

Toning your pelvic floor



WELCOME



Introductions

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Supporting the Continence Foundation of Australia



Continence Foundation of Australia

National peak body promoting bladder and bowel health





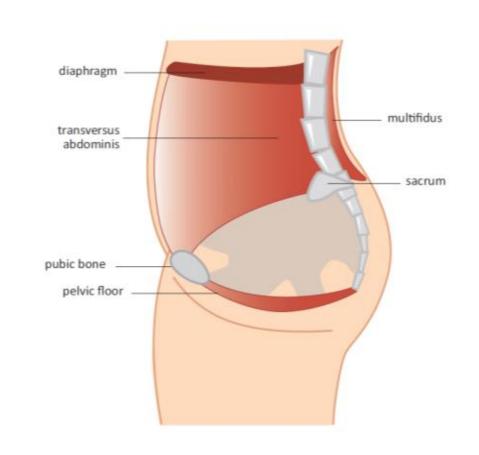
Today we will cover:

- What is your pelvic floor?
- Conditions related to your pelvic floor Looking after your pelvic floor
- Healthy bladder and bowel habits
- Where to get help



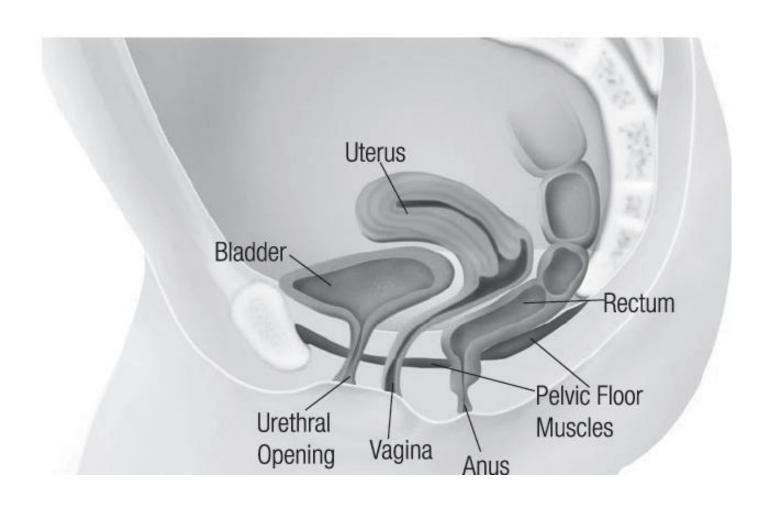
What Is The Pelvic Floor?

- The pelvic floor is a collection of muscles, nerves, blood vessels and fascia (support tissue) in the base of the pelvis
- The pelvic floor is the base of the group of muscles referred to as your "core"



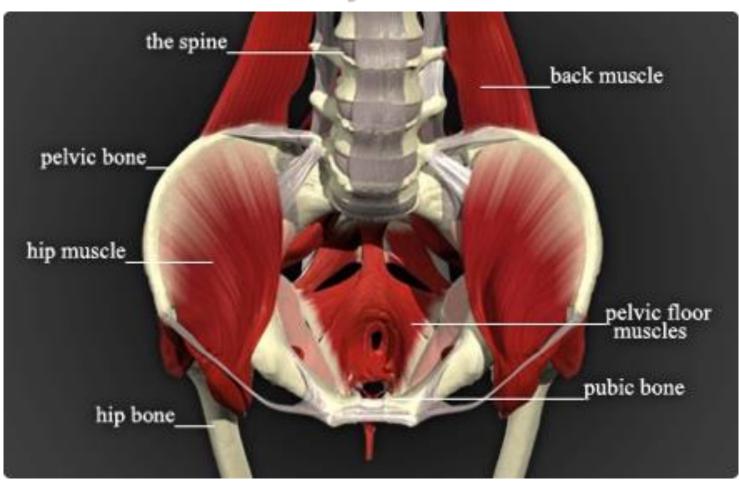


The Pelvic Floor

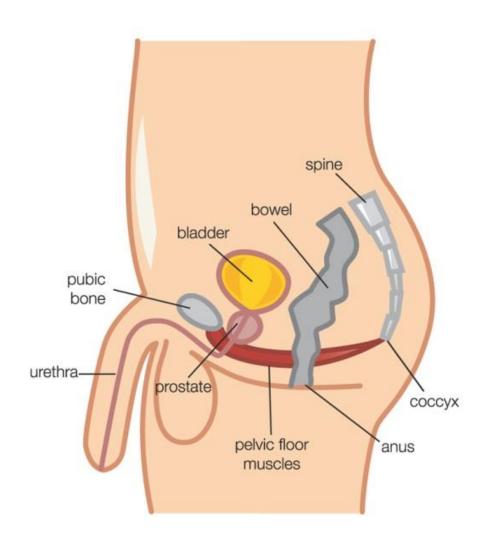




The Pelvic Floor A Bird's Eye View



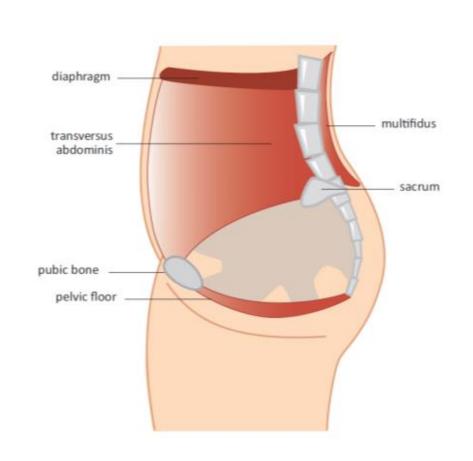






What does it do?

- Helps support the pelvic organs including bladder, bowel & uterus
- Forms part of the "core" of muscles needed for low back and pelvic stability
- Resists downwards pressure inside your abdomen during activities.
 - eg. Cough, sneeze,
 lift, strong exercise



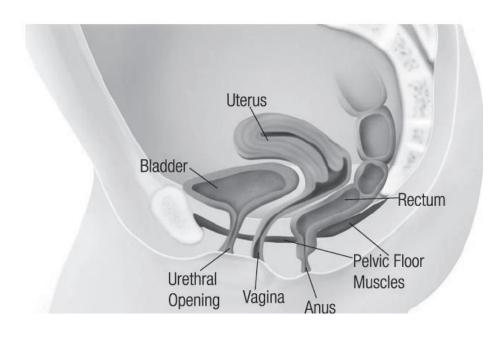


What does it do?

 Important for bladder and bowel control

 Supportive role during pregnancy

Helps sexual sensation and orgasm





AGES AND STAGES OF THE PELVIC FLOOR



Ageing and The Pelvic Floor

Further weakening of the muscles

- Chronic health conditions
 - Diabetes
 - Arthritis
 - Heart disease
 - Respiratory disease





Men and the Pelvic Floor

- Sport
- Work
- Weight gain
- Weakening of muscles
 - In older age
 - Prostate surgery
- Chronic health problems



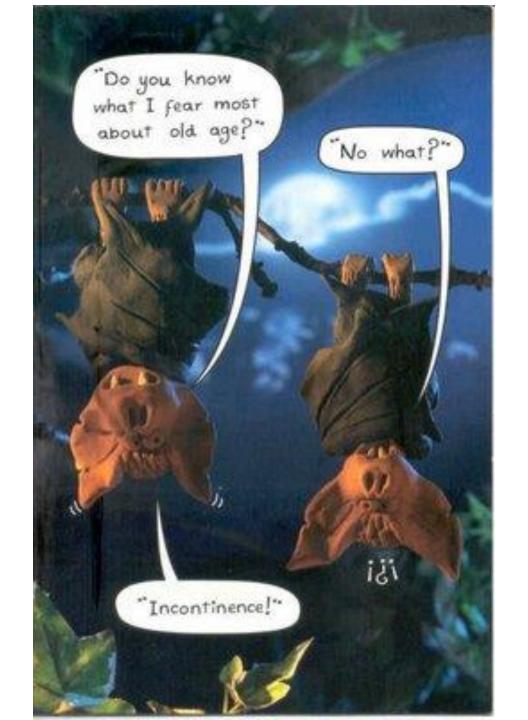


Menopause and The Pelvic Floor

Hormones:Oestrogen

Weight gain
 Around the waist







Signs of Pelvic Floor Problems

- ✓ Accidentally leaking urine eg. when you laugh, cough, sneeze or exercise
- ✓ Having to hurry to the toilet or not making it there in time
- ✓ Constantly needing to go to the toilet
- ✓ Difficulty emptying your bowel or bladder
- Accidentally losing control of your bladder or bowel



Signs of Pelvic Floor Problems

- ✓ Accidentally passing wind
- √ Pelvic organ prolapse
 - a bulge in the vagina
 - a feeling of heaviness, discomfort, pulling, dragging or dropping
- ✓ Pain in your pelvic area
- ✓ Painful sex
- ✓ Poor sensation or leaking during sex



Conditions related to PF dysfunction

- Urinary incontinence
- Faecal incontinence
- Prolapse



Urinary Incontinence

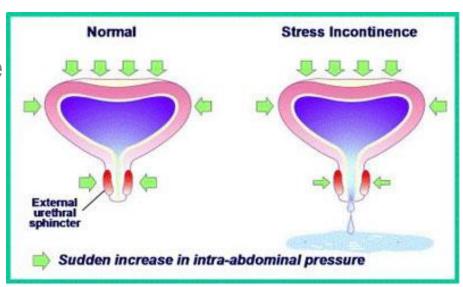
- Stress incontinence = leakage during tasks with increased force
- Urge incontinence = the inability to hold with the need to void
- Mixed = a combination of both

As we age, it seems to be a combination of factors that add up to incontinence rather than a clear single event



Stress Incontinence

- Inadequate closing pressure
 - Urethral atrophy
 - Weak or absent pelvic floor response





Urge Incontinence

- •I need to go to the toilet....NOW!
- •I can't hold on
- •I know where every toilet is in......
- •I leak before I get to the toilet





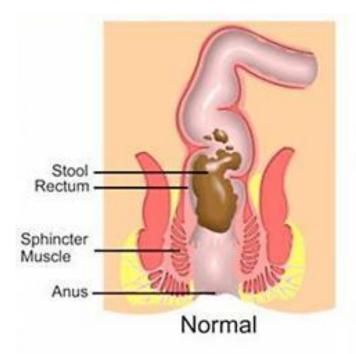


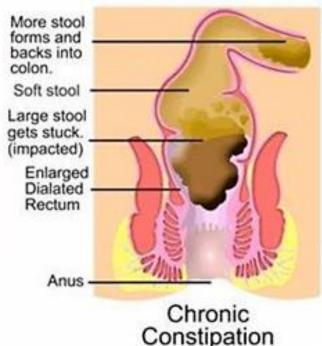
Faecal Incontinence

- Can be more complex and worth medical investigation
- The gut system has its own nervous system and is therefore very complex
- It is possible to be constipated and have incontinence at the same time – "sneaky poos"!
- A large amount of people need to learn how to pass without incorrect straining



"Sneaky Poos" = Overflow Incontinence







Pelvic Organ Prolapse

- Descent of intrapelvic organs such as the uterus, bladder, urethra and rectum due to deficiencies in the pelvic support system
- Often asymptomatic and develops over time
- Early symptoms: heaviness or weight in the vagina or rectum, changes to voiding, back or abdominal pain, obstructive constipation
- Incidence has been reported as high as 39.8%



Risk Factors for Prolapse

- Constipation
- Childbearing with increasing risk with multiple births
- Heavy lifting
- Repetitive lifting
- Poor pelvic floor control during high impact exercise

- Obesity
- Menopause
- Smoking
- Oestrogen
 Deficiencies
- Chronic coughing
- Prior surgery
- Collagen abnormalities and Myopathies



What do people do?

To cope with incontinence, people tend to...

- Avoid aggravating activities
 - decrease exercise
- Go frequently
 - before activity and "just-in-case"
- Wear pads
- Don't drink enough
- Plan activity around toilet stops
- Stay at home
- Live in denial



Making Changes For the Better

To prevent or improve bladder and bowel problems

- Develop healthy habits to stay in control
- Look after you pelvic floor
- Seek help



Healthy Habits to Stay In Control









Drink well

To preventbladder irritation& constipation





Eat well

- To keep your bowels regular
- To have a healthy body weight





Exercise Regularly

- To have a healthy body weight
- To prevent constipation





Practice good toilet habits

- To keep your bladder under your control
- To prevent constipation
- To protect your pelvic floor



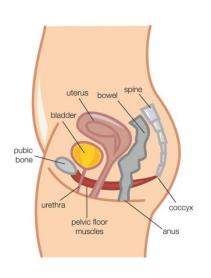
Knees higher than hips. Lean forward and put elbows on your knees. Bulge out your abdomen. Straighten your spine.

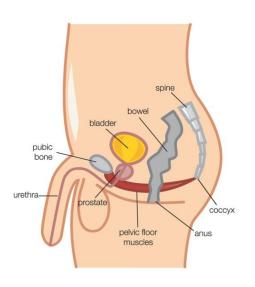
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Look after your pelvic floor

 To keep it strong for good bladder and bowel control







Looking after the pelvic floor

- Protection
 - -reduce the risk factors
 - -healthy bladder and bowel habits

Activity

- -exercise the pelvic floor muscles correctly
- use the pelvic floor during activities
- make sure your activity is not damaging your pelvic floor
- -rehabilitation where needed



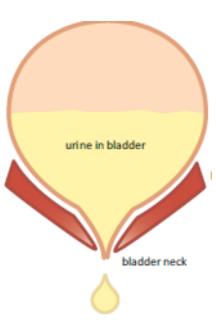
We need our pelvic floor muscles to:

- Support our pelvic organs against the pressure and load generated by activity
- Respond quickly and strongly
- Relax fully



Why do we need to do pelvic floor muscle exercises?

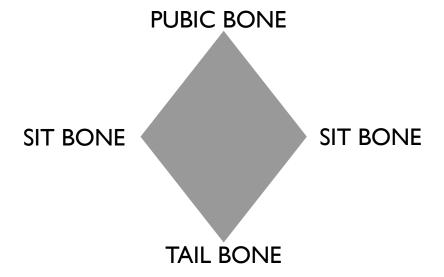
- Build awareness and co-ordination
 - Brain finds your muscle
 - Ability to isolate pelvic floor muscle
- Increase muscle tone and bulk
- Improves the speed of response





Where is YOUR pelvic floor?

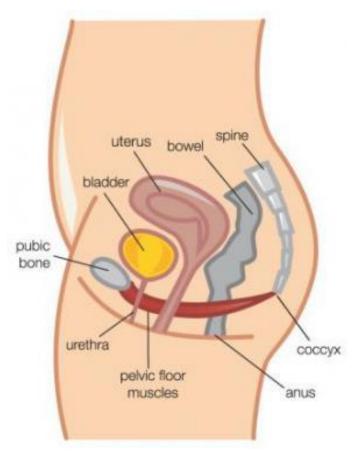
Imagine a diamond



- Sit up tall
- Lean forward, hands on your knees
- Feel this diamond underneath you



Pelvic floor muscle exercises: Time to try!

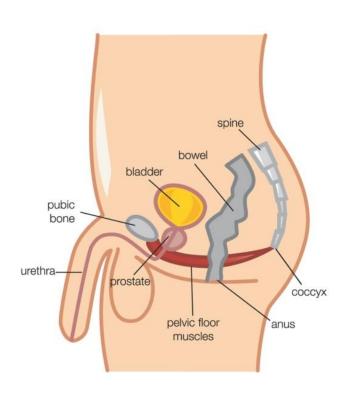


Pelvic floor contraction=

- Squeeze around bladder, vagina, and anus
- Lift inside, up higher into the pelvis



Pelvic floor muscle exercises: Men

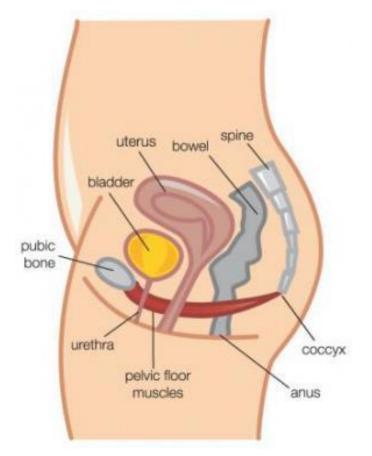


Pelvic floor contraction=

- **Squeeze** around anus
- Lift testicles, up higher into the pelvis
- Retract or shorten penis



Pelvic floor muscle exercises: Time to try!



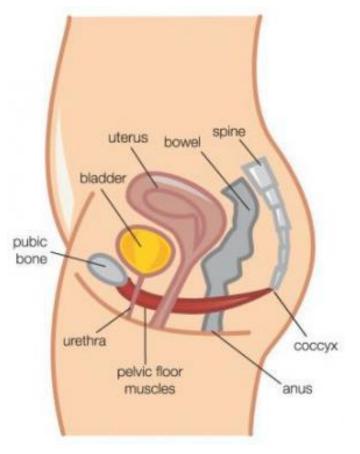
Use your imagination!
Concentrate!

Cues:

- "Squeeze and lift"
- "Tighten and pull up"
- "Hold wind and urine at the same time"



Pelvic floor muscle exercises: Time to try!



Imagery:

- Elevator
- Picking up a silk scarf
- Zip
- Pea



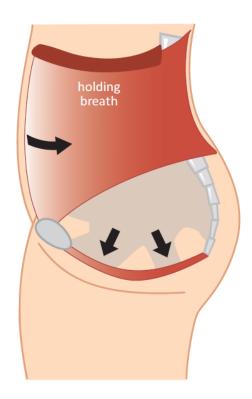
Pelvic floor muscle exercises

Isolation is the key to success

- Are your buttocks and thighs relaxed?
- Are you drawing in above your belly button?
- Are you holding your breath?
- Are you completely 'letting go"?

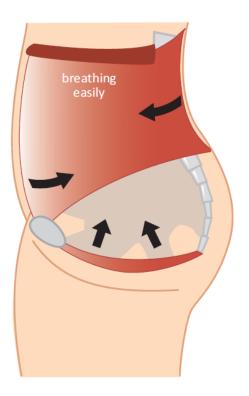


The pelvic floor and the core



Incorrect action

Pulling the belly button in towards the backbone and holding your breath can cause bearing-down on pelvic floor



Correct action The pelvic floor lifts, the deep abdominals draw in and there is no change in breathing



What is the correct amount?

- How strong?
- How long?
- How many?

AIM = Muscle fatigue!

How long can **you** hold the contraction for?

How many repetitions can **you** do?



Seek further help if you are:

- Not sure if contracting your pelvic floor correctly
- Experiencing bladder or bowel problems
- Feeling a sensation of bulging, heaviness or fullness in the vagina
- Practicing pelvic floor exercises with no noticeable improvement for more than 6 weeks



If you are having trouble:

- National Continence Helpline 1800 33 00 66 www.continence.org.au
- www.pelvicfloorfirst.com.au
- Public sector: Continence Services (multidisciplinary)
- Private sector
 - Continence and Women's Health Physiotherapists



Other resources

National Public Toilet Map



Health Promotion Officer – free community education session



QUESTIONS?