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PERFORMANCE OF PHYSIOTHERAPY IN THE GYNECOLOGICAL WARD: A RETROSPECTIVE STUDY

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Abstract: This study aimed to characterize the population assisted by the physiotherapy service in the gynecological ward and to identify the most adopted strategies for physiotherapy. Retrospective study with medical records of consultations carried out in the gynecological ward attended by the Physiotherapy service of the Primary Care Internship of the Physiotherapy course at Universidade Presbiteriana Mackenzie, including medical records and screening of women attended from February 2019 to September 2022 in a maternity from the city of São Paulo. The population studied has an average age of 47 years, 35.8% have completed high school, 2.5% are domestic workers and 47% are married. The most common type of delivery reported was normal with 50.8%. Among the procedures performed, abdominal hysterectomy was the most frequent (24.3%). Regarding urine loss, 22.4% reported stress urinary incontinence. About the contraction of the pelvic floor, 57.6% claimed not to perform. As for the subsequent physiotherapeutic referral, 66.8% did not need physiotherapeutic follow-up after hospital discharge.
Keywords: Gynecology. Physiotherapy. Primary Health Care.

INTRODUCTION

Since the first decades of the 20th century, attention to women's health has become part of public health policies in Brazil. As a result of feminist movements, in the 60s, the non-hierarchization of the specificities of men and women was claimed, giving rise to a new concept of women's health, emphasizing sexual and reproductive health as a right. This struggle by women for their rights and for better living conditions led to the adoption of the first official measures by the Ministry of Health aimed at providing comprehensive care to women's health (FREITAS et al., 2009).

Currently, the Brazilian female population of reproductive age, that is, from 10 to 49 years old, corresponds to 51.6% of the total population. Despite the predominance, differences and inequality between genders are still observed in several aspects in the country. In this scenario, it was necessary to strengthen health promotion for health practices, organization and management in Brazil (FREITAS et al., 2009).

The term "health promotion" emerged and developed particularly in Canada, the United States and Western European countries. Nowadays, 36 years after the release of the Ottawa charter, which was one of the founding documents of the current health promotion movement, this term is associated with a set of values such as; life, health, equity, solidarity, among others. Health must be considered as an essential factor for human development, and therefore equity must be present in access to goods and services for society (CZERESNIA and FREITAS, 2009).

The Integral Assistance Program for Women's Health (PAISM) was created in 1983, generating a result of the concordance of interests and conceptions of the sanitary movement, radiating within the network of health services as a new way of thinking and acting on the issue of women's health (MEDEIROS and GUARESCHI, 2009). This represents a historical reference in public policies, in which integrality, as one of the doctrinal principles of the SUS, can be seen as the result of an ethical and technical attitude by professionals, in addition to a restructuring of health services (ACURCIO, 2022).

The PAISM aimed to reflect the concept of comprehensive assistance to women's health advocated by the Ministry of Health, involving the provision of globally directed actions to meet all women's health needs (MEDEIROS and GUARESCHI, 2009).

In the area of Gynecology and Obstetrics, there are diseases or situations that can be avoided or cured when the diagnosis is early, such as cervical and breast cancer. For this reason, one of the priorities in women's health care is prevention, taking into account the appropriate treatment for each condition (ZIMMERMMANN et al., 2011).

The lower social class population is at greater risk of becoming ill and dying, making the search for public health services more frequent. However, the social condition of a population is not the only determinant of their illness, since results showed that women were not sicker than those in the private sector (ZIMMERMMANN et al., 2011). Some situations that possibly require surgery in the women's ward are; pelvic prolapses, uterine cancer, endometriosis, ectopic pregnancy, myomatosis, and ovarian cancer (PROTOCOLS OF PRIMARY CARE: Saúde das Mulheres, 2016).

The application of physiotherapy in the gynecological area started in the obstetric area since the 19th century (POLDEN and MANTLE, 1993). The physiotherapist has the ability to deal with the preoperative and postoperative periods of gynecological surgeries. According to Polden and Mantle (1993) it is essential to carry out a complete evaluation of Physiotherapy before surgery, since the treatment started early will be profitable for several women, such as, for example, those with a weak pelvic base.

Physiotherapeutic intervention aims to prevent complications such as; risk of pneumonia, post-surgical pain and discomfort, risk of vascular complications, development of adhesions at the incision site, poor posture, pelvic floor dysfunction and abdominal weakness (BIM and PEREGO, 2002).

The female pelvic floor (PF) structures function as a unit, and the anatomical-functional relationship between them is important for the maintenance of normal function. The pelvic floor muscles (PFM) are defined as the muscle layer that supports the pelvic organs and closes the pelvic opening at the time of contraction (HIGA et al., 2008 apud PEREIRA and MEIJA, 2017).

It is considered that the contribution of factors such as extensive pelvic surgeries can result in damage to the pelvic vascularization and autonomic innervation of the PFM, which can lead to a series of dysfunctions associated with the urinary, anorectal and genital system, in addition to interfering with quality of life. sexual (HIGA et al., 2008 apud PEREIRA and MEIJA, 2017).

When performed correctly, by physiotherapists, muscle training of the pelvic floor pre and postoperatively, generates positive effects in the strengthening and resistance of the PFM favoring the support of Organs pelvic organs, allowing the reduction of symptoms and promoting quality of life (PEDRA *et al.*, 2020).

The PNAISM (National Policy for Integral Attention to Women's Health) aims to establish an inclusive dynamic, to meet emerging demands or old demands, at all levels of care. There is a great demand for the health service and, at the same time, a supply deficit, probably due to patients' misinformation about their clinical condition, professionals' lack of knowledge and lack of referral for perineal rehabilitation services (DIAS et al., 2020). Hence the importance of discussing this topic.

It is necessary to guide the population about the anatomy of the pelvic floor, as well as the physical therapy resources for the treatment and prevention of related disorders (MARQUES et al., 2011 apud CARNEIRO et al, 2016). Therefore, the work of pelvic physiotherapy is extremely important for maintaining the anatomical position of the

pelvic organs, good sexual performance and, when the pelvic floor muscles are adequately strengthened, it is possible to prevent pelvic dysfunctions and future gynecological surgeries (CARVALHO *et al.*, 2021).

Therefore, the objective of this research was to characterize the population assisted by the Physiotherapy service in the Gynecological Ward, identifying the strategies most adopted by physiotherapy in this context.

METHODOLOGY

A retrospective study was carried out with medical records of consultations carried out in the gynecological ward attended by the Physiotherapy service of the Primary Care Internship of the Physiotherapy course at Universidade Presbiteriana Mackenzie, including medical records and screening of women assisted from February 2019 to September 2022 in a maternity hospital in the city of São Paulo.

For the characterization of this population, we present the following social data: age, education, occupational activity, marital status. Regarding clinical data: main complaint and pain on the VAS scale, number of children, types of deliveries performed, episiotomies and previous vaginal lacerations, presence of breastfeeding, menopausal status, type of surgical procedure performed and condition of the surgical scar. In addition to the complaint of urinary incontinence, the way in which urine loss occurs and its characteristics, identification of urinary symptoms, whether there is a need to use some protection to prevent urine leakage, urine infection, presence of constipation, knowledge of the muscles of the perineum, the existence of restriction to the bed by medical recommendation, presence of gait alterations and the indication of physiotherapy in the postoperative period. Data are presented descriptively in tables.

RESULTS

A total of 559 files were analyzed, with the average age of the women assisted being 47±14.83 years old, 200 (35.8%) had completed high school, 70 (12.5%) were housemaids, and 258 (47, 0%) of these women are married (Table 1).

Regarding the obstetric history of the evaluated women, the most common deliveries were normal with 284 (50.8%) and 243 (43.5%) cesarean sections, with 168 (48.0%) reporting previous episiotomies. Regarding breastfeeding, 360 (64.4%) answered that they breastfed their children. And 152 (27.2%) of these women were premenopausal at the time of assessment (Table 2).

According to Table 3, the most common procedure was abdominal hysterectomy with 136 (24.3%). Of the 559 women, 242 (50.6%) were on the 1st PO day and the most common complaint was pain in the abdominal region with 55 (9.8%) reports. The mean VAS was 3.18, with the highest VAS being 10 and 154 (27.5%) did not report pain.

Although 311 (55.6%) women reported that they had no symptoms of urinary leakage, 139 (24.9%) reported loss of urine when coughing, 125 (22.4%) had stress urinary incontinence (SUI) and the symptom of nocturia was mentioned 222 (39.7%) times.

Regarding the protection used, the most common was the pad with 115 (20.6%) responses, with a frequency of changing twice a day, reported by 28 (5%) of the women. The most common characteristic of loss was jet, being mentioned 103 (18.4%) times. Regarding bowel function, 345 (61.7%) of the women have normal functioning and another important point was that 322 (57.6%) of these women reported not performing the contraction of the pelvic floor muscles (Table 4).

With regard to physiotherapeutic care, 433 (77.5%) of the women were not restricted to bed by medical recommendation, gait was

Middle Ages	47±14,83	
schooling	Complete Higher Education	72 (12,9%)
	Incomplete Higher Education	8 (1,4%)
	Complete high school	200 (35,8%)
	Incomplete high school	72 (12,9%)
	Complete primary education	70 (12,5%)
	Incomplete Elementary School	125 (22,4%)
	no answer	12 (2,1%)
Occupational Activity	Merchant	12 (2,1%)
	Technician/Nursing Assistant	15 (2,7%)
	Maid/Cleaning assistant/Cleaning lady	70 (12,5%)
	Hairdresser	7 (1,3%)
	Administrative area	14 (2,5%)
	Teacher	9 (1,6%)
	Saleswoman	15 (2,7%)
	Caregiver	14 (2,5%)
	Housewife / Housewife	70 (12,5%)
	Autonomous	21 (3,8%)
	retired	30 (5,4%)
	Unemployed	45 (8,1%)
	Others	181 (32,4%)
	No reply	56 (10,0%)
Marital status	Married	258 (47,0%)
	Single	208 (37,9%)
	Divorced	43 (7,8%)
	Widow	36 (6,6%)
	friendly	4 (0,7%)

Table 1: Characterization of the sample.

Previous Pregnancies	Normal births	284 (50,8%)
	Cesarean deliveries	243 (43,5%)
	Forceps Deliveries	67 (12,0%)
	Abortion	111 (20,0%)
	No reply	54 (9,7%)
Vaginal complications related to childbirth	Previous episiotomies	168 (48,0%)
	Presence of vaginal lacerations	43 (12,3%)
	no answer	188 (33,6%)
Did you breastfeed?	Yes	360 (64,4%)
	No	86 (15,4%)
	no answer	113 (20,2%)
Menopause Status	Premenopause	152 (27,2%)
	Menopause	74 (13,2%)
	Post menopause	64 (11,4%)
	No answer	269 (48,1%)

Table 2: Obstetric Characteristics.

Procedure Performed	Miomectomia	98 (17,5%)
	Vaginal Hysterectomy	20 (3,6%)
	Abdominal Hysterectomy	136 (24,3%)
	Prolapse	21 (3,8%)
	Salpingectomy	16 (2,9%)
	Oophorectomy	31 (5,5%)
	tubal ligation	34 (6,1%)
	Curettage	21 (3,8%)
	Sling	24 (4,3%)
	Others	88 (15,7%)
	No information	70 (12,5%)
Postoperative days at the time of the physiotherapy intervention	Immediate	31 (6,5%)
	1st day	242 (50,6%)
	2nd day	66 (13,8%)
	3rd day	25 (5,2%)
	4th day or after	6 (1,3%)
	no answer	108 (22,6%)
Chief complaint	Back pain	6 (1,1%)
	Pain in the abdominal region	55 (9,8%)
	Scar pain	36 (6,4%)
	Gases	18 (3,2%)
	Headache	15 (2,7%)
	Colic	10 (1,8%)
	Urine loss	10 (1,8%)
	Bleeding	10 (1,8%)
	No complaints	79 (14,1%)
	Others	132 (23,6%)
	no answer	188 (33,6%)
Pain (VAS)	Painless	154 (27,5%)
	1	8 (1,4%)
	2	15 (2,7%)
	3	26 (4,7%)
	4	24 (4,3%)
	5	54 (9,7%)
	6	26 (4,7%)
	7	22 (3,9%)
	8	28 (5,0%)
	9	7 (1,3%)
	10	12 (2,1%)
	no answer	183 (32,7%)

Surgical scar condition	No phlogistic signs	148 (26,5%)
	Good	57 (10,2%)
	with bandage	19 (3,4%)
	reddish	15 (2,7%)
	With bleeding	7 (1,3%)
	Not applicable	25 (4,5%)
	no answer	288 (51,5%)

Table 3: Characteristics of the current gynecological surgical procedure performed.

Presence of symptoms of urinary leakage	Yes	232 (41,5%)
	Not	311 (55,6%)
	no answer	16 (2,9%)
Onset of urinary complaints	1 year	20 (3,6%)
	2 years	17 (3,0%)
	3 years	15 (2,7%)
	4 years	10 (1,8%)
	5 years or more	31 (5,5%)
	Less than 1 year	28 (5,0%)
	no answer	438 (78,4%)
Protection used	Absorbent	115 (20,6%)
	Diaper	7 (1,3%)
	Daily protector	4 (0,7%)
	None	183 (32,7%)
	Others	4 (0,7%)
	No answer	246 (44%)
Protection change frequency	1x a day	12 (2,1%)
	2x a day	28 (5%)
	3x a day	15 (2,7%)
	Others	36 (6,4%)
	no answer	468 (83,7%)
Urinary leakage condition	When coughing	139 (24,9%)
	When laughing	64 (11,4%)
	When lifting weight	59 (10,6%)
	When squatting	46 (8,2%)
	when walking	33 (5,9%)
	When sneezing	26 (4,7%)
	no answer	367 (65,7%)
Type of urinary incontinence	IUE	125 (22,4%)
	IUM	47 (8,4%)
	IUU	35 (6,3%)
	no answer	352 (63,0%)

Other urinary symptoms	Nocturia	222 (39,7%)
	Polyuria	195 (34,9%)
	Nocturnal Enuresis	23 (4,1%)
	no answer	258 (46,2%)
Characteristics of losses	Drops	97 (17,4%)
	Jet	103 (18,4%)
	No answer	359 (64,2%)
Bowel function	Normal	345 (61,7%)
	Constipation	166 (29,7%)
	Anal Incontinence	2 (0,4%)
	Others	3 (0,5%)
	No answer	43 (7,7%)
Does it contract the pelvic floor muscles?	Yes	153(27,4%)
	Not	322(57,6%)
	No answer	84(15,0%)

Table 4: Characteristics of urinary symptoms.

Bed restriction on medical recommendation	Yes	42 (7,5%)
	Not	433 (77,5%)
	No reply	84 (15%)
Gait with changes	Yes	38 (6,8%)
	Not	338 (60,5%)
	Not evaluated	31 (5,5%)
	No reply	152 (27,2%)
Conduct carried out by physiotherapy	Primary care without secondary intervention	373 (66,8%)
	Primary care with secondary intervention	153 (27,3%)
	No reply	33 (5,9 %)
Indication of physical therapy follow-up after hospital discharge	Yes	80 (14,3 %)
	Not	319 (57,1 %)
	No reply	160 (8,6%)

Table 5: Considerations relevant to physiotherapeutic care at the informed time.

unchanged in 338 (60.5%) of the medical records evaluated.

Regarding physiotherapeutic procedures, 373 (66.8%) received only basic care without the need for secondary intervention and 80 (14.3%) were evaluated with the need for physiotherapeutic follow-up after hospital discharge (Table 5).

DISCUSSION

The Program for Integral Attention to Women's Health (PAISM), created in the 1980s, pointed to the need for changes in the approach to women by the services, guaranteeing a comprehensive view and not just focusing on assistance in the pregnancy-puerperal cycle. This program worked to solve problems, maintaining the emphasis on reproductive health and reduction of maternal mortality (MAIA *et al.*, 2010).

In 2004, the PNAISM expanded PAISM's proposals regarding women's health and the gender approach, seeking to achieve the objective of implementing health actions that contribute to guaranteeing women's human rights and reducing morbidity and mortality and was carried out through the adoption of a gender approach, integrality and health promotion (KORNIJEZUK, 2015).

According to Silva and Vargens (2016), diseases of the genitourinary system and breast are responsible for a high number of surgical procedures worldwide. Hysterectomy is the most performed gynecological surgery in developed countries, corroborating the data found in this research. In his study, 13 women who underwent surgeries such as total abdominal hysterectomy, oophorectomy, salpingectomy; the ages of the research participants ranged from 33 to 76 years old, with an average of 47 years old. Therefore, it is possible to say that the present study corroborates the average age of gynecological diseases and, consequently, gynecological surgeries are present in women's lives, since the average age of this study is also 47 years.

As defined by the World Health Organization (WHO), health promotion is the process by which people are enabled to improve their health and increase control over it. (SANCHEZ *et al.*, 2012).

People with more education have healthier behaviors, making the probability of disease prevention greater (BESARRIA et al., 2015). However, we could see that only 35.8% of the women had completed high school, which may mean a lack of health care and prevention, in addition, 57.6% of these women did not know the importance of performing muscle contractions of the pelvic floor, a crucial point in the prevention of complications such as urinary incontinence.

When relating marriage to care during pregnancy, a study carried out with 80 late pregnant women showed predominance in the consensual union, reporting that the presence of the partner generates an important factor for pregnant women to consider relevant the performance of prenatal care, in addition to being a factor protective against adverse effects for the baby (Sabroza, Leal, Gama, & Costa, 2004 apud OLIVEIRA et al., 2014).

Therefore, it is possible to say that marriage is good for prenatal care and types of previous deliveries. In the present study, we were able to confirm this information, as 47.0% of the analyzed women are married. Although our data do not show an average greater than 50%, it is still a high rate.

In the current study, 50.8% of the medical records evaluated had a previous normal delivery. According to a comparative analysis of deliveries in Brazil (2014 to 2019), a progressive increase in cesarean deliveries was observed from 2017 onwards and a decrease in normal deliveries from 2016 onwards throughout Brazil. This is consistent with the fact that Brazil has the second highest rate

of cesarean sections in the world, according to the WHO, second only to the Dominican Republic, this is called the "epidemic of cesarean sections" according to the SUS (MATIAS et al., 2021).

According to the WHO, it is recommended that only 10 to 15% of deliveries are via cesarean section and the rest are normal deliveries (GUIMARÃES et al., 2021). In this study, 43.5% of the deliveries were cesarean sections and, as it is a public hospital governed by the SUS, this number is well above the expected by the WHO. However, it is worth mentioning that this study was carried out using the medical records of a high-risk reference hospital, where indications for cesarean sections are more common.

Episiotomy is characterized by a surgical incision performed during the second period of labor, the purpose of which is to widen the perineum for the delivery of the baby (COSTA et al., 2015). According to the WHO (2011), episiotomy can only be indicated in about 10% to 15% of cases, however, Carvalho, Souza and Moraes Filho (2010) report that this is performed in 94% of normal deliveries (COSTA et al. al., 2015).

Therefore, when we consider gynecological complications, episiotomy is related to an increase in the incidence of perineal infection, puerperal bleeding, pain during healing, an increase in the incidence of anal sphincter injuries, an increase in the risk of fecal and urinary incontinence, pain in the sexual intercourse, negatively affecting the woman's body image (SANTOS; SHIMO, 2008 apud MOREIRA, 2011).

In this study, we found that 48% of women reported having undergone an episiotomy during their deliveries. This number is high in relation to that indicated by the WHO, for this reason, it is necessary to provide guidance and attention to pregnant women in the first stage of labor, where physiotherapy will provide stimulation for pelvic mobility exercises, facilitating dilation and descent of the baby, in addition to promoting pain relief and comfort so that the delivery can be more peaceful, avoiding unnecessary episiotomies.

Furthermore, regarding breastfeeding, a current study by the Ministry of Health (2020) revealed that breastfeeding rates are increasing in Brazil and this can be seen by the following result: among children younger than six months, the rate of exclusive breastfeeding is 45.7%, and 60% in those younger than four months. Our study demonstrates that 64.4% of the women reported in the screenings that they had breastfed, presenting data above the Brazilian estimate presented by the WHO.

The Pan American Health Organization (PAHO) attributes the evolution of breastfeeding rates in the country to a set of integrated policies to encourage breastfeeding. PAHO and the Ministry of Health recommend that babies be fed exclusively with mother's milk until they are six months old and that breastfeeding continues, along with other foods, for up to two years or more (UN, 2016).

Of the medical records evaluated, 27.2% of the women reported being premenopausal; transition period composed of the hormonal drop that marks the end of the female reproductive capacity (LIMA et al., 2016), this hormonal drop presents in many women several symptoms, being at that moment the physiotherapeutic intervention of paramount importance for the prevention of sexual problems and urogynecological tests as demonstrated in this present study (MENEGHIN and BORTOLAN, 2010).

Transvaginal Ultrasonography (TVUS) is a non-invasive and low-cost diagnostic test used for the evaluation of female reproductive organs, it is capable of detecting gynecological diseases such as ovarian cysts, fibroids and tumors (ROSA et al., 2015)

and due to hormonal and morphological alterations resulting from pre-menopause and menopause, the prevalence of gynecological disorders is higher in the transition phase from the reproductive to the non-reproductive phase, as demonstrated in this study.

According to Beltrame (2010), leiomyomas (fibroids) are benign tumors and a common cause of morbidity in women of reproductive age, they become very common in the 4th and 5th decades of life, corroborating the data identified in this study where age average for surgical interventions was 47 years and the reason was fibroids. Thus, as a form of treatment for leiomyomas, the most performed procedures in the population of the present study were: abdominal hysterectomy in 24.3% of the records, followed by myomectomy in 17.5% of the records.

As for the indications for these procedures, hysterectomy eliminates symptoms and the chance of future problems, in addition to promoting an improvement in quality of life and myomectomy is an option for women who do not accept the loss of the uterus or who wish to become pregnant, especially if the location of the myoma is submucosal or intramural (BELTRAME, 2010).

According to Corleta et al., (2007), the incidence of surgeries to remove fibroids are 175,000 hysterectomies and 20,000 myomectomies annually in American women, corroborating the most common surgeries found in the population of this present study.

The average of the visual analogue scale (VAS) mentioned by the women in this study was low (3.18) and pain in the scar was reported in 6.4% of the medical records. According to the study by Giancoli et al., (2012) carried out with 72 female patients aged between 18 and 80 years, submitted to gynecological surgical procedures, in the first postoperative hour, showed an average in the intensity of pain of 3.62 in groups 1 and 2 and 2.58 in group 3, and the mean pain decreases with the hours of the postoperative period, in agreement with what was found in this investigation.

Furthermore, regarding the condition of the surgical scar, 26.5% did not present phlogistic signs, this can be seen through the post-surgical care they received.

The booklet represents a significant contribution to the health area, with emphasis on professionals who provide assistance to patients in the postoperative period of gynecological surgeries, in primary or hospital care, and this material is used as a health education strategy and it facilitates the clarification of important information for the patient, encouraging her autonomy and avoiding possible complications (LINS et al., 2021). This can be observed since less than 5% had complications in the surgical scar such as bleeding and redness.

Stress urinary incontinence (SUI) is the most common form of urinary complaint among women, characterized by the involuntary loss of urine resulting from any activity that leads to an increase in intra-abdominal pressure exceeding the urethral closing pressure, coughing is one of the symptoms that causes this urinary incontinence, usually occurring in 49% of incontinent women (FRIGO and ZANON, 2011).

In the current study, stress urinary incontinence (SUI) was identified in 22.4% of the medical records evaluated, being much lower than that identified in the Brazilian prevalence. This is due to the fact that despite being within the risk range for the development of this condition and age being one of the risk factors for the development of female urinary incontinence, this population was relatively young (47 years old) (FRIGO et al. ZANON, 2011).

With regard to the pelvic floor musculature, in 57.6% of the medical records it was possible

to perceive that the performance of the contraction of this musculature was not so common in this investigation. The awareness, tone and functionality of this region results in the prevention of pelvic floor dysfunctions (DINIZ et al., 2020).

In addition, the present study was carried out with a low-income population with low education and this population has less access to health care, consequently less awareness of the perineal region and less knowledge about PFM contraction, further emphasizing the importance of being this is one of the main focuses of the physiotherapy internship highlighted in this study.

A study carried out with 42 women with a mean age of 39.2 years, 28.6% with complete secondary education and all literate, showed that 64.3% of the participants knew what the perineum was, and 59.5% of the women had a good level of perineal awareness. (DINIZ et al., 2020). On the other hand, data from the present study show that most women do not perform PFM contraction, which means that they are probably unaware of this contraction.

Regarding the physiotherapy procedures, primary care with secondary intervention was performed in 27.3% of the evaluated population, demonstrating that in these elective gynecological surgeries, due to the low complexity, short hospitalization time and postoperative complications, the need for indication for the physiotherapeutic intervention due to immobility becomes less common than what is found in more extensive surgeries and with long periods of hospitalization. However, 14% were referred for further care, as risk factors for worsening of the clinical condition were identified at the time of the assessment, whether due to lack of knowledge about the perineum or even post-surgical risks.

The physiotherapist, together with other professionals from the Expanded Family Health Center (NASF), plays an important role in primary care (AB). This way, the physiotherapist performs health promotion, rehabilitation and disease prevention actions through individual, collective and even home care (VIANA et al., 2021).

Physiotherapy in Primary Health Care (PHC) effectively provides benefits to the population with qualified and specific care. Therefore, the creation of the NASF provided the action of the physiotherapist in the PHC, in which he is able to guide, perform exercises and even refer patients for the continuation of treatment outside hospitals (ATAÍDE et al., 2021).

Referral to pelvic physiotherapy can contribute to the resolution of disorders and improve quality of life (STEIN et al., 2018). Finally, some limiting points of this work were found, such as missing data in the evaluation forms filled in by the students during the public health internship, which is an important factor, since, as the students were in the learning phase, they possibly failed to fill in some data out of doubt. or misunderstanding. Another limiting point is the absence of important data in the form, such as weight, height, race, previous surgeries and procedures, comorbidities and lifestyle habits.

As a suggestion for improving the service, it is necessary to detail each item of the evaluation form for the student so that he has prior knowledge of the importance of each data that he will collect. In addition, a questionnaire on the patient's quality of life and specific guidelines for the long-term postoperative period must be included in the evaluation form, such as encouraging healthy lifestyle habits and encouraging annual gynecological examinations.

FINAL CONSIDERATIONS

The population studied has an average age of 47 years, 35.8% have completed high school, 2.5% are domestic workers and 47% are married. The most common deliveries reported were: normal with 50.8% and cesarean sections with 43.5%, with 48% reporting previous episiotomies.

Among the procedures performed, abdominal hysterectomy was the most frequent in this population (24.3%) and the most common post-surgical complaint was pain in the abdominal region (9.8%). Regarding urinary incontinence, 24.9% reported loss of urine when coughing and 22.4% reported stress urinary incontinence (SUI).

Regarding the contraction of the pelvic floor, 57.6% claimed not to perform the contraction of this musculature. As for the subsequent physiotherapeutic referral, 66.8% did not need physiotherapeutic follow-up after hospital discharge.

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