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INPLASY

Effectiveness of Remote Rehabilitation Programs on Pelvic Pain and Urinary Incontinence in Females: A systematic review and meta-analysis protocol

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 February 2025 and was last updated on 12 February 2025.

INTRODUCTION

Review question / Objective What are the effects of remote rehabilitation programs on pelvic pain and urinary incontinence in females?

Rationale Among the women with urinary incontinence and pelvic pain, many patients have difficulty accessing regular physically supervised rehabilitation programs due to various reasons such as financial difficulties, living in distant regions to rehabilitation centres, or busy daily activity schedules. Remote rehabilitation, in other words, telerehabilitation, is classified as a branch of telemedicine which allows clinicians to remotely deliver health services to patients via real-time digital platforms, including videoconferences. Using remote rehabilitation services may have a low cost and may increase access to more patients. Therefore, this meta-analytic study will focus on synthesising evidence related to the effectiveness of telerehabilitation programs on urinary incontinence in women.

Condition being studied Effects of remote rehabilitation on pelvic pain and urinary incontinence in females.

METHODS

Search strategy Cochrane Library (Central), ProQuest, PubMed and OpenGrey databases will be searched using a combination of the following groups of key terms:
a) "Telerehabilitation"[Mesh], telerehabilitation, telemedicine, “virtual medicine”, tele-referral, telehealth, tele-health, “remote rehabilitation”, “virtual rehabilitation”, “online rehabilitation”, “distance counseling”, e-counseling, e-therapy, teletherapy, tele-therapy, “mobile health”, mhealth, eHealth, e-health, internet-based, “internet based”,

web-based, “web based”, telecare, tele-care, tele-ICU, tele- ICU
b) "Urinary Incontinence"[Mesh], “Pelvic Pain” [Mesh], incontinence, continence, bladder, “Pelvic Pain”.

Participant or population Females with urinary pelvic pain and/or incontinence complaints.

Intervention Remote rehabilitation programs.

Comparator Control groups.

Study designs to be included Randomised controlled trials.

Eligibility criteria a) Being a randomised controlled trial; b) being conducted on humans; c) being conducted on females with pelvic pain and/or urinary incontinence complaints.

Information sources Cochrane Library (Central), ProQuest, PubMed, OpenGrey databases and reference lists of included studies.

Main outcome(s) Alterations in pelvic pain and urinary incontinence-related parameters because of remote rehabilitation programs compared to the controls.

Quality assessment / Risk of bias analysis Reviewers will screen the citations and extract data from the included studies blinded. During the evidence synthesis, EndNote X21, Rayyan, RevMan, GRADEPro GDT, Microsoft Excel, and Microsoft Word software will be used.

Strategy of data synthesis In a possible meta-analysis scenario, the Review Manager (RevMan) of the Cochrane Collaboration will be used to perform the meta-analyses. The GRADEpro GDT software will be employed to grade the level of the body of evidence.
The Cochrane Collaboration’s risk of bias assessment tool for parallel group RCTs will be used to classify individual risk of bias in included studies. In quantitative data synthesis, the overall evidence level will be classified using the GRADE approach (the Grading of Recommendations Assessment, Development, and Evaluation).

Subgroup analysis Subgroup analyses will be conducted based on the population, intervention, and outcome differences or across the risk of bias tables in the case of high heterogeneity.

Sensitivity analysis If a meta-analysis detects high or substantial heterogeneity between studies, a sensitivity analysis will be performed according to the methodological features of the included studies.

Language restriction English.

Country(ies) involved Turkey and Japan.

Keywords Telemedicine; Telerehabilitation; Remote Rehabilitation; Urinary Incontinence; Pelvic Pain.

Contributions of each author
Author 1 - Elif Tugce Cil - Screening, data extraction, risk of bias assessment, and writing the original draft.
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Author 2 - Nilufer Cerbezer - Screening, data extraction, risk of bias assessment, and writing the original draft.
Author 3 - Gokhan Yagiz - Meta-analyses, methodology, visualisation, grading the evidence levels, writing the original draft, and supervision.
Author 4 - Asli Yeral - Screening, data extraction, risk of bias assessment, and writing the original draft.
Author 5 - Feryal Subasi - Screening, data extraction, risk of bias assessment, editing the original draft and supervision.