QRS 1010 Pelvicenter

Repetitive peripheral magnetic stimulation to correct functional pelvic floor disorders

Scientific documentation and medical information

Basics: The chances of success

Publisher:

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Response rates (responders) up to 70%, from remission to cure

Given that the patient's problems with urinary incontinence are due to weakened pelvic floor muscles or other muscular - including venous - difficulties in the pelvic and trunk areas, an improvement in the symptoms can be assumed.

For all symptoms for which the "Guidelines for the treatment of bladder dysfunction" recommend pelvic floor training as a priority treatment, the use of the QRS Pelvicenter pelvic floor training can be assumed to result in a clear remission until healing.

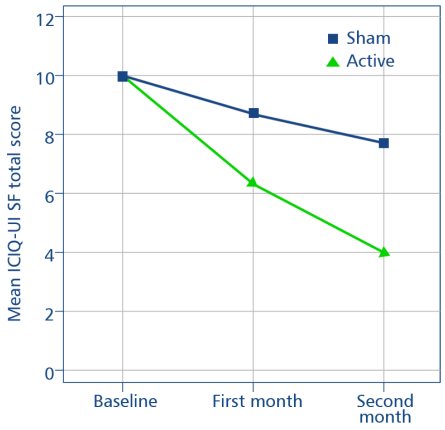
Of course, the Pelvicenter is not intended to replace multimodal, individual continence training. However, the advantages of integrating the Pelvicenter rPMS into continence concepts in terms of significantly shorter therapy duration and high (controllable) therapy success are obvious.

In most cases, the window of opportunity for success is shorter than with conventional pelvic floor training. The regained tone of the pelvic floor muscles lasts up to 35 months, with persistence of at least 6 months and an average of 2 years.

Both scientific and medical findings and evidence of the highest study quality, as well as extensive application experience document that there is currently no more effective alternative to the conservative treatment of stress incontinence than rPMS! The scientific support for OAB syndrome and urge incontinence is also clear.

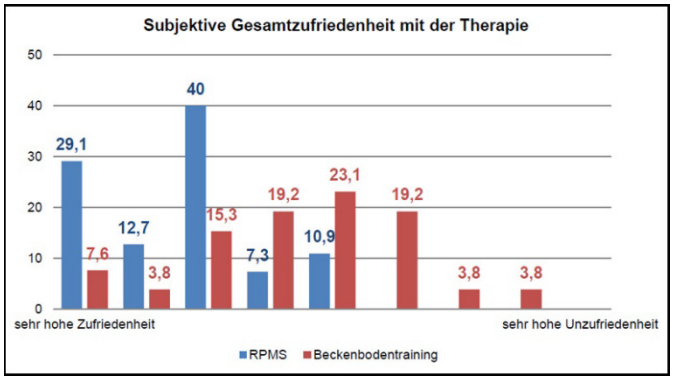
Long-term study with 120 subjects

(stress incontinence), randomized, double-blind and placebo-controlled (RCT 5):



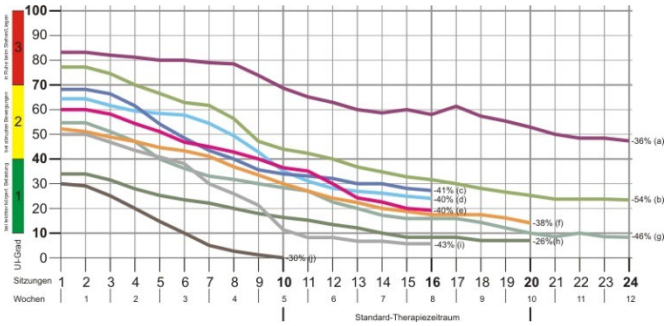
Graphic: Double-blind, randomized and placebo-controlled RCT level 5 study with 120 participants from School of Pharmaceutical Sciences, University Sains Malaysia Penang. Reduction in stress incontinence (green) compared to the control group (blue) by more than 50%, with 41% being completely dry. Lim R et al. Pulsed Magnetic Stimulation for Stress Urinary Incontinence. 1-year follow-up results. J Urol 2017; 197:1-7.

Controlled comparative study with 73 subjects, classic pelvic floor training vs. pelvic floor stimulation on the Pelvicenter:



Graphic: In a comparison of studies by the University of Vienna (Nursing Sciences) on classic pelvic floor training, the rPMS therapy performed just as well as the pelvic floor training. However, treatment satisfaction was significantly higher in the rPMS group.

Summary of own observations:



Graphic: The evaluation results come from various international sources from Pelvicenter providers. The average age was 58.5 years, all persons/patients were female. In all cases, the indication was an existing stress incontinence. The therapy interval was 3 sessions per week. The duration of therapy was 10 sessions in one case, 16 sessions in 4 cases, 20 sessions in 2 cases and 24 sessions in 3 cases. In all cases, a UI reduction of at least one severity level could be achieved. The success of therapy and progress is higher in the first 10 to 16 treatments than in subsequent treatments.

Further information on the study situation

Detailed information on the study situation, on further scientific findings and on the source references or references can be found in the respective indication document that you received with this documentation collection.

➔ You can also access this additional information on the QRS Pelvicenter homepage: https://pelvicenter.com under Indications.