WOMEN'S HEALTH PHYSIOTHERAPY DEPARTMENT

SINGLETON HOSPITAL

TAKE CONTROL

A self help guide to how to take back control of your pelvic floor.

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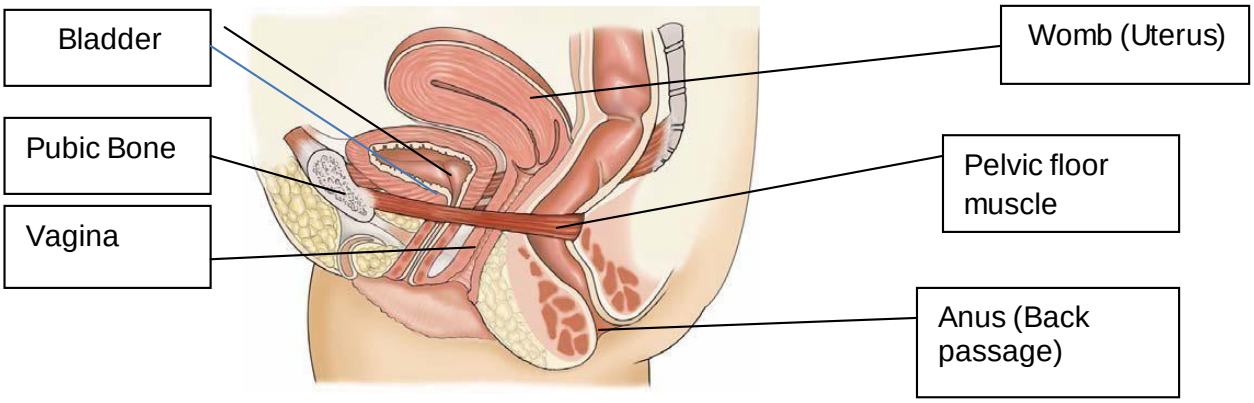
In this booklet you will find advice on managing a variety of pelvic floor dysfunctions. This booklet has been designed to follow the Pelvic Floor Education class presented by a specialist physiotherapist.

What is pelvic floor dysfunction?

You are not alone in your pelvic floor dysfunction. It is estimated that between 14 million people nationwide have some degree of pelvic floor dysfunction (figures from the bladder and bowel foundation).

What is the pelvic floor?

The pelvic floor is a group of muscles that sit at the floor of your pelvis. They are 'voluntary' muscles which means that you can contract them and make them work. They have important roles in supporting pelvic organs, maintaining your continence, helping with sexual function and enjoyment, and stabilising your pelvis.



The term pelvic floor dysfunction is used to describe a number of conditions or symptoms in the pelvis. It can mean many things and often refers to a number of symptoms rather than one specific cause. Symptoms may be constant or they can fluctuate from day to day. It can be helpful to recognise if there is a pattern to when symptoms become worse, so that you can adapt activities.

Symptoms may include:

- **Stress Incontinence**. This is leakage when a stress is applied, such as, coughing, sneezing, laughing, exercise, lifting, sexual intercourse. This can be stress urinary incontinence (leaking wee) or stress faecal incontinence (leaking poo)
- **Urinary Frequency.** Needing to pass urine very often in the day, and up during the night to pass urine.
- **Faecal Frequency.** Needing to open your bowels often.
- **Urgency.** An uncontrollable urge to urinate or open your bowels.
- **Urge incontinence.** Not reaching the toilet in time when you get an urge to urinate or open your bowels, leaking urine (wee) from the Bladder or faeces (Poo) from the Bowel.

Symptoms of Pelvic Organ Prolapse:

- Awareness that there is a lump or bulge in the vagina or protruding outside the vagina.
- Heaviness or dragging sensation in the vagina or pubis region.
- Low back pain.
- Pain or discomfort during intercourse.
- Difficulty passing urine or not feeling empty after urination.
- Difficulty opening your bowels

Why does pelvic floor dysfunction happen?

There are many reasons why people develop pelvic floor dysfunctions. Knowing risk factors can help prevent further problems developing. We are going to explore some of the risk factors to developing pelvic floor dysfunction below.

- **Pregnancy:**
  For women, the 9 months of pregnancy can lead to pelvic floor weakness, as the muscles become under strain carrying the extra weight from the growing baby, thickened uterus, placenta and amniotic fluid.
- **Child birth:**
  A long labour, particularly at the pushing stage. More than 1 hour is associated with an increase prevalence in pelvic floor dysfunction. Perineal trauma from either substantial tearing or with an episiotomy (cut) has also been linked to an increase in developing pelvic floor dysfunction.
- **Heavy lifting:**
  Due to the width of a woman's pelvis, the pelvic floor is susceptible to increased intra-abdominal pressure caused by heavy lifting.
- **Chronic chest conditions:**
  A chronic chest condition may over burden the pelvic floor muscles causing them to weaken due to the continual force applied to them during prolonged coughing.
- **Overweight:**
  Similarly to pregnancy the pelvic floor may weaken due to the strain of carrying more body weight.
- **Surgery:**
  Abdominal and gynaecological surgery may both cause pelvic floor weakness and lead to pelvic floor dysfunction due to a disruption in muscle activity and supporting structures.
- **Chronic conditions:**
  Any condition which leads to muscle weakness can cause pelvic floor dysfunctions. This can be chronic pain leading to a deterioration in muscle activation, a neurological condition, affecting the nerve supply to the muscles or a chronic problem with your bladder or bowel.
- **Chronic constipation:**
  Needing to strain during defecation (having a poo) can lead to weakness in the pelvic floor muscles.
- **Caffeine:**
  Caffeine is known to irritate the lining of the bladder. This causes the bladder to want to pass urine (wee) frequently.
- **High impact exercise:**
  Over time, the force of high impact exercise on to the pelvic floor puts the pelvic floor muscles under a lot of stress and can cause them to weaken.
- **Medication:**
  Certain medication can affect the bladder and bowels and lead to dysfunction. This may be causing an increase in urine output, affecting the ability for the bladder muscle to contract or by causing constipation.
- **Genetics:**
  Pelvic floor dysfunction can run in families, implying that there is a genetic predisposition to pelvic floor dysfunction. This is thought to be due to collagen type

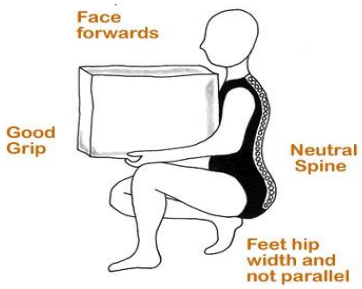
Lifestyle management

You may have already identified a pattern of when your symptoms are at their worst. This will help with any adaption in your lifestyle to manage your symptoms. Discussed below are some of the simple changes that can be made to manage a variety of pelvic floor dysfunctions.

- **Exercise:**
  The benefits of maintaining an active lifestyle, both physically and mentally are very well known. In the case of pelvic floor dysfunction maintaining your general fitness is hugely important, however, certain types of exercise can be problematic. For all pelvic floor dysfunction, high intensity work-outs can cause your symptoms to be worse following participation. When doing any weight work, make sure that your posture is correct and that you tighten your pelvic floor muscles prior to lifting. Examples of pelvic floor friendly exercises are swimming, aqua aerobics, yoga, Pilates. We may advise you to change your activities to help with your dysfunction.

- **Limiting aggravating activities:**
  If you have identified a pattern to your symptoms you may be able to limit those activities that aggravate your condition. Common activities include lifting, pushing shopping trolleys, vacuuming, and strenuous gardening. You may be advised to avoid some of these activities or advised to adapt them.

  When lifting, make sure you lift correctly. Keep the load tight to you, lift with your knees and don't forget to pull up your pelvic floor as you lift.



- **Pace your activities:**
  Reducing how much of an activity you participate in and sharing it over your week may still allow you to enjoy your hobbies. For example rather than spending a day doing strenuous gardening, break it up over a few days. This gives your pelvic floor a better chance of coping with the strenuous work.
  You may also feel that a rest during the day in a lying position with some pelvic floor exercises can 'reset' your pelvic floor ready for the rest of the day

- **Weight loss:**
  Being over your ideal weight puts a strain on your pelvic floor. Losing excess weight can significantly reduce symptoms relating to pelvic organ prolapsed and incontinence. If you would like help in achieving a healthy weight speak to your health professional.

- **Sexual function.**
  Sexual activity is an important part of many relationships, even with moderate to severe pelvic floor dysfunction. You may find that toileting prior to intercourse, relaxation techniques, use of lubrication and experimenting with positions can all help increase your enjoyment. Pelvic floor exercises can also help in achieving climax.

Fluid and diet management

It is very important for general health that you remain hydrated and are not tempted to restrict your intake to manage your symptoms. Daily recommended fluid intake is **1.5 to 2 litres of fluid, or 3 pints,** of fluid. This will vary depending on your activity levels and climate. Judge your hydration on the colour of your urine. A clear, straw coloured urine shows your body is hydrated, perfectly clear and you may be drinking too much and a dark yellow would show you may not be drinking enough. If you are not drinking enough your urine will become concentrated and irritate your bladder, this may lead to you needing to urinate often but only passing small amounts.

Overloading with fluid can also be a problem, remember that fluid is not just how much you drink but that soups, liquids in sauces and even the milk on your cereals can all contribute to your fluid balance. Therefore if you are taking in a substantially larger amount of fluid you may find that you do need to go to the toilet more frequently.

Looking at what fluid you are drinking can also significantly reduce symptoms of urgency and frequency. A number of drinks and foods contain bladder irritants. Looking at what you eat and drink and adapting your fluid and diet can make significant differences to symptoms of urgency and frequency, some of the common irritants are listed below:

- **Caffeine**, is a well known bladder irritant as it relaxes the muscles of the pelvis and urethra and irritates the lining of the bladder. It is found in coffee, tea, green tea, dark fizzy drinks, energy drinks and chocolate to name a few. Eliminating or reducing your caffeine intake could significantly improve your symptoms. Keeping a diary of your fluid and diet can help identify irritants specific to you.

- **Alcohol**, acts as a diuretic which increases your urine output. This combined with its effect on making your urine more acidic means that it can make over active bladder symptoms worse.

- **Tomatoes**, due to the acidity can cause an increase in over active bladder symptoms. This also includes tomato based products such as tomato based sauces.

- **Citric fruit including juices**, Choose less acidic fruits such as apples and pears.

- **Cranberries**, can increase overactive bladder symptoms due to their diuretic effect and there acidity.

- **Other,** Artificial sweeteners, cigarettes and tobacco products, red berries.

You can find more information on dietary bladder irritants at:

Interstitial Cystitis Association web site, http://www.ichelp.org

Constipation

Managing and eliminating constipation is an important step to managing pelvic floor dysfunction. Typical bowel habits can vary between individuals, anything from three times a day to once every third day is considered typical. Problems occur if you are needing to strain to open your bowels and that you are straining for long periods. Constipation can have a number of causes, but keeping hydrated and eating a healthy diet with plenty of vegetables, fruit and fibre is one of the easiest ways of promoting a healthy bowel.

It is recommended that adults aim to eat 5-10 portions of fruit & vegetables per day

(see NHS website)

- This includes pulses and nuts. A portion is approximately what you can hold in a cupped hand. Some people may find adding bran or ground flax seeds to their diet can help to make the stool softer and easier to pass.

- Making sure that you are in an optimum position for having your bowels open can also help dramatically. Imagine a toddler on a potty, knees higher then hips and leaning forward. This is the perfect position. If needed keep a stool nearby to your toilet to help achieve this position.

- In some instances using finger pressure against the perineum can help as you bear down to empty your bowels (discuss further with your Physiotherapist).

- For excessively loose stools that are difficult to control and cause leakage, it is recommended to avoid artificial sweeteners. Discuss with your Continence Nurse, GP or Pharmacist, options to help bulk the stool or the use of low dosage Imodium (paediatric Imodium liquid, may be better to provide a lower/more flexible dose if required).

If you have any sudden changes in your bowel habits or notice any blood when you a pass stool, it is advised that you contact your GP.

Iron

Women aged 11-50 require 14.8mg of iron every day (British Dietetic Association website). If you have heavy periods or eat a vegetarian/vegan diet you may need supplementation. If you are suffering with excessive fatigue or unexplained dizziness ask your GP to check your Haemoglobin and ferritin levels. Some women are within the lower end of the normal range for ferritin levels but remain symptomatic, it may be worth trialling 6 months of iron supplementation alongside dietary improvements and see if that helps your symptoms.

If you are taking iron tablets you will need regular reviews (e.g every 6 months) with your GP to ensure your iron levels are not becoming too high, as this can cause other health problems.

Good food sources of iron	Percentage of your recommended daily requirement (RDR) of iron
8 oz Steak (225g)	54%
¼ pack of Liver pâté (pack size 130g/4.5 oz)	13%
½ pack of Tofu (pack size 250g/9oz)	10%
Half a pack of fresh spinach (bag size 200g)	10%
Chicken breast (120g/4oz)	5%
Handful of dried apricots/almonds (30g/1oz)	0.5%

(NB. Liver and liver pâté is to be avoided whilst pregnant**)**

(See BDA website for more info)

Bladder retraining

The Bladder is a muscular bag, designed to be a storage and elimination organ. It should be able to hold between 250ml to 600ml of urine, depending on the time of day. A typical bladder will empty its largest volume first thing after storing it during the night. There are many reasons why your bladder may be misbehaving and only be able to hold small volumes. This may be due to a physical problem with the bladder itself, bladder irritants in your diet or due to habit. If you are having problems with frequency of urination and passing small volumes we may advise a bladder retraining drill. This is simply trying to retrain your bladder to hold a bigger volume by resisting the urge to urinate.

We would ask:

If you feel the need to go more often than every 2 hours, try not to give in to the first urge. You may find one of the following helps the urge to subside.

- **S**top moving and stand still
- **M**ove into a different room and start an activity to distract you
- **S**queeze the pelvic floor muscles as hard as you can
- **S**it on a hard surface e.g. edge of a table, arm of a chair
- **P**ress up against the pelvic floor with your hand
- **C**ross your legs
- **M**ove up and down on your toes
- **R**ub the back of your thighs with your hand
- **K**eep calm and distract your mind, try focusing on your breathing

(Avoid running water while you are 'holding on'**)**

- As you try to increase your hold time between going to pass urine, do something to distract yourself. Your goal is to be able to hold for up to 3 hours, but you won't achieve this in one go so give yourself time. It is important to increase the gaps gradually, allowing the bladder time to stretch. This can take many months before any significant improvements occur.

- Alternative bladder retraining would be undertaken when you find that your bladder is over-filling. This can mean your bladder is over stretched and not giving you the right signals to tell you your bladder is full until it is too late. For this we would advise a toileting plan of toileting every 3 hours if you have the urge or not. This will allow your bladder to reduce in capacity and therefore may give you appropriate warning when your bladder is filling so that you can prevent leaving it too late.

- A simple bladder chart is used to demonstrate the need for bladder retraining. We would ask that you fill one in prior to attending any appointment with a pelvic health physiotherapist. You will find a bladder chart attached to this leaflet.

Pelvic Floor Exercises

HOW TO DO THEM:

It is really important to find the correct muscle, and the best way to do this is by doing the following;

- Tighten around the back passage as if trying to stop passing wind. Now tighten your muscles as if stopping a wee. Aim for an upwards and forwards lift, trying to bring the back passage towards the pubic bone, as if doing a zip up from back to front. Make sure you fully release / let go of the muscles following the lift. This is called a pelvic floor contraction.

- It is important to get this right before you progress any further as you need to have a good awareness of your pelvic floor muscles, particularly the upwards and forwards lift and the release / let go. If you are in any doubt arrange to see a specialist physiotherapist who can help you locate your pelvic floor muscles.

CHECKING YOUR TECHNIQUE:

It is easy to use the wrong muscles when trying to do a pelvic floor contraction. Some women bear down to cause a feeling of movement within the vagina. This is completely wrong and should be avoided. Also avoid tightening your stomach, buttocks and legs and make sure you breathe normally.

The following tests will help:

- **Belly button test.** If your belly button remains relatively still while performing a pelvic floor exercise, your technique is correct.
- **Mirror test.** Using a mirror, look at your vagina and back passage. When you do a correct pelvic floor contraction, there should be a small movement of the muscle AWAY from the mirror. More importantly you should **not** see any bulging TOWARDS the mirror as it means you are bearing down.
- **Vaginal test.** This one is really important, because it will tell you what your muscle is actually doing. Place your finger / thumb into your vagina, then do a pelvic floor muscle contraction. If you are doing this correctly you may feel your finger lift in an upward and forward direction. With strong muscles you may also feel your finger being drawn inside. If your finger is being pushed out, it means you are bearing down. If you feel nothing, don't worry, you may not be using the correct technique or your muscle may be weak. ***If you have recently had surgery or a baby do not do this test until at least 6 weeks after surgery or delivery.***

Your individual exercise plan:

To improve the strength and co-ordination of your pelvic floor muscles it's important that you find out what it can do, and then just do 'a little more'. If you **over do it**, your muscle will become tired and not work as effectively, and symptoms may temporarily increase. If you **under do it**, you will make no improvement.

We want your muscle to be able to:

- Have the ability to respond quickly
- Hold on for a length of time
- Not tire quickly (endurance)
- Release / let go completely

CHECK YOUR FAST CONTRACTIONS:

You now need to perform the upward lift **quickly**, and to its **maximum**, remembering to **release / let go completely** between each attempt.

How many, **identical fast** contractions can you do in a row, before your muscles get tired?

To do this correctly you need to **feel** the **'let go'** after each contraction e.g. if on your 5th contraction you cannot feel the 'let go', then enter 4 under start in the box.

CHECK YOUR SLOW CONTRACTIONS:

A slow contraction is holding on to the upward and forward lift for a period of time.

How many seconds can you hold your maximum contraction for, before your muscles get tired? You need to rest for approximately 4 seconds in between each contraction.

BOX 1 

How many times can you repeat this long contraction, before your muscles get tired?

BOX 2 

- Remember you need to feel the ***'let go'*** completely after each contraction.
- If you could hold for 10 seconds and repeated this 10 times, congratulations.
- Continue to perform pelvic floor exercises to maintain what you have.

You are now ready to get going on your programme. You should repeat your individual exercise programme 4 to 6 times a day. Try and vary the position you do them in, some **lying**, some **sitting** and some **standing**. Try to find simple triggers to help you remember, a silly sticker on your fridge or a note in your book**.**

- If you have a **SMART PHONE,** there are numerous **APPS,** that you can down load that will help you remember to do your exercises.

Change and improvement takes time and effort. It may take at least **3 months** to notice any changes.

- Remember make ***YOUR*** muscle work for ***YOU*** by using it when ***YOU*** need it.

Making the most of your muscles

You need to **actively** contract your pelvic floor muscles to the best of your ability BEFORE and DURING the activities that cause or worsen your symptoms.

This can be achieved in two ways:

1. **The Knack:**

Remember to contract the pelvic floor muscles as strongly as you can before any sudden activity (i.e. coughing or sneezing) that would normally cause you to leak, this will further enhance your progress.

2. **Sub-maximal functional bracing:**

This is where you try to contract the pelvic floor muscle at around 30% -50% of your maximum contraction. Try to sustain this level of contraction whilst performing a more prolonged task (i.e. carrying, lifting, and stairs).

- *" Supervised pelvic floor muscle training of at least 3 months' duration should be offered as first-line treatment, to women with stress or mixed urinary incontinence."*

(NICE clinical guidelines: Urinary incontinence: The management of urinary incontinence in women. 2006)

- **Please note**, it often takes 6-12 months before any discernible difference is noticed – **SO DON'T GIVE UP!**

Progressing your pelvic floor workout

Your pelvic floor does not work in isolation. To work 'functionally', it must work with other groups of muscles. To progress your pelvic floor work, speak to a specialist physiotherapist.

Further management

In some circumstances your physiotherapist may feel that you could benefit from a referral on to other services for combined management. This may include exploring the following treatment plans:

- **Medication**
  In some cases of urgency you may be prescribed medication to reduce the irritation of the bladder. This will be prescribed via a doctor or a specialist nurse. If you have concerns about any medication you can discuss this with your own GP, specialist nurse or a pharmacist. If you are struggling with any side effects let the professional who prescribed it know as they may be able to change the medication.
  You may also be prescribed a topical oestrogen cream or vaginal pessery. This may help with the health of the vaginal mucosa (the skin inside the vagina) It can help to thicken the local tissue.

- **Surgery**
  Surgical options should be the last resort and certainly not seen as a 'quick fix'. There are many types of surgery and which would be the one for you depends on what your main problem is. A doctor will discuss with you all surgical options.
  Having surgery does not bypass the need to exercise your pelvic floor. You may need to increase the strength and stamina of your pelvic floor in order to support any surgery you have and prevent a reoccurrence of the problem.

- **Pessaries**
  A pessary is a device fitted into the vagina to support pelvic organ prolapse. They are fitted by a doctor or specialist nurse and do need changing 3 to 6 monthly depending on the device. For some women they can be an effective management strategy where surgery is not an option for many reasons.

- **Devices**
  If the pelvic floor is exceptionally weak we may offer you trial of and electrical stimulation device. This works your pelvic floor by stimulating the muscle. As soon as your pelvic floor begins to strength you would be encouraged to actively work the muscle.

- **Other options**
  Your health professional may feel that you will benefit from other options such as intermittent self catheterisation, botox or nerve stimulation. This will be offered if your condition would benefit from these options.

- **Urinary Tract Infection**
  If at any time you have a **UTI** that is not resolving with treatment, please use contact details on the front cover to speak with one of the team.

Further help

During your journey through the management of pelvic floor dysfunction you may meet many different health professionals, these may include:

- **GP**. Your own family doctor.
- **Nurse**. Either your practice nurse, a specialist continence nurse or a specialised women's health physiotherapist.
- **Hospital doctor**. This may be a urologist (bladder specialist) Gynaecologist or a colorectal specialist (bowel and back passage specialist)
- **Psychosexual councillor**.

Together these professionals work as a multidisciplinary team to treat and help you to manage your pelvic floor dysfunction.

Further help and information can be found at:

- Bladder and bowel foundation. www.bladderandbowelfoundation.org
- NHS choices. www.nhs.uk
- Bladder problems. www.bladderproblems.co.uk
- Nutrition: www.bda.uk.com
- Pelvic health physiotherapy. www.pogp.csp.org.uk
- Chronic Urinary Tract Infection Campaign. www.cutic.co.uk
- International Urogynaecological Association. Great for information leaflets on surgical interventions. www.iuga.org
- Royal college of obstetricians and gynaecologists. Great for information leaflets on interventions. www.rcog.org.uk

References.

1. Nice clinical guideline 40: Urinary Incontinence, The Management of Urinary Incontinence in Women 2006.
2. ACPWH.csp.org.uk/publications/pelvic-floor-muscle-exercises-women 2009
3. www.bladderandbowelfoundation.org
4. www.nhs.uk
5. www.bladderandbowelfoundation.org
6. www.ichelp.org
7. www.rcog.org.uk
8. www.iuga.org

Notes page

This space is for you to record any questions or queries you would like to ask your health professional.

This can be really useful when attending for appointments.