

# Initial experiences with the Epi-No Pelvic Floor Exerciser within involution exercising

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Initial positive results have been achieved with Epi-No in preparation for birth for some years (pilot study 1999 in the Klinikum rechts der Isar, Munich). This aroused my interest to use Epi-No for involution exercises in order to intensify pelvic floor work.

In Summer 2001, 34 women, including one grandmother, volunteered to include Epi-No training in their involution exercises. Of these, 44% had borne one child, 38% two children and 18% more than two children. 76% of these women complained of uncontrolled urinary incontinence. After only one week they reported positive results

1. Seeing the pelvic floor trainer lying around reminded women to exercise, when otherwise they might forget (the following situation is well known ; you begin to do your pelvic floor exercises, the baby cries or the phone rings and your pelvic floor is forgotten, but you think that have done your exercises).
2. The slight resistance of the balloon in the vagina gave them the safe feeling of tensing the correct muscles. The pressure gauge showed them the force and effectiveness of their muscle work. (91% of the women felt this was very motivating). This is a great help to women who otherwise have problems feeling their pelvic floor. (We know of a similar problem: some women are afraid that their baby is getting too little milk, because they cannot see how much it is drinking from the breast).
3. The women found a time to exercise when they would be disturbed as little as possible. This meant that they stuck to the exercise time, and some even exercised for longer, because "they were already doing it".
4. The material the Epi-No is made of was felt to be pleasant or very pleasant by 82%, inserting the balloon was no problem for 59% of the women participating, and 74% found the training no problem overall.

The training instructions were judged to be comprehensible or very comprehensible by 97%.

I was impressed to discover that, after three weeks, on average the women were exercising with Epi-No 5-6 times a week and that their muscle strength had consequently increased by 60%, according to the pressure gauge. Only 29% of the women still complained of uncontrolled passing of urine. 56% of the women found the training pleasant and helpful overall and the somaesthesia in 61% of the participants had slightly to definitely improved.

Consequently exercising with Epi-No appears to be a good opportunity to expand involution exercises. It is particularly suitable for marked pelvic floor weakness, and for women who have problems with somaesthesia despite intensive work with their midwife.

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December 2002

