapy Pelvic Floor Electrical Stimulation Persistent Postprostatectomy Incontinence Behaviour :70 Behaviour plus:70 Control: 68 Clients who were in the PMFT behavior therapy group who performed for 8 weeks with fifteen contractions with 10 seconds of relaxation had a significant decrease of an average of 55% in incontinence 732 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate 12 Pelvic floor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy: a randomized controlled trial Geraerts., Poppel, H. V., Devoogdt, N. Et al (2015) RCT - - IIEF-EF a visual analog scale - - Pelvic floor muscle training erectile dysfunction Treatment group: 16 Control groupKegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate complementary Urogenital Distress Inventory (UDI). Pelvic floor muscle strength was

evaluated using the Oxford grading system (Kashanian et al., 2011).The muscle strength was evaluated using digital tools gained 52% in women who do PMFT and 48% who did PMFT(Aslan et al., 2008). Two journals were reviewed comparing the effects of PMFT done since before and after post- surgery (Centemero, et al, 2010) (Geraerts, et al, 2013). RESULTS p = 0.002, which means patients do PMFT before and after surgery showed better results compared to only do after surgery is PMFT performed before surgery have an increased risk 0.41- fold lower incontinence and 0.38-fold lower incontinence in PMFT after surgery (Centemero, et al, 2010). One journal comparing whether behavioral therapy with or without biofeedback and pelvic floor electrical stimulation to the patient prostatectomy urinary incontinence, urge incontinence episodes showed an average decrease of 28 to 13 per week, or a reduction of 55% after the behavioral therapy of incontinence episodes while the average decline of 26 to 12 or 51% after the behavior and stimulation, but there was no significant difference in the reduction of incontinence between the treatment group and the control group with p = 0.069 (Goode, et al, 2011) Support groups can improve the effectiveness PMFT (Zhang, et al, 2007). The group that only did PMFT have a level higher urinary incontinence based on a visual analog scale assessment of the group PMFT a support group (4.7 vs. 3.2) and more groups are using pads PMFT (85%) compared with the group with the support group (50 (Zhang, et al, 2007). Besides effect on urinary incontinence, PMFT also affect erectile function in patients post prostatectomi (Geraerts, et al, 2015). One is reviewed journals show that PMFT can improve erectile function in post-prostatectomy patients are significantly (p = 0.0025) using the questionnaire used is or International reindexs IIEF erectile function (Geraerts, et al, 2015). A decrease in urinary incontinence and erectile function improvement has a positive correlation with quality of life. Two journals state that kapatuhan against PMFT can give a good effect on urinary incontinence and quality of life (Zhang, et al, 2007) (Centemero, et al, 2010) 4 DISCUSSION The results of this review indicate that article 13 pelfic floor muscle training (PMFT) or Kegel exercise effectively lower urinary incontinence, improve erectile function and quality of life. In addition to the single intervention that is PMFT, can also be combined with a support group (Zhang, et al, 2007). PMFT effective against urinary incontinence in men due to the condition of the bladder muscles and improved (Parekh in the (Zhang, et al, 2007)). Research conducted (Zhang, et al, 2007) showed that urinary incontinence in men better by combining PMFT and support group. The combined effect significantly to the quality of life especially in the field of social events and the relationship of husband and wife (Zhang, et al, 2007). Research conducted by Goode et al.2011 states that 16% of men who do PMFT with behavioral therapy that can reduce the frequency of their urinary incontinence is more than half the frequency. (Goode, et al, 2011) also, say that the addition of biofeedback and electrical stimulation did not promote behavioral change in doing PMFT. Behavior terapy is a technique that can be used to change a person's behavior through teaching or improve their knowledge (Goode, et al, 2011). This behavior occurs because the changes after the teaching of the revenue, one would think, act and behave (Notoatmojo etal.,2012). Patients reflect behavioral therapy with a positive attitude may be because the client has a strong desire to heal and improve the quantity of their lives. Research conducted by (Overga, et al, 2008) which distinguish whether there are differences PMFT effect on urinary incontinence after radical prostatectomy surgery guided by a physiotherapist to be done alone showed that the group who received training physiotherapist guided reduction of urinary incontinence significantly more than their coaching clients themselves with p = 0,001 with a time of 3 months. This is probably due to oversight, respondents were more focused and to be serious in doing the exercises. (Goode, et al, 2011) stated that the

client's behavior can be influenced by the presence of a stimulus. The stimulus could be anything, including guidance from a physiotherapist. (Centemero, et al, 2010), (Geraerts, et al, 2013) states that PMFT were performed before surgery and continued after surgery the results are more significant in reducing urinary incontinence than PMFT is done after surgery. This is likely caused because the muscles of the pelvic longer getting stimulation. To get the muscles of the body are obvious, of course, will not be obtained in practice only occasionally, the client should exercise regularly followed by a gradual increase in training volume within a specific time period. The combination of 727 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research these two things will greatly affect muscle enlargement process (Ongko et al., 2016). Tibaek et al., 2006 proves that PMFT performed before surgery resulted in a significant improvement in pelvic floor muscle endurance after TURP is a significant increase of 86% occurred after training (p = 0.004). (Geraerts, et al, 2015) found that clients with post radical prostatectomy (RP) who experienced erectile disfunction at least 12 months after RP after PMFT for 3 months to recover erectile function better (P = 0.025) and showed an increase klimaksuria with p = 0.004. This is probably due to the PMFT conducted both before and after surgery can improve the strength and pelvic floor muscle mass and can accelerate blood circulation and improve muscle bulbocavernosus. Widianti 2010 says that stimulation of the pelvic floor muscles will build muscle mass that can strengthen the pubococcygeus muscle (PC) supports muscle bulbocavernosus and muscle iskhiokavernosus so as to make the penis erect very loudly anytime they want, improving blood circulation in the penis, can enhance sexual stamina, increase the volume and the intensity of ejaculation, improve urinary flow. 5 CONCLUSION The purpose of this systematic review is to assess the effectiveness of the use of pelfic floor muscle training or Kegel exercise as a therapeutic intervention in post-TURP urinary incontinence clients. Some studies showed that significantly reduces urinary incontinence, treatment costs, improve erectile function and quality of life of the client. Further studies on the duration of the execution of the exercise. REFERENCES Aslan, E. et al. (2008) 'Bladder training and Kegel exercises for women with urinary complaints living in a rest home', Gerontology, 54(4), pp. 224–231. doi: 10.1159/000133565. Bruschini, H. et al. (2011) 'Urinary incontinence following surgery for BPH: The role of aging on the incidence of bladder dysfunction', International Braz J Urol, 37(3), pp. 380–386. doi: 10.1590/S1677-55382011000300012. Centemero, A. et al. (2010) 'Preoperative Pelvic Floor Muscle Exercise for Early Continence After Radical Prostatectomy : A Randomised Controlled Study', 57, pp. 1039–1044. doi: 10.1016/j.eururo.2010.02.028. Geraerts, I. et al. (2013) 'Influence of Preoperative and Postoperative Pelvic Floor Muscle Training (PFMT) Compared with Postoperative PFMT on Urinary Incontinence After Radical Prostatectomy : A Randomized Controlled Trial', European Urology. European Association of Urology, 64(5), pp. 766–772. doi: 10.1016/j.eururo.2013.01.013. Geraerts, I. et al. (2015) 'Pelvic fl oor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy : a randomized controlled trial'. Nature Publishing Group, (August), pp. 1–5. doi: 10.1038/ijir.2015.24. Glazener, C. et al. (2011) 'Urinary incontinence in men after formal one-to-one pelvic-floor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS): Two parallel randomised controlled trials', The Lancet. Elsevier Ltd, 378(9788), pp. 328–337. doi: 10.1016/S0140- 6736(11)60751-4. Goode, P. S. et al. (2011) 'Behavioral Therapy With or Without Biofeedback and Pelvic Floor Electrical Stimulation for Persistent Postprostatectomy Incontinence', 305(2). Kashanian, M. et al. (2011) 'European Journal of Obstetrics & Gynecology and Reproductive Biology Evaluation of the effect of pelvic floor muscle

training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on u', 159, pp. 218–223. doi: 10.1016/j.ejogrb.2011.06.037. Madjid, A., Irawaty, D. and Nuraini, T. (no date) 'Pasien Pasca Transurethral Resection of the Prostate Melalui Kegel ' S Excercise'. Notoadmojo, S. (2012). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta. Ongko, J. 2016. Fitness Trainer Study Guide. APKI: Jakarta Overga, M. (2008) 'Does Physiotherapist-Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy ? A Randomised Controlled Trial', 54, pp. 438–448. doi: 10.1016/j.eururo.2008.04.021. Smeltzer, S. C., Bare,B. (2009). Texbook of Medical Surgical Medikal Nursing (11 th ed.) Philladelphia: Lipincott Williams & Wilknis. Tibaek, S. et al. (2007) 'Pelvic floor muscle training before transurethral resection of the prostate : A randomized , controlled , blinded study', (November 2006). doi: 10.1080/00365590601183584. Tienforti, D. et al. (2012) 'Daniele Tienforti , Emilio Sacco , Francesco Marangi , Alessandro D ' Addessi , Marco Racioppi , Gaetano Gulino , Francesco Pinto , Angelo Totaro , Daniele D ' Agostino and Pierfrancesco Bassi', pp. 1004–1011. doi: 10.1111/j.1464-410X.2012.10948. Widianti, A. T., Proverawati, A. (2010). Senam Kesehatan Aplikasi Senam Untuk Kesehatan. Yogyakarta: Nuha Medika. Yamanishi, T. et al. (2010) 'Randomized, placebo controlled study of electrical stimulation with pelvic floor muscle training for severe urinary incontinence after radical prostatectomy', Journal of Urology. Elsevier Inc., 184(5), pp. 2007–2012. doi: 10.1016/j.juro.2010.06.103. 728 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate Zhang, A. Y., Strauss, G. J. and Laura, A. S. (2007) 'and a Support Group on Urinary Incontinence', 34(1), pp 43 APPENDIX 2 No Title Design, Instrumen Variable Sample Result 1 Evaluation of the effect of pelvic floor muscle training (PFMT or Kegel exercise) and assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) on urinary incontinence in women: a randomized trial Kashanian, M., Ali, Shadab Shah., Nazemi, Mitra., Bahasadri, Shohreh. 2011 RCT - Incontinence Quality Of Life (IQOL) - Incontinence Impact Questionnaire (IIQ) - Urogenital Distress Inventory (UDI) - pelvic floor muscle training (PFMT or Kegel exercise) - assisted pelvic floor muscle training (APFMT) by a resistance device (Kegelmaster device) - urinary incontinence in women A sample size of 76 patients (38 in each group) Pelvic floor muscle exercises (PMFT) or Kegel exercise with or without the aid of resistance which device was conducted twice a day for 15 minutes during 6-8 seconds with breaks 6 seconds each session with the duration of 12 weeks does not show a significant difference which means that both this method effective for the repair of incontinence of urine in women. 2 Bladder Training and Kegel Exercises for Women with Urinary Complaints Living in a Rest Home. Aslan, Ergul., Komurcu, Nuran., Beji, Nezihe K., Yalcin, Onay. 2008 RCT - Quality of Life Scale, - Mini-Mental Test - The Rankin Scale - Bladder Training - Kegel Exercises - Urinary Incontinence for Women Sample 64 patient, 33 treatment, 31 control. After 8 week and 6 month follew up treatment group 7 dropped and 1 died, control group 5 dropped and 1 died. Bladder exercises and Kegel exercises performed on women aged 65 years and over with urge incontinence urgency for 6-8 weeks were found to be statistically and significantly decreased in frequency and nocturia. So this therapy can be used easily as an effective treatment of urinary incontinence in elderly women who live at home. 3 Pelvic floor muscle training before transurethral resection of the prostate: A RCT - DAN-PSS-1 questionnaire - Observation - PMFT - TURP - 26 PMFT group - 23 control group Pelvic floor muscle exercises performed before surgery showed a significant 729 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research randomized, controlled, blinded study Tibaek, S., Klarskov, P., Lund, H.B., Thomsen, H., Andresen, H., Schmidt, J.C., &

Niemann, O.M. (2007) increase muscle endurance of the post-TURP muscle, although clinically the correlation of post-TURP urodynamic status increase was no difference 4 5 Preoperative Pelvic Floor Muscle Exercise for Early Continence After Radical Prostatectomy Centemero, P., Rigatti, L., Giraudo, D., Lazzeri, M., Lughezzani, G., Zugna, D., Montorsi, F., Rigatti, P., Guazzani, G. (2010). Influence of Preoperative and Postoperative Pelvic Floor Muscle Training (PFMT) Compared with Postoperative PFMT on Urinary Incontinence After Radical Prostatectomy Geraerts, I., Poppel, H. V., Devoogdt, N., Joniau, S., Cleynenbreugel, B. V., Groef, A. D., Kampen, M. V. (2013) RCT - International Continence Society (ICS) standards RCT - visual analog scale (VAS) concerning their subjective feelings about UI the - Complete International Prostate Symptom Score (IPSS) a questionnaire to assess voiding symptoms. - The King's Health Questionnaire (KHQ), - - - - PMFT Early Continence PMFT Urinary Incontinence Intervention group= 59 Control group: 59 Experiment group: 91 Control group: 89 The results obtained with pelvic floor muscle exercises performed before and continued after prostate surgery showed significant results can decrease incontinence incidence and improve quality of life. There was no significant difference in PMFT results in pre and post patients with postoperative, but quality of life improved more rapidly in the group performing PMFT before and after surgery. 6 Urinary incontinence in men after formal one-to- one pelvic-fl oor muscle training following radical prostatectomy or transurethral resection of the prostate (MAPS) Glazener, C., Boachie, C., Buckley, B., Cochran, C, et al. (2011) RCT - ICIQ-UI SF questionnaire - quality-adjusted life year (QALY) - - - PMFT Urinary incontinence Quality of live Trial 1: intervention group= 205 respondent, control group=206 respondent Trial 3: intervention group= 220 respondent, control group=222 respondent This study compared the effects of PMFT on urinary incontinence in patients following prostate radical surgery and trans urethral prostate resection between control and intervention groups. The results obtained no significant differences 730 The Effectiveness of Kegel Exercise or Pelvic Floor Muscle Training to Incontinence Urine for Client Post Trans Urethral Resection of The Prostate between the two groups, ie, the intervention did not change the incidence of urinary incontinence and quality of life in both groups and reported no adverse effects. 7 8 Does Physiotherapist- Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy? Overgard, M., Angelsen, A., Lydersen, S., Merkued, S. (2008) Randomized, Placebo Controlled Study of Electrical Stimulation With Pelvic Floor Muscle Training for Severe Urinary Incontinence After Radical Prostatectomy Yamanishi, T., Mizuno, T., Watanabe, M., Honda, M., Yoshida, K. (2010). RCT - the questionnaire UCLA-PCI (University of California, Los Angeles, Prostate Cancer Index) RCT - ICIQ-SF - KHQ - - - - PMFT Urinary incontinence Electrical stimulation with PMFT Incontinence Intervention group= 42 (with PMFT) Control group= 43 (without PMFT) 26 intervention group 30 control group There was no statistically significant difference for PMFT performed 3 times 10 contractions daily at home for 3 months, after 6 months there was a clinical difference and after 1 year there was a statistically significant and clinical difference of PMFT effect in reducing urinary incontinence on patients post radical prostatectom. PMFT before and continued after surgery. For active Stimulation 50 Hz square wave 300 pulse duration and 5 seconds. At, 5 seconds off duty cycle is applied for 15 minutes twice daily with anal electrode. Stimulation of shock is limited to 3 mA with 2 sec at 13 seconds found that electrical stimulation combined with PMFT can result in recovery of urinary incontinence in post-operative 731 INC 2018 - The 9th International Nursing Conference: Nurses at The Forefront Transforming Care, Science and Research prostatectomy patients every month 9 Efficacy of an assisted low-intensity programme of perioperative pelvic fl oor muscle training in improving the recovery of continence after

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