01 / CLINICAL CONTEXT

EMSELLA: evidence in perspective

An educational summary for GPs, pharmacists, physiotherapists and specialists discussing selected continence-care pathways.

> **Scope.** Seven selected publications from the BTL evidence portfolio. This is not a systematic review, an independent clinical endorsement or a treatment protocol. Positive findings coexist with small samples, uncontrolled designs and incomplete follow-up.

Proposed Motiva assessment and review pathway

Screen: clarify symptoms, red flags, relevant history and device-specific suitability. **Baseline:** agree a personal goal and a suitable symptom measure or diary. **Treat:** discuss alternatives, consent and the proposed course. **Review:** repeat relevant measures and consider response, referral or a different approach. Maintenance should be individual.

Established care remains relevant

NICE NG123 recommends supervised pelvic-floor muscle training for at least three months for women with stress or mixed UI, and bladder training for at least six weeks for urgency or mixed UI. A device study does not supersede these recommendations.

A / Stress, urgency and mixed urinary incontinence

Samuels et al. (2019)

Female UI: 75 enrolled; score analysis 61 and pad analysis 43. At three months, overall ICIQ-SF improvement 64.42%; pad use reduction 53.68%. Uncontrolled; self-report; subtype denominators unclear.

Disclosures: Authors reported no conflicts of interest. Funding was not confirmed in this review.

B / Men with leakage after prostatectomy

Azparren & Brandeis (2024)

Male post-prostatectomy pilot: 10 men; six sessions. Immediately afterwards, one fewer pad/day on average and two men pad-free. Very small, uncontrolled; no durability conclusion.

Disclosures: Funding and conflicts were not confirmed in the accessible publication reviewed.

02 / SELECTED EVIDENCE

Comparisons and measured outcomes

C / Persistent urinary symptoms after pelvic surgery

Singhal & Gopal (2023)

Post-surgical cohort: 50 women enrolled, 49 analysed; six sessions. Mean BFLUTS-SF 17.4 at baseline, 11.9 at three months, 12.6 at six months. Uncontrolled; does not demonstrate prolapse repair.

Disclosures: Authors reported no conflicts of interest. Funding was not confirmed in this review.

D / Comparison with a pelvic-floor exercise protocol

Guerette et al. (2023)

Randomised comparison: 38 initial completers. Six-month ICIQ-LUTSqol improvement: HIFEM 35% (n=15), PFMT 13% (n=7). Substantial attrition; BTL-sponsored. Not proof of superiority over all physiotherapy.

Disclosures: BTL Industries sponsored the study.

E / Muscle activity measured with EMG

Silantyeva et al. (2020)

EMG comparison: 95 women across three groups; ten treatments. EMG parameters improved 48-59% versus 7-36% with electrical stimulation. Random allocation reported; supervision/settings differed. Not a direct strength or continence percentage.

Disclosures: Authors declared no conflicts of interest. Funding was not confirmed in this review.

> **Interpret each endpoint separately.** Symptom-score improvement, pad reduction, pad-free status, muscle electrical activity and ultrasound dimensions are different outcomes. Percentages are not interchangeable and do not predict an individual response.

Match the assessment to the question

Alonea pressure feedback, InBody body-composition estimates and Technogym wellness measures do not reproduce the EMG or ultrasound endpoints in these publications. Motiva outcome reviews should use relevant, consistent symptom and functional measures, with questionnaire permissions checked.

03 / FOLLOW-UP AND REFERENCES

Use the findings with their limits

F / Pelvic-floor measurements using 3D ultrasound

Silantyeva et al. (2021)

Ultrasound comparison: 95 women across three groups; ten treatments. PFDI-20 improved 52% versus 18%; selected imaging measures also changed. Short-term, not proof of prolapse repair. Do not add this cohort to study E as unique patients.

Disclosures: Funding and conflict disclosures were not independently confirmed in this review.

G / Observational follow-up over one year

Evans, Berenholz et al. (2023)

Longitudinal cohort: 31 women, 18 in the 12-month subgroup; six sessions. UI scores improved, with some later recurrence. Uncontrolled and substantial attrition; neither permanence nor a fixed maintenance interval is established.

Disclosures: Funding and conflicts were not confirmed in the accessible publication reviewed.

Practical interpretation

Research on urinary symptoms is not proof of benefit for prolapse, pelvic pain, bowel leakage or sexual-function concerns. Six- and ten-session protocols should remain distinct. The seven publications may include overlapping cohorts; no pooled success rate is calculated. Device indications, current instructions, suitability and informed consent require separate review.

Primary references

A. Samuels et al. (2019). doi:10.1002/lsm.23106

B. Azparren & Brandeis (2024). doi:10.35248/2168-9857.24.13.340

C. Singhal & Gopal (2023). doi:10.35248/2167-0420.23.12.701

D. Guerette et al. (2023). doi:10.35248/2167-0420.23.12.680

E. Silantyeva et al. (2020). doi:10.1016/j.esxm.2020.01.004

F. Silantyeva et al. (2021). doi:10.1097/SPV.0000000000000807

G. Evans, Berenholz et al. (2023). doi:10.35248/2167-0420.23.12.625

Guidance: NICE NG123 recommendations. Follow each publication link for the full methods, results and disclosure statements.

Discuss a referral pathway

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