



PHYSIOTHERAPY & YOUR PELVIC FLOOR

Patient Information Leaflet

Physiotherapy & Your Pelvic Floor

This booklet contains physiotherapy advice and treatment for common complaints associated with bladder, bowel and pelvic organ prolapse.

Your physiotherapist will discuss the information in this booklet with you. Should you have any questions please do not hesitate to ask your physiotherapist during the appointment or afterwards by phoning the department number on 01 4085319. Please bear in mind you might not get through to your physiotherapist straight away but they will endeavour to return your call.

What to expect at your first appointment?

At your first appointment with a physiotherapist specialising in Women's Health, you will be asked about your existing problem, symptoms and lifestyle. Any relevant past medical history will be discussed also. This will help us form a comprehensive rehabilitation and treatment plan to help you.

To check your pelvic floor function your physiotherapist can perform an internal vaginal examination. The procedure will be explained and you will be asked to consent to the examination. The findings will be fully explained to you afterwards.

On your visit you will discuss with your physiotherapist the detailed treatment plan and specific goals you would like to achieve.

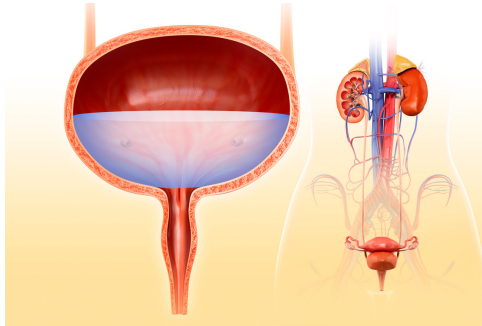


We have developed a series of videos with information for women attending gynaecology services at the hospital. When you see the video icon throughout this booklet, click on it to watch our videos containing more information.

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Healthy Bladder Habits



The bladder is a balloon like structure that collects and stores the urine produced by the kidneys. It can hold between 400-600ml of fluid on average. It stretches out as it fills up and then contracts to empty. It's normal to empty your bladder **6-8 times per 24 hours** (including 0-1 at night).

When your bladder fills and expands, the sensory nerves send the information to the brain telling you that it needs to be emptied. The brain then communicates with the pelvic floor and relaxes to allow you to empty your bladder. Dysfunction in the system can produce problems in the bladder and leakage. These conditions will be discussed later in the booklet.

Healthy Bladder Habits:

- **Drink enough liquids.** Most healthy people should try to drink six to eight drinks each day (up to 2 litres). Water is the best fluid for bladder health. If you are breastfeeding you may drink up to 3 litres of total fluid.
- **Limit alcohol and caffeine.** Alcohol and caffeinated drinks such as coffee, tea, and fizzy drinks may irritate your bladder.
- **Behaved bladder.** It is normal to go to the toilet 6 to 8 times a day. Avoid going to the toilet "just in case" for example when leaving the house to go to work. Instead, go to the toilet only when you feel the urge or when your bladder is full. It is really important to sit on the toilet. Do not hover. Women should wipe from front to back to help prevent urinary tract infections.
- **Do pelvic floor muscle exercises.** Pelvic floor exercises have been shown to help reduce urinary incontinence. Daily exercises can strengthen these muscles, which can help to keep urine from leaking when you sneeze, cough, exercise and laugh or have a sudden urge to urinate. For more information check page five or click on the video link.



- **Exercising regularly** can also help you keep a healthy weight and aid with the overall management of pelvic floor dysfunction.
- **Keep good bowel habits.** Healthy bowel habits can have a positive effect on the bladder and overall pelvic floor.

Types of Urinary Incontinence

Urinary incontinence is described as an involuntary loss of urine. Approximately 1 in 5 women will experience some degree of incontinence in their lifetime and almost 10% will undergo surgery for urinary incontinence or pelvic organ prolapse (Continence Foundation of Ireland). Physiotherapy treatment can help to reduce or eliminate these symptoms.

There are 3 main types:

1. **Stress urinary incontinence** is characterised by involuntary loss of urine on effort or exertion like coughing or laughing, jumping or running. It is unintentional, accidental loss of urine.
2. **Urge urinary incontinence** is a strong sudden urge to void and can be associated with leakage. Overactive bladder (OAB) is a syndrome characterised by symptoms of urgency, with or without urgency incontinence, usually with increased daytime frequency and nocturia (increased night-time urination).
3. **Mixed urinary incontinence** is when a person presents with components of both stress and urge urinary incontinence symptoms.

Stress Urinary Incontinence

Stress urinary incontinence is the most common type of pelvic floor dysfunction. It happens with increased stress on the system like during physical exercise, coughing or sneezing.

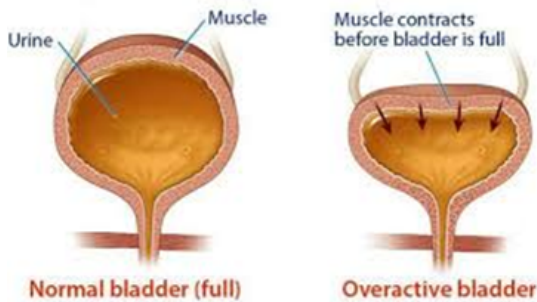
Treatment can consist of:

- **Education and advice on healthy bladder and bowel habits.**
- **Pelvic floor muscles exercises.** Your pelvic floor physiotherapist will vaginally assess your pelvic floor and teach you the correct technique in performing pelvic floor exercises. A HEP (home exercise programme) will be devised to assist in achieving your goals. **Top tip - download The Squeezy App to assist with your HEP.**
- **Electrical stimulation** is an option for treatment for those who are noted on assessment to have weak muscles. This treatment option will be discussed with you should it be required. This small device aids the pelvic floor to function so that you can later progress to active pelvic floor exercises. You will be given a specific regime to follow when using a home unit.
- **Biofeedback** is a method when you use specialist feedback or equipment to get more information on how well your muscles work. There are different forms of biofeedback like an ultrasound or biofeedback devices such as a perform probe with a stick.
- **Adjuncts** such as pessarys or inserts (like tampons) devised to assist with incontinence may be discussed .



Urge Urinary Incontinence

Urge urinary incontinence is the strong sudden urge to void and it affects the way the bladder behaves. With this condition the bladder muscle called the **detrusor** is over active. This results in the muscle contracting when the bladder is not completely full producing an 'overwhelming' urge to void and a feeling like you have to dash to the toilet. It can be associated with frequency (voiding more than 8 times a day) and nocturia (waking due to the bladder at night). Some people can report leaking on the way to the toilet with the overwhelming urge and it is due to associated pelvic floor weakness.



How to help your urge urinary incontinence

- **Fluids.** Ensure fluid intake is appropriate (up to 2 litres). Limiting fluid intake will make the urine more concentrated and irritate the bladder, sometimes worsening your symptoms. Space fluid intake throughout the day. Avoid sipping fluids as you lose track of what fluids you have consumed.
- **Bladder irritants.** Try eliminate bladder irritants. Bladder irritants include caffeine (green tea also has caffeine), alcohol, fizzy drinks including fizzy water and citrus drinks.
- **Bowels.** Ensure your bowels are emptying daily. Good bowel habits impact positively on good bladder habits. It is recommended to address any bowel issues first prior to treating urge urinary incontinence.
- **Bladder retraining.** Bladder and behaviour re-training will help you control urinary urgency and triggers such as 'key in the door' moments.
- **Trigger retraining.** What can trigger the bladder? 1) sound or sight of water or 2) key in the door, often known as 'latchkey'. If you have 'key in the door' urgency: Empty the bladder before leaving work or half an hour before arriving home and then try to postpone going to the toilet for 30 mins. It can take up to 2 months to change response to that trigger. You might wear a pad initially before your bladder gets use to this change.

- **Medication.** Your doctor might prescribe you medication to help you with urinary urgency symptoms. These are designed to help with calming the signals to the bladder. They may also prescribe an oestrogen based medication, cream or pessary insert to help reduce dryness of the vaginal tissues which can help reduce irritation of the bladder tissue thus reducing urgency.

Bladder re-training when experiencing urgency:

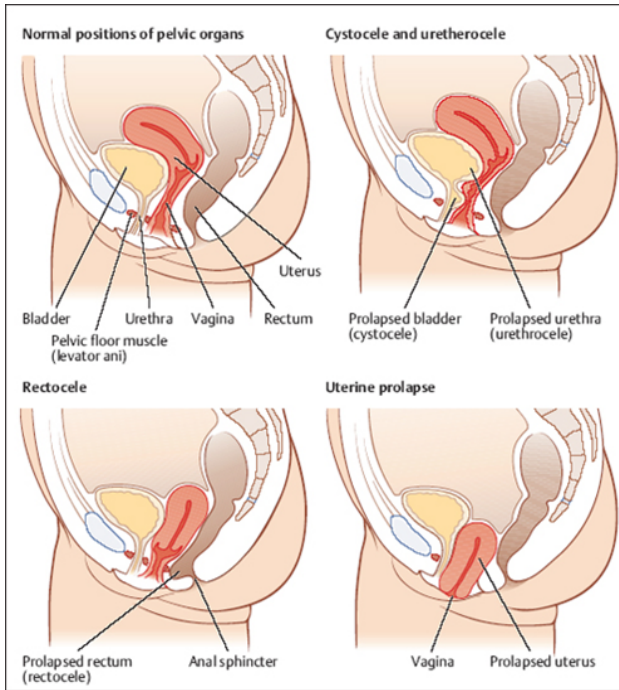


Pelvic Organ Prolapse

Prolapse of the pelvic organs is a very common condition. It can be very bothersome when one or more of your pelvic organs (bladder, bowel, rectum or uterus) move down in the vagina causing the sensation of something coming down. Other symptoms can include heaviness, bulging inside or outside of the vagina, lower back pain, pain during intercourse (dyspareunia), bladder and/or bowel problems such as feeling of incomplete emptying after voiding.

Main types of prolapse include:

- **Anterior wall prolapse /cystocele** is a prolapse of the front vaginal wall when the bladder bulges into the vagina. It is the most common type of prolapse and can produce bladder symptoms like difficulty with starting to empty the bladder, slow urine flow, urgency, frequency and urinary incontinence.
- **Posterior wall prolapse/rectocele** is a back vaginal wall prolapse and can lead to difficulty with emptying the bowels or incomplete emptying, inability to hold wind and staining at the anus and/or faecal urgency.
- **Uterine prolapse** is when the womb moves downwards and sits lower in the vagina.
- **Vaginal vault prolapse** can happen after hysterectomy when the womb is removed and the top of the vagina can move downwards.



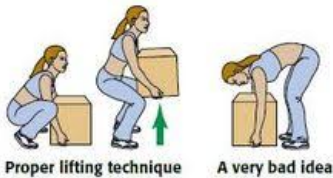
Prolapse occurs when the supporting structures of the pelvic organs and pelvic floor muscles are weakened or lax. The main contributing factors are:

- Pregnancy and childbirth
- Obesity and being overweight
- Heavy lifting
- Chronic constipation
- Chronic cough
- Family history and age
- Menopausal changes
- Previous surgery for a prolapse correction.

The symptoms of prolapse can vary from day to day and within a single day. Your symptoms may become more noticeable and uncomfortable as the day progresses. Some activities will make the symptoms worse e.g. lifting heavy objects, after a long day of standing or walking and after opening your bowels.

What can you do to make it better?

- **Adopt good bladder habits** and use bladder emptying techniques to ensure your bladder fully empties.
- **Keep your bowel habits regular** and use good defecation techniques. Support the perineum with a wad of tissue if you feel a pressure during defecation.
- **Modify daily life activities** as this can reduce the downward pressure on your pelvic floor. Try to reduce heavy lifting and use a good lifting technique. Contract your pelvic floor muscles before lifting. Get into a habit of keeping a good posture as this can also decrease the pressure on your pelvic structures.



- **Strengthen and retrain your pelvic floor muscles** to make them more effective in supporting your pelvic organs and to reduce your symptoms. Draw up and tighten your pelvic floor muscles before any activity which increases the intra-abdominal pressure. This helps the pelvic floor to resist the downward movement of pelvic organs that happens with prolapse. For more information on pelvic floor exercises check page twelve of this booklet or watch our video.
- **Maintain a healthy weight** to reduce the additional pressure or weight around the abdominal areas.
- **Avoid prolonged standing** and try to break up your day into shorter periods of standing with sitting in between.
- High impact activities like jumping, running or weight lifting can make your symptoms worse. **Try lower impact exercises** instead like pilates, yoga, swimming, cycling, walking, modified aerobics. Ask your physiotherapist for further advice.
- **Try different positions** for sexual intercourse and use lubrication to help with vaginal dryness and discomfort.
- **Support garments** may be recommended by your physiotherapist.
- **Trial a vaginal pessary.** This is a supportive device that inserts into the vagina to support and raise the pelvic organs again. Ask your GP or gynaecologist about your suitability for this
- **Talk to your gynaecologist** about other treatment options such a surgery.

Healthy Bowel Habits

Everyone's bowel habits are unique and frequency of bowel movements can vary from 1-3 times a day to 3 times a week for another person. When dysfunction can occur you may experience:

- **Faecal incontinence.** Loss of bowel control resulting in loss of stool.
- **Flatal incontinence.** Loss of wind with or without a person's awareness.
- **Faecal urgency.** Overwhelming urge to defecate without an ability to delay up to 10 minutes.
- **Obstructive defecation.** Difficulty in passing stool and can lead to straining and a sense of incomplete evacuation.
- **Painful defecation** can be associated with fissures and haemorrhoids.
- **Rectal pain** can be associated with proctalgia fugax (sharp pain shooting through the pelvic floor) and pelvic floor dysfunction.
- **Rectal prolapse** is when part of the rectum falls from its natural position.

Treatment

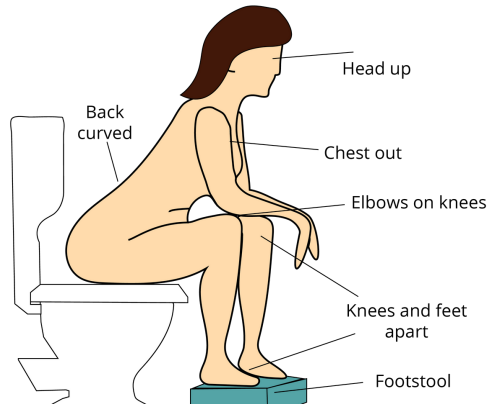
- **Diet and fluid advice.** This can be discussed with you and advised according to your needs. Ideally your stool should have type 4 consistency on the Bristol Stool Chart (see page 11). Caffeine is a bowel stimulant and you may be advised to reduce intake. Fluid intake impacts stool consistency and therefore 2 litres of total fluids is recommended.
- **Daily routine.** Bowels respond well to a good routine. Eating breakfast is essential as it stimulates the gastrocolic reflex and this in turn stimulates the bowel. Approximately 45 minutes after breakfast you should get the 'call to defecate'. Many people develop bowel dysfunction over time by ignoring this urge to defecate as they may be stuck in traffic or dropping kids to school. Ensure your morning routine allows you to have breakfast and time to defecate and do not defer the urge to defecate.
- **Exercise.** Move more. Your intestines have a natural motion that moves stool forward. If your body isn't moving stool through fast enough, then you can help it out with increased exercise. Physical activity, such as walking, running, yoga, or swimming, can all promote motion that helps you evacuate better.

- **Abdominal or tummy massage** has been shown to aid the natural movement of your bowels. Your therapist will guide you on how to perform this.
- **Minimise the stress.** Stress and your bowel habits are highly connected. If you are in a stressful situation your bowels react in a 'fight or flight' situation. Try engaging in stress-relieving activities if your anxiety levels are high. Your pelvic floor muscles also react to stress and can be associated with conditions such as obstructive defecation, painful defecation and haemorrhoids/fissures. Your physiotherapist may incorporate a relaxed breathing component into your HEP to aid pelvic floor relaxation.
- **Pelvic floor muscles exercises** are an essential component of providing closure to the anal sphincter and promoting continence. Your physiotherapist will assess your back passage and feel how your muscles are contracting and determine a HEP for you.
- **Holding on program** for patients who suffer with **faecal urgency**. Once your stool is formed type 4 (see page 11), you should practice trying to delay the urge by walking to the toilet once the urge occurs. Stay calm and breathe slowly. Activate your pelvic floor as shown. Try defer the urge for 10 seconds and gradually build up the length of time. When you can delay for 3 minutes stand outside the bathroom and continue to delay. Your aim overall is to be able to defer for up to 10 minutes.
- **Anal plugs** are a useful tool to aid prevention of leakage. They can be used to enable you to leave the house without fear of soiling yourself.
- **Electrical stimulation** as with urinary incontinence can be used to build up the strength in the back passage. An anuform probe will be used if you require these muscles to be stimulated.
- **Rectal irrigation** for patients who have incomplete emptying, faecal seepage due to prolapse or obstructive defecation, rectal irrigation is a safe way to assist you in the evacuation of your bowels. This should be discussed with your specialist physiotherapist.
- **Medications** or other treatment options that you can discuss with your doctor or pharmacist.




Defecation Techniques

Changing the angle of your legs when you sit on the toilet changes the position of your bowel which can help you fully empty during a bowel movement. When sitting on the toilet, use a foot step to keep your knees higher than your hips. Keep your back straight. Relax your abdomen and commence deep breathing, directing it into your abdomen and expand your rib cage. Try to avoid holding your breath or straining when on the toilet as this puts extra pressure on the pelvic floor muscles that help with bladder and bowel control. Ideally, your stool should be type 4 on the Bristol Stool Chart. You may find that supporting the area between your legs (perineum) with toilet paper increases comfort. Passing a bowel motion shouldn't be painful. If you frequently have bowel movements that are painful to pass, cramping or blood in the stool or on the tissue when wiping then please talk to your doctor.



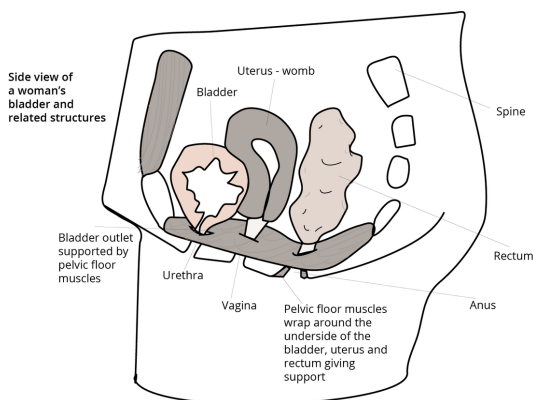
Bristol stool chart

	Type 1 Separate hard lumps	SEVERE CONSTIPATION
	Type 2 Lumpy and sausage like	MILD CONSTIPATION
	Type 3 A sausage shape with cracks in the surface	NORMAL
	Type 4 Like a smooth, soft sausage or snake	NORMAL
	Type 5 Soft blobs with clear-cut edges	LACKING FIBRE
	Type 6 Mushy consistency with ragged edges	MILD DIARRHEA
	Type 7 Liquid consistency with no solid pieces	SEVERE DIARRHEA



Pelvic Floor Muscles Exercises

The pelvic floor is a vital group of muscles located at the bottom of the pelvis. Their role is to support the bladder, womb and bowel and to maintain continence by closing and opening the bladder and back passage. Pelvic floor dysfunction can occur as a result of obesity, menopause, pregnancy and childbirth where it is thought that pregnancy itself may be the cause regardless of birth method (caesarean or vaginal delivery). 1 in 3 women experience pelvic floor dysfunction at some stage of their lives with prevalence increasing with age.



To find pelvic floor muscles, imagine that you are trying to stop yourself from passing wind and at the same time try to tighten at the front as if you were trying to stop the flow of urine. You should feel, squeeze and lift at the same time. Some people imagine 'closing the zip' from back passage and tailbone to the front passage and pubic bone. Try not to hold your breath or squeeze other muscles, such as your legs or buttock muscles. Ensure you are fully relaxing your pelvic floor muscles after every squeeze.

There are 2 types of exercises to complete:

- **Long.** Squeeze, lift and hold. Hold the contraction for as long as you can and gradually build it up to 10 seconds over the course of the next few weeks. Relax the muscles fully and take a few breaths into your abdomen ensuring full relaxation. Repeat the contractions 10 times or until you notice muscles getting fatigued. Your physiotherapist may also give you a specific number of reps to do.
- **Short.** Squeeze and let go as quickly as possible ten times. Make sure to relax the muscles fully in between the repetitions.

You are aiming to do above exercises **three times per day**, starting in lying and progressing to sitting, standing and functional exercises. It takes approximately 3-4 months to build up muscle strength. After this, you need to maintain the muscle strength for life by doing your exercises once a day.



The squeezezy app is available to download for a small fee, or set up alarm reminders on your phone as this might help you to commit to the regular exercises.

Recommended Resources

- [The Coombe website](#)
- [Squeezy App](#)
- [Squattypotty.com](#)
- Pelvic Floor First App
- Royal College of Obstetricians & Gynaecologists - [Patient Information Leaflets](#)
- Royal College of Obstetricians & Gynaecologists - [Guidelines](#)
- Pelvic Obstetric and Gynaecological Physiotherapy - [POGP Booklets](#)
- [Continence Foundation Ireland](#)
- [The MAMMI Study](#)
- St Marks's Hospital - [Normal Bowel Function](#)
- St Mark's Hospital - [Constipation](#)



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