

PELVIC FLOOR EXERCISES IN WOMEN

Information from The British Association of Urological Surgeons (BAUS) about pelvic floor exercises

You have been given this leaflet because you have been advised to learn pelvic floor exercises. The aim of the leaflet is to provide you with information about what this involves.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Pelvic floor XS female.pdf

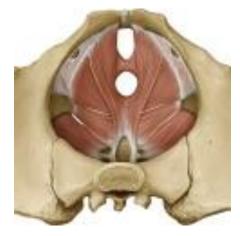
What is the pelvic floor and why does it become weak?

The pelvic floor is a complex layer of muscles and ligaments which stretches like a hammock from the pubic bone at the front of your pelvis to the coccyx at the bottom your spine (see below).

The pelvic floor has several functions:

- it supports your pelvic and abdominal organs, especially when you are standing or straining
- it helps the water pipe stay closed when you cough, sneeze or strain
- it is used to control leakage of wind or motions from your lower bowel
- it helps to heighten sexual awareness by tightening during intercourse

The pelvic floor can be weakened by childbirth, prolonged straining to empty your bowels, lack of exercise and the menopause. It may also simply become weak as a result of ageing. A weak pelvic floor gives you less control so that you may leak when you exercise, lift, cough or sneeze.



How can exercising the pelvic floor muscles help?

Exercising the pelvic floor muscles can strengthen them so that they provide the support you need. This will improve your bladder control and

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improve, or even stop, leakage of urine. Like all other muscles in the body, the more you use and exercise them, the stronger they become and stay.

How do I find the pelvic floor muscles?

It is not easy to identify your pelvic floor muscles. Exercising them should not be visible from the outside. Here is what to do:

Step 1

Sit comfortably with your knees slightly apart. Imagine that you are trying to stop yourself passing wind from your bowel. To do this, you must squeeze the muscle around the back passage. Try lifting and squeezing the muscle as if you have wind. You should be able to feel the muscle move and your buttocks or legs should not move at all. You should notice that the skin around your back passage tightens up and creates the sensation of lifting you from your chair.

Step 2

Imagine that you are sitting on the toilet to pass urine and try to stop yourself from producing a stream of urine. You should be using the same group of muscles that you used before but you will find this a little more difficult. Do not try to stop the urinary stream when you are actually passing water because it can cause problems with bladder emptying.

Step 3

Try to tighten the muscles around your back passage and vagina, by lifting up inside as if you are trying to stop passing wind and urine at the same time. Do not tense your abdomen, squeeze your legs together, tighten your buttocks or hold your breath. If you can master this, most of the muscle contraction should be coming from the pelvic floor.

How do I practise the exercises?

You need to develop two types of muscle activity, slow and fast.

• to practice slow contractions

do the exercises above and try to hold the pelvic floor tight for up to ten seconds. Rest for four seconds and then repeat the contraction as many times as you can, up to a maximum of ten

to practice quick contractions

draw the pelvic floor rapidly upwards and hold this for one second. Repeat up to a maximum of ten times. This will protect you against sudden leakage during coughing, laughing or exercise

Aim to do one set of slow contractions followed by one set of fast contractions up to six times a day. Do not over-do it or the muscles will get

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tired. The exercises can be performed standing, sitting or lying down but you may find it easier at first to do them sitting down.

Are there any other things that help?

Yes; they are listed below:

- get into the habit of doing your exercises regularly and linking them to everyday activities e.g. do them after emptying your bladder, while answering the telephone, standing in a queue or whenever you turn on a tap
- if you are not sure you are doing the exercises correctly, insert a thumb or two fingers into the vagina and try the exercises; you should feel a gentle squeeze as the muscles contract
- use the pelvic floor exercises to prevent leakage before you do anything which might make you leak; this way, your control will gradually improve
- drink normally six to eight cups (two litres) per day avoiding caffeine and alcohol if you can
- avoid going to the toilet "just in case"; go only when you feel that your bladder is full
- watch your weight; extra weight puts more strain on your pelvic floor muscles and your bladder
- avoid constipation. Straining can put excessive pressure on your bladder and bowels
- pelvic floor exercises take three to six months to produce maximum benefit, but you should continue them for life to prevent problems recurring or worsening; you should seek help from a health professional there is little or no change in your symptoms after exercising for three months
- other methods which help some women include weighted vaginal cones, biofeedback and electrical stimulation; consult your GP, urologist or specialist nurse for more details

How do I get more information?

You can obtain more information about continence problems from:

Bladder and Bowel Community

Forward House 17 High Street Henley-in-Arden B95 5AA

Phone: +44 (0)800 031 5406 | Website

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What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.

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