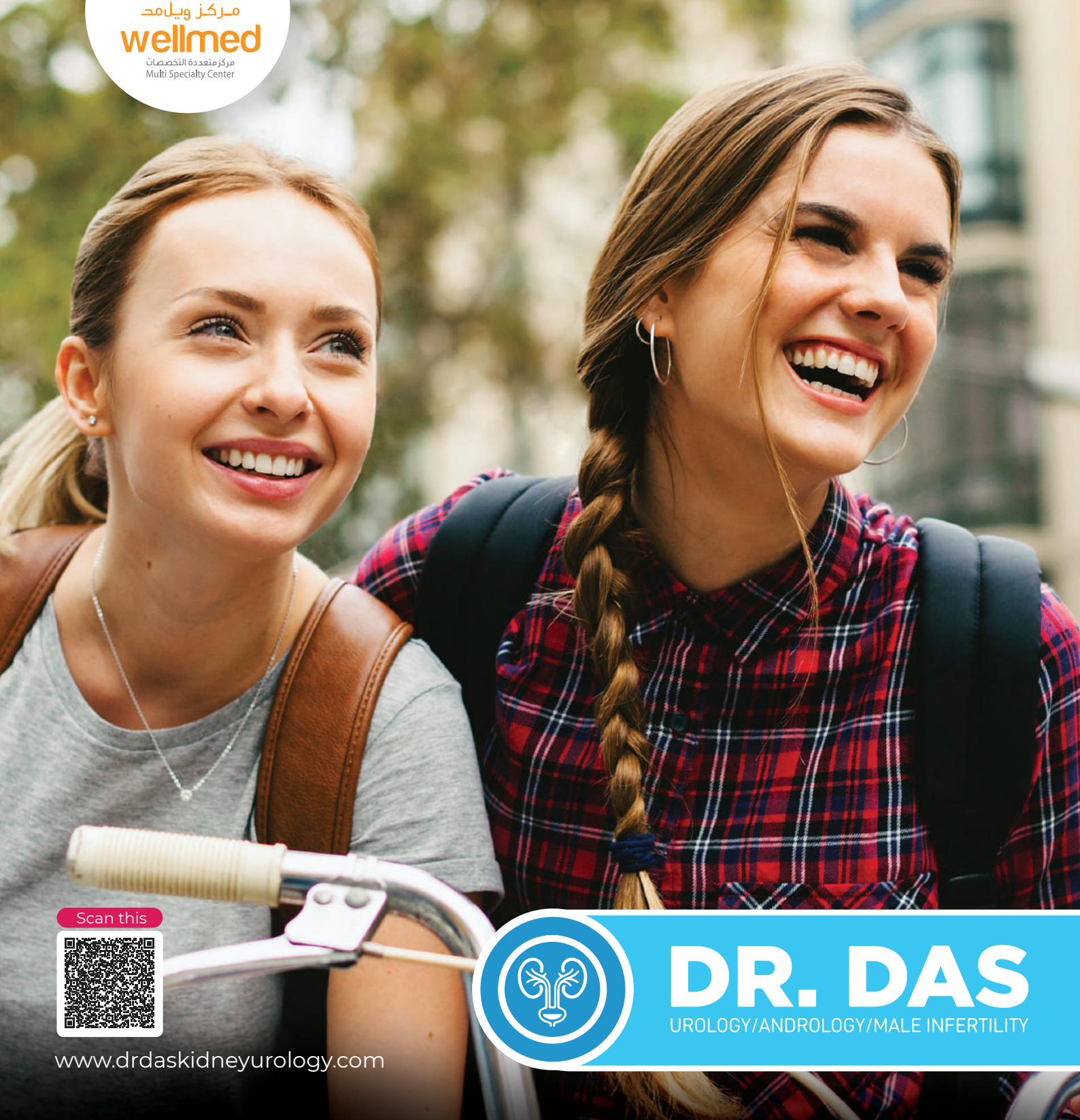


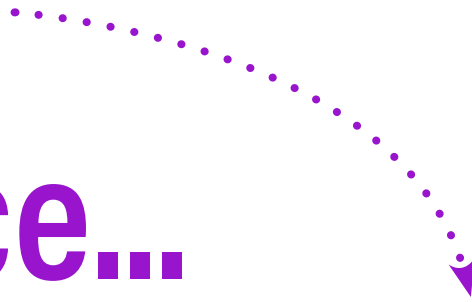
# Pelvic Floor Disorders (PFD)



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# At a Glance...



## ? What are Pelvic Floor Disorders (PFD)?

A PFD occurs when the pelvic muscles and connective tissue weaken or are injured.

## ? What causes PFDs?

Many factors can contribute to the development of PFDs, including childbirth, older age, and certain types of surgery.

## ? Are PFDs a normal part of aging?

While pelvic floor disorders become more common as women get older, they are not a normal or acceptable part of aging. These problems can have a significant impact on a person's quality of life. Fortunately, these disorders often can be improved or reversed with treatment.

## ? What are the symptoms of PFDs?

Symptoms vary depending on the type of PFD. They may include a frequent urge to urinate, leaking urine, and a feeling of heaviness in the vagina.

## ? How are PFDs diagnosed?

A healthcare provider may be able to diagnose a PFD with a physical exam. In other cases, a woman may see her doctor about symptoms she is experiencing.

## ? When should I seek help for PFD?

Many people don't feel comfortable talking about personal topics like pelvic floor disorders and symptoms such as incontinence. But these are actually very common medical problems that can be treated successfully. Millions of people have the same issues, but many don't seek treatment and compromise their quality of life.

If you have a pelvic health issue, don't hesitate to learn more about your treatment options. If your doctor doesn't treat these issues regularly, seek out an expert.

## ? How are PFDs treated?

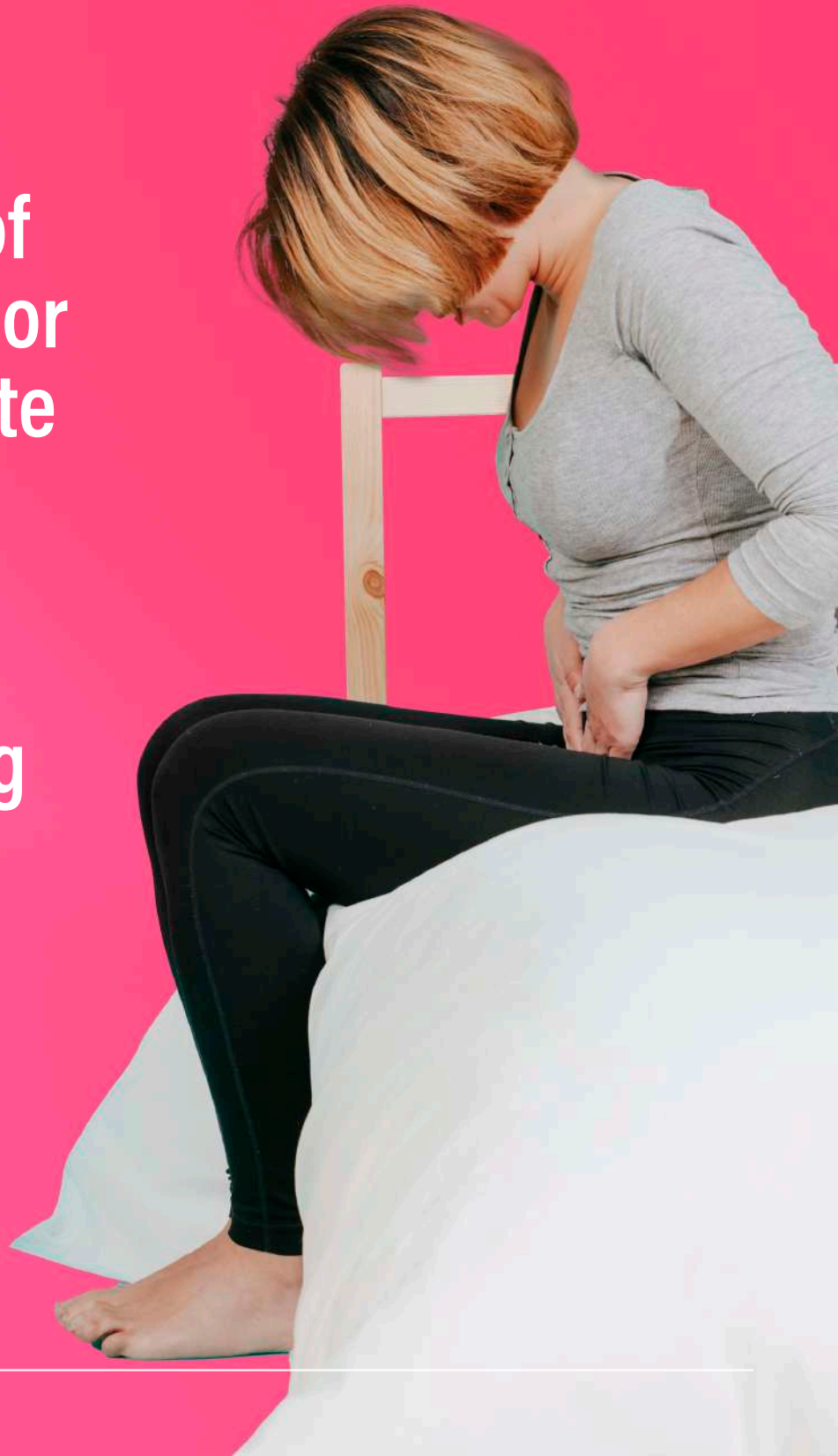
Treatments for PFDs may be nonsurgical, surgical, or a combination. However, some women do not need treatment for their PFD.



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Being aware of your pelvic floor and its intricate connection to your health is essential to your wellbeing

~ Keira Wetherup Brown



## What are PFDs?

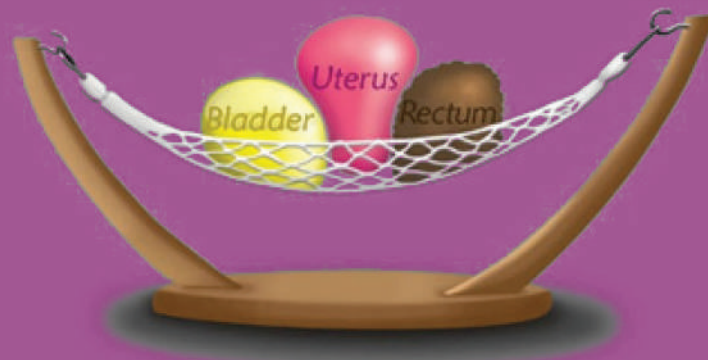
Pelvic floor disorders (PFDs) are a group of conditions that affect the pelvic floor. The pelvic floor includes the muscles, ligaments and connective tissue in the lowest part of the pelvis. It supports your organs, including the bowel, bladder, uterus, vagina, and rectum. The pelvic floor prevents these organs from falling down or out of your body. It also helps the organs function properly.



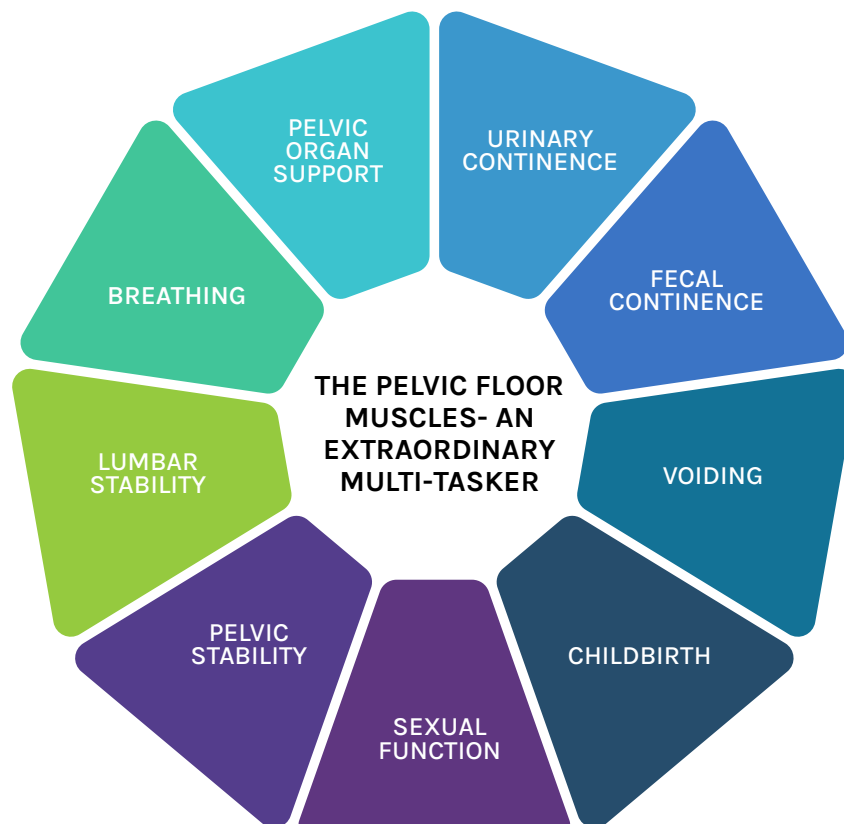
## What are the Pelvic Organs & Role of Pelvic Floor Muscles?

- 👉 The pelvic organs include:
- 👉 The bladder (the pouch holding your urine).
- 👉 The uterus and vagina (in women).
- 👉 The prostate (in men).
- 👉 The rectum (the area at the end of the large intestine where your body stores solid waste).

If you think of the pelvis as being the home to organs like the bladder, uterus (or prostate in men) and rectum, the pelvic floor muscles are the home's foundation. These muscles act as the support structure keeping everything in place within your body. Your pelvic floor muscles add support to several of your organs by wrapping around your pelvic bone. Some of these muscles add more stability by forming a sling around the rectum.



Normally, you're able to go to the bathroom with no problem because your body tightens and relaxes its pelvic floor muscles. This is just like any other muscular action, like tightening your biceps when you lift a heavy box or clenching your fist.



### What Causes PFDs?

In general, a pelvic floor disorder is due to weakened pelvic muscles or tears in the connective tissue. A damaged pelvic floor cannot continue to provide the support that your organs need to work effectively. As this structure weakens, normal functioning of the bowel, bladder, uterus, vagina, and rectum can be affected.

There are many causes of PFDs. In addition, research is ongoing. Some of the reasons women develop PFDs are better understood than other reasons. There is a strong need for continued research in this field. The PFD Research Foundation funds researchers and clinical scientists looking for the answers.

### Did you know?

- 👉 Your brain controls the muscles of the pelvic floor by way of nerves.
- 👉 Health conditions or injuries that affect the nerves (such as diabetes, Parkinson's disease, stroke, back surgery, spinal stenosis, or childbirth) can weaken the pelvic floor muscles.

### Am I at Risk?

One out of four women (25%) 20 years or older suffer with PFDs. Most struggle with one or more PFDs—POP, urinary incontinence (UI), and fecal incontinence (FI—also called anal incontinence or accidental bowel leakage).



## Check Your PFD Risk

### Life Stage

#### 🏠 Pregnancy/Childbirth

Childbirth can contribute to the development of PFDs, because it can put excessive strain on the pelvic floor during delivery. Vaginal births double the rate of pelvic floor disorders compared to Cesarean deliveries or women who never gave birth.

#### 🏠 Menopause

The pelvic floor muscles often weaken during menopause, which can lead to the development of pelvic organ prolapse (POP).

#### 🏠 Senior

The strength of the pelvic floor deteriorates as women age, which can also lead to the development of POP.

### Race and Ethnicity

#### 🏠 Genetic

Some women are born with weaker pelvic floor muscles. This puts them at a greater risk for PFDs. If your mother or sister have a PFD, you are at higher risk of developing one.

#### 🏠 Race

Caucasian women are more likely to develop prolapse and to have urine leakage related to coughing, sneezing and activities. African American women are more likely to have urinary leakage related to urgency.

### 🏠 Ethnicity

Mexican American women are more likely to struggle with urinary incontinence than other Hispanic/Latino women. However, this difference may reflect a reluctance to seek medical care and/or language barrier.

## Lifestyle

### 🏠 Obesity

Overweight or obese women have increased pressure on the bladder and often lack strength in their pelvic muscles. They are at an increased risk of developing POP and urinary incontinence (UI).

### 🏠 Diet

When there is not enough fiber or water in a woman's diet, bowel movements are more likely to be hard or irregular. Processed foods can lead to constipation. Certain foods also can irritate the bladder, making women feel like they have to urinate. Bladder irritants include caffeine and alcohol.

### 🏠 Smoking

Women who smoke increase their risk of developing POP and UI. If you smoke, quit now. Smoking is generally not good for bladder health. It also can damage connective tissue in your body, including the tissue in your pelvic area.

### 🏠 Heavy Lifting / Exertion

Certain occupations, usually those that involve heavy lifting or exertion can increase the risk of developing PFDs. Repetitive strenuous activity is also a risk. For some women, stair climbing can cause leakage.



# Pelvic Floor and Bladder Health

Here are just a few tips and tricks to help improve bladder and pelvic floor health!

## Good Bladder Habits

- Go to the bathroom every 3-4 hours
- Go to the bathroom 5-7x a day
- No "Just in case" bathroom breaks
- No hovering! Sit on the toilet
- Urination should last for 8 "Mississippi's"
- Do not strain when urinating
- No night time "Just in cases"
- Avoid constipation and bladder irritants
- Void before and after intercourse
- Drink plenty of water

## Bad Bladder Habits

- Being dehydrated or not getting enough fluids
- Timing your bathroom breaks
  - Examples
    - at lunch
    - before bed
    - when get you home
- Fear of using public toilets due to:
  - Cleanliness
  - Privacy
  - Shy bladder syndrome

## Less Bladder Irritants

- Pears
- Watermelons
- Apricots
- Papayas
- Kava Beverage
- Sun-Brewed Teas
- Non-Citrus Herbal Teas
- Low-acid Instant Drinks

## Bladder Irritants

- Alcohol
- Carbonated Drinks
- Caffeine
- Coffee/Tea Decaf and Regular
- Tomatoes
- Spiced Foods
- Sweets
- Citrus Fruits/Juices
- Chocolate
- Milk/Milk Products
- Artificial Sweeteners

## Health Problems/Medical History

### ☛ Constipation/Chronic Straining

Straining with constipation puts significant pressure on the weak vaginal wall and can further thin it out. This increases the risk for prolapse.

### ☛ Pelvic Injury/Surgery

Loss of pelvic support can occur when the pelvic floor is injured from falls, car accidents or surgery. Hysterectomy and other procedures that treat pelvic organ prolapse can sometimes cause further prolapse.

### ☛ Lung Conditions/Chronic Coughing

Chronic respiratory disorders can cause increased pressure in the abdomen and pelvis, which increases the risk of POP.



### ☛ Sexual Dysfunction

Pelvic floor symptoms are significantly associated with reduced sexual arousal, infrequent orgasm, and painful intercourse (known in medical terms as dyspareunia).

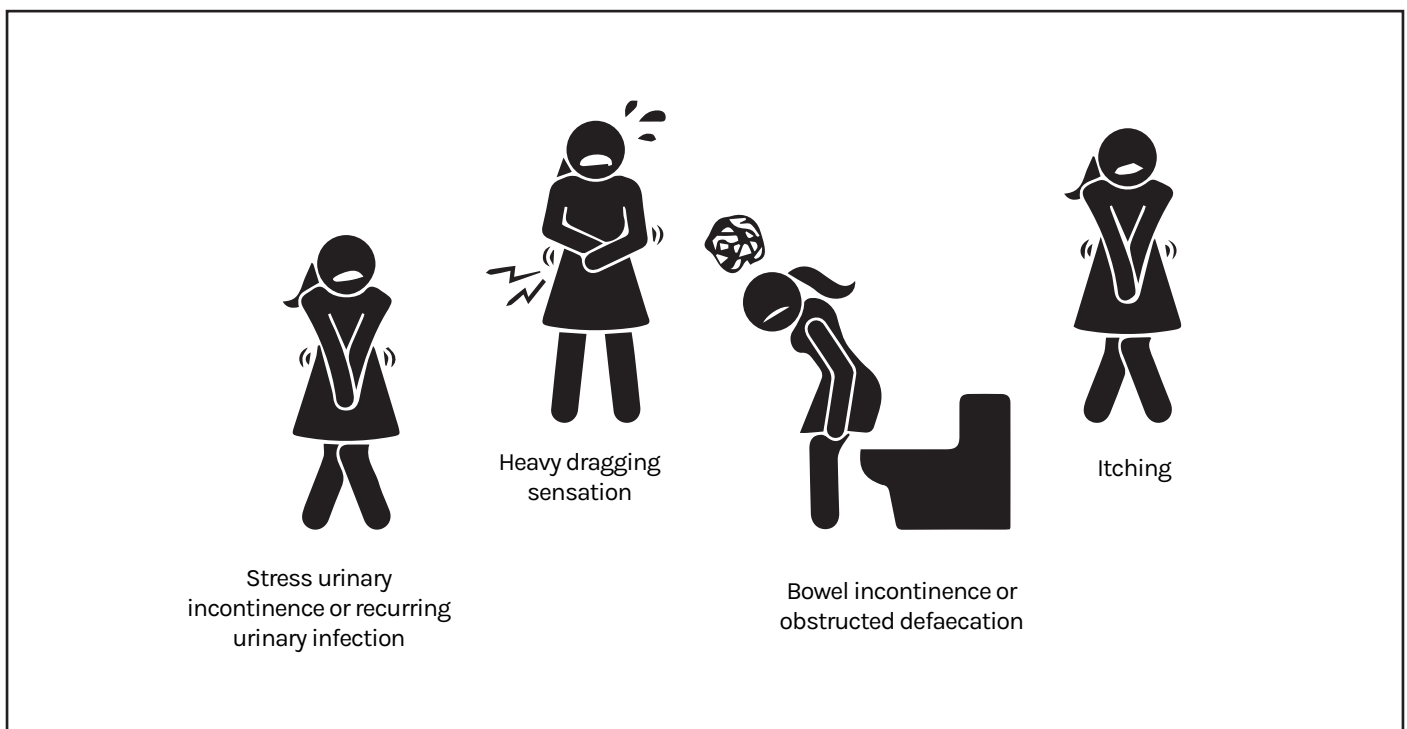
### ☛ Health Conditions or Injuries That Affect the Nerves

For example, diabetes, Parkinson's disease, stroke, back surgery, spinal stenosis, or child-birth can weaken the pelvic floor muscles.

### ☛ Emotional Stress

Emotional stress can make you feel anxious and that you need to go. For some, it can also result in loose stools.

## Symptoms of PFD



## Treatments

Sometimes simple changes and interventions significantly affect daily quality of life. Urogynecologists, or urogyns, provide a variety of treatment options, depending the severity of your condition, your general health, and your wishes. Often doctors recommend a combination of therapies. PFD treatments include:

### Lifestyle & Behavior:

#### ☛ Diet and Fitness

By making lifestyle and behavioral changes you can help control pelvic floor disorder symptoms.

#### ☛ Diet and Fitness

For many women, a healthy diet and fit lifestyle really make a difference in controlling their PFD symptoms.

### 👉 Lose Weight if You are Overweight

Weight loss can help improve urine leakage along with pelvic muscle strengthening and other behavioral changes. If you are overweight, as little as a 5 to 10% drop of pounds will reduce weekly incontinence episodes by more than half. In addition to stressing the pelvic floor, obesity affects the normal functioning of the nerves and muscles in your genital tract. This further increases your risk for pelvic floor disorders.

### 👉 Manage Fluid Intake

The specific recommendation for fluid intake relates to your specific symptoms. For urinary incontinence, not overdoing the fluids can translate to less trips to the bathroom. Also, restricting drinking after dinner can help reduce the number of trips to the bathroom at night. For women struggling with constipation, increasing fluids is often recommended.

### 👉 Be Diet Savvy

Women with UI (urge incontinence) find it helpful to reduce bladder irritants, including caffeine found in coffee, tea, chocolate, cola and some energy drinks, and artificial sweeteners. These foods may cause bladder muscle spasms, which can make you suddenly feel like they have to urinate.

Eat plenty of fiber daily to avoid constipation. You may also need to use a stool softener if you continue to struggle with constipation to avoid excessive straining with bowel movements.

### 👉 Adjust Physical Activity

Regular physical activity helps keep bowel movements normal. Being active also helps with maintaining a normal body weight, decreasing your risk for UI. However, high-intensity exercises (e.g., CrossFit) can put pressure on your pelvic floor and increase your risk for incontinence problems.

### 👉 If You Smoke, Quit Now

The risk for pelvic floor disorders is doubles for women who smoke.





### Pelvic Floor Muscle Exercises (Kegels)

Numerous studies have shown that learning how to control and strengthen the pelvic floor muscles helps women reduce or eliminate urine leakage. Kegel exercises help with leakage caused by physical activities and also with urgency. Women with mild to moderate symptoms experience the greatest improvement. Like any other form of exercise, improvement is a reflection of good exercise technique and dedication to doing the exercises regularly. Specially trained physical therapists can help those having difficulty learning these exercises.

### Bladder Retraining

Sometimes your brain doesn't get the message that their bladder is full until it's too late. Urinating on a schedule may decrease leakage episodes. The goal of this exercise is to regain bladder control by emptying before the sudden strong urge comes. This means going to the bathroom on a set schedule. You or your doctor can decide where to begin after reviewing a completed bladder diary. Typically, women begin by urinating every hour or 90 minutes during the day, whether you feel like you need to or not. Then you extend the interval between urination every few days as long as leaking accidents are avoided. A comfortable goal to reach is urinating every 2 ½ to 3 hours. The bladder retraining period can take several months and requires motivation. Being consistent is key for effective bladder retraining.



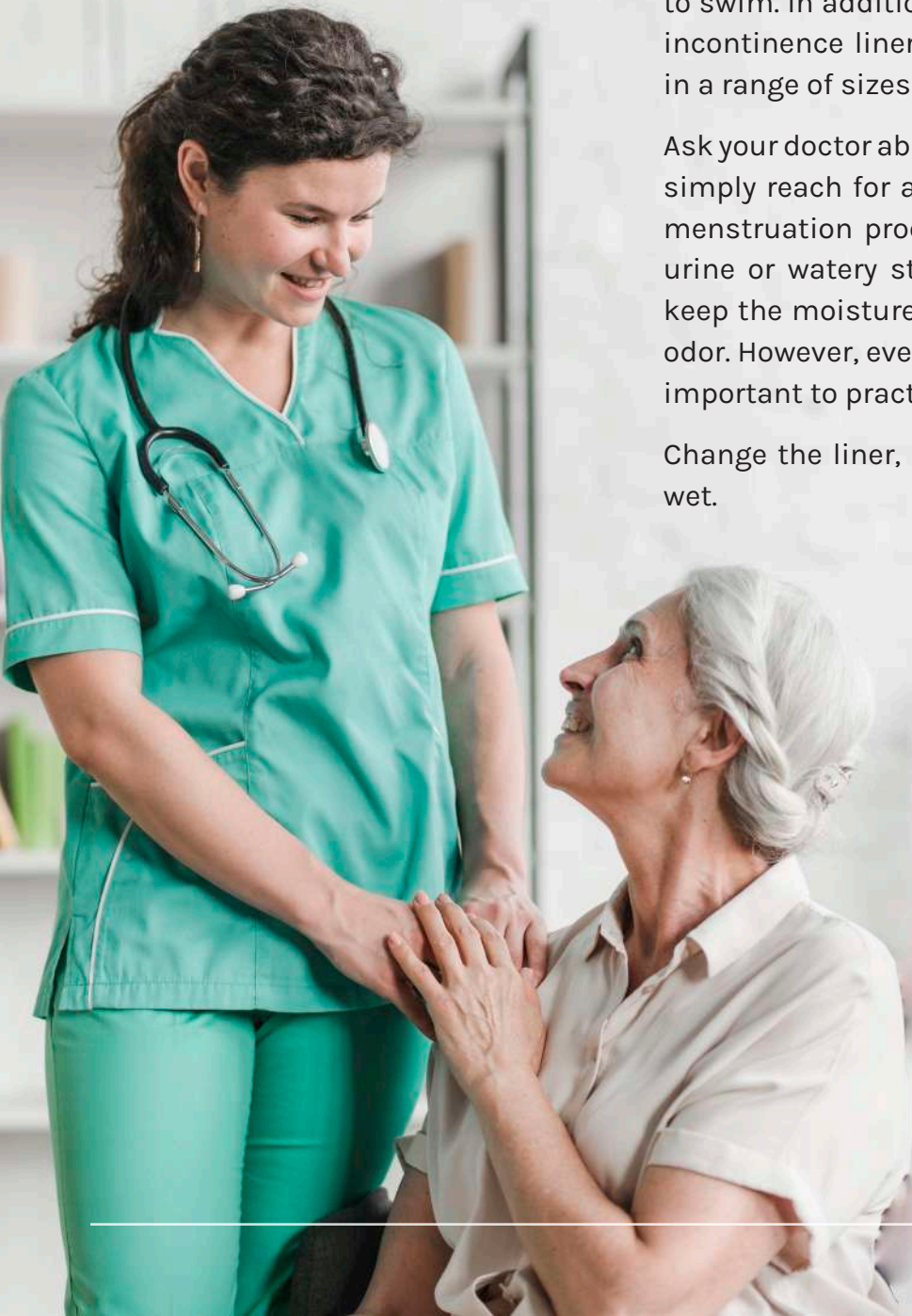
### Pantliners, Pads, Briefs, and Diapers

Some women use pantliners, pads, briefs, or diapers to help with urinary or fecal leakage. These products may be a short-term solution as you and your doctor work on the long-term fix. Or, they may be part of your long-term treatment plan. Wearing an incontinence pad, for example, during a high-risk activity such as exercise can increase confidence. Or, for fecal incontinence, going out with an adult disposable brief as a just-in-case measure may offer your psyche some comfort.

Today, there are very discrete options, including women's undergarments with lacy panties and tummy control. There is also a special garment that makes it possible for women with fecal incontinence to swim. In addition to a variety of styles and colors, incontinence liners, pads, briefs, and diapers come in a range of sizes and absorbencies.

Ask your doctor about options. Many women find they simply reach for a sanitary pad or napkin. However, menstruation products are not designed to handle urine or watery stools. Incontinence products help keep the moisture away from your body and control odor. However, even with incontinence products, it is important to practice good hygiene:

Change the liner, pad, brief, or diaper when you are wet.





Let your doctor know if you notice any rashes.

Sometimes insurance pays for these products. Ask your doctor's if insurance will pay for part or all of the cost.

Depending upon the extent of your urinary or fecal leakage, your doctor may recommend a variety of products, such as:

<p> Sanitary Pads and Napkins</p>	<ul style="list-style-type: none"> <li>• Not designed to handle urine.</li> <li>• If you find you are reaching for sanitary pads or napkins as a just-in-case measure, it is time to talk with your doctor about urine leakage.</li> </ul>
<p> Pantliners</p>	<ul style="list-style-type: none"> <li>• Typically, thin and very discreet, disposable liner.</li> <li>• Can help keep you dry and offer confidence. For example, if you have SUI, consider using during high risk activities such as exercise or during an allergy season that is causing you to sneeze a lot.</li> </ul>
<p> Incontinence Pads</p>	<ul style="list-style-type: none"> <li>• Disposable and reusable products, some specially designed for women.</li> <li>• Usually have adhesive strip holds pad to the inside of your underwear.</li> <li>• Typically hold about 8 ounces of urine.</li> <li>• Absorbent layer keeps wetness away from your skin. Moisture barrier on the other side, protects furniture and mattresses from urine leaks.</li> <li>• Some incontinence pads also block odor.</li> </ul>
<p> Incontinence Briefs</p>	<ul style="list-style-type: none"> <li>• Look like underwear—even come in different colors and some with lace.</li> <li>• Usually has waterproof liner and built-in pad.</li> <li>• Some brands offer day and night styles.</li> <li>• Can hold about 10 ounces of fluid. Nighttime briefs may absorb even more fluid.</li> <li>• Some are washable and reusable, others disposable.</li> <li>• Keeps moisture away from skin and helps to control odor.</li> </ul>
<p> Plastic Pants</p>	<ul style="list-style-type: none"> <li>• Worn over underwear to help protect furniture and mattresses.</li> <li>• Typically used for mild to moderate leaks.</li> </ul>
<p> Adult Diapers</p>	<ul style="list-style-type: none"> <li>• Different styles and colors available.</li> <li>• Generally disposable.</li> <li>• Some pull on and off just like the plastic pants. Others look like traditional diapers with tape on each side.</li> </ul>

**Physical Therapy, for the pelvic floor.**

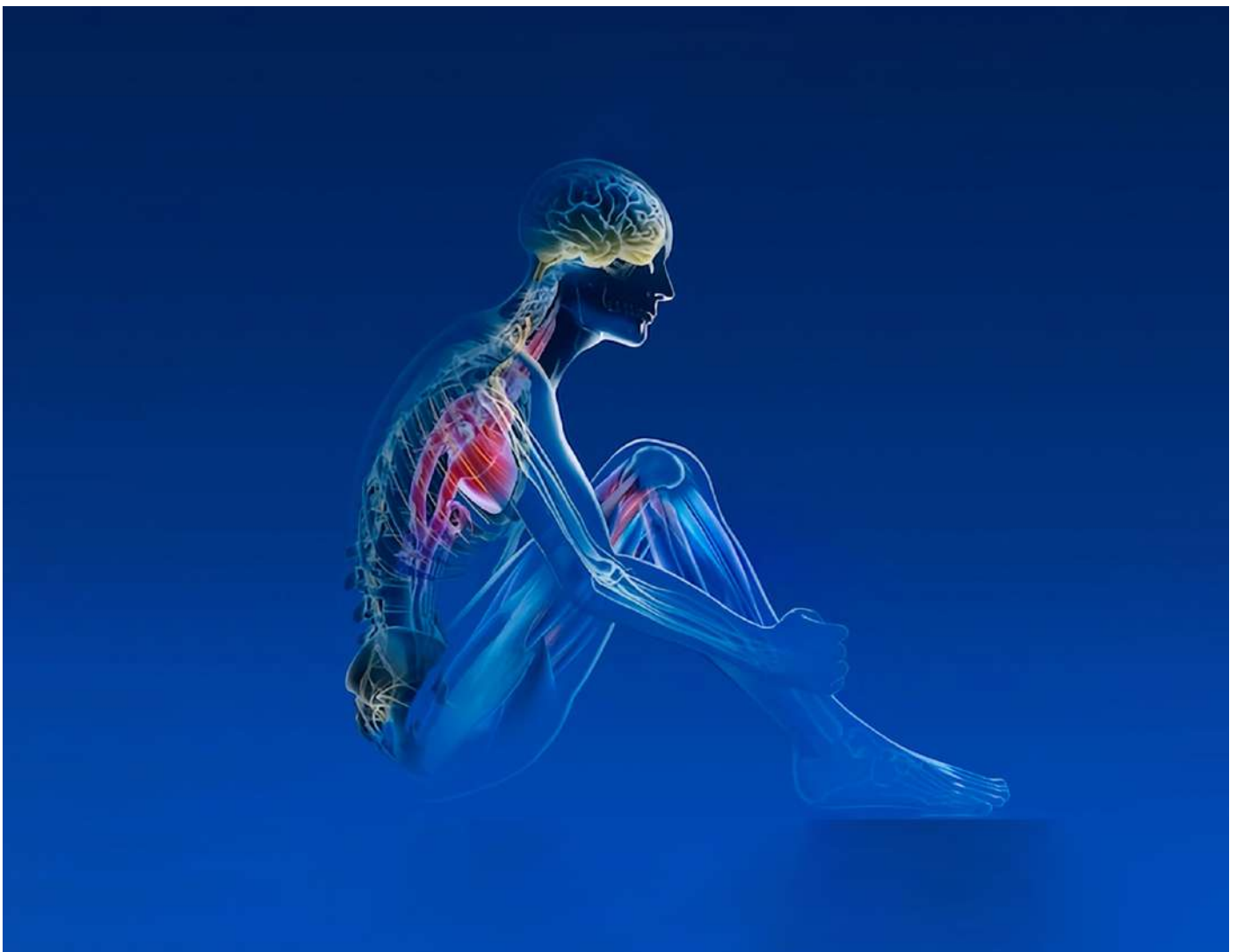
Pelvic floor physical therapy starts with an assessment by a specially trained physical therapist (PT). The initial evaluation typically includes:

- ✔ Checking the motor control, strength, and endurance of core support muscles.
- ✔ Assessing your pelvic floor muscle coordination for different activities and positions.
- ✔ Other testing, as needed.

Based on the findings of this exam, the PT creates a treatment plan to help you improve your pelvic floor function. The treatment plan may include working with you on behavioral approaches such as bladder re-training techniques. Plus, an individualized physical therapy regimen to help rehab your pelvic floor muscles. The PT may use a variety of techniques. Specific treatments help to improve urinary and/or fecal continence.

**Kegels**

Pelvic floor muscle exercise (Kegels) help you to strengthen your pelvic floor and better control your bladder. However, sometimes women need help ensuring they are correctly performing Kegels. Research demonstrates that women who are trained in Kegels experience better outcomes. PTs often walk women through the steps of Kegels and help women work on their technique, as needed.



## Biofeedback

Biofeedback is a technique that uses different types of devices to give information on how well pelvic muscles are contracting. The message or “feedback” can help improve awareness and control of pelvic floor muscles. These techniques are added to a pelvic muscle exercise program for women who have not reached their goals of symptom improvement. Biofeedback can be given through:

- ✔ A therapist who touches the muscles that are being contracted.
- ✔ A computer screen that shows through sounds or pictures, if the pelvic muscles are contracting and the other muscles groups are relaxed. This is done by connecting the computer to small sensors in the vagina or rectum and on the skin of the abdomen and legs.

Another type of biofeedback uses vaginal weight training. These cone shaped plastic objects of increasing weight can help strengthen vaginal muscles. They are placed in the vagina for a short time (15 to 30 minutes). By gripping or hugging the cones to keep them in place, women are contracting their pelvic muscles. The PT guides you as you hold progressively heavier cones in your vagina for longer periods of time, both standing and walking. Vaginal weights can also be used at home.

## Percutaneous Tibial Nerve Stimulation (PTNS)

Pelvic floor electrical stimulation helps to strengthen the pelvic floor muscles. Your physical therapist may use an external nerve stimulator. In addition, doctors sometimes recommend an internal, permanently implanted nerve stimulation. Learn more about this type of nerve stimulation in the Procedures & Surgery section.

Percutaneous Tibial Nerve Stimulation (PTNS) is a non-surgical way to deliver electrical stimulation through a series of office treatments. The physical therapist or doctor places a thin needle near your ankle and then connects it to a battery-powered stimulator. After turning on the stimulator, mild electrical impulses travel up the nerves in the leg to the nerves that control your bladder. Your physician observes your body’s response to determine the ideal level for nerve stimulation. Most women receive 12 weekly, 30-minute treatments to start. After that, you may also need occasional treatments, usually about once to maintain improved bladder control. PTNS is often used along with Kegel exercises.

## Vaginal Devices (Pessary)

Your doctor may recommend a device which gets inserted into your vagina to provide urethral support and compression. For example, a tampon, urethral plug, or pessary.

A pessary is a plastic device, similar to a vaginal contraceptive diaphragm. It is a low risk treatment option, which either lifts the bladder or apply compression to the urethra during activities that can cause leakage. Vaginal pessaries can help:

- ✔ Pelvic organ prolapse (POP): Provide support for vaginal or uterine prolapse.
- ✔ Bladder control problems: The ring pessary, an inexpensive, easy-to-manage, and widely available option, is effective treatment for both stress urinary incontinence and overactive bladder.
- ✔ Bowel control problems: Help to improve bowel control symptoms.

There are numerous shapes and sizes of pessaries to meet the individual support requirements of different patients. Seeking care from a provider with a wide selection of pessaries may improve the chances of getting a comfortable fitting pessary.

Women who use a pessary may also be prescribed vaginal estrogen cream, tablets or a ring to strengthen the vaginal skin, especially for those in menopause. This reduces the risk of vaginal skin erosion or ulceration.

Pessaries are a low risk treatment option when compared to surgery for symptomatic UI. However, pessaries require ongoing care to avoid problems with vaginal infection, ulceration or bleeding. A neglected pessary can result in erosions through the vaginal wall into the bladder or rectum. About half of the women who are successfully fitted with a pessary continue to use it on a long-term basis.

### **Are You a Good Candidate for a Pessary?**

Not all women can have their symptoms successfully controlled by a pessary. Situations such as vaginal scarring, a surgically narrowed or shortened vagina or very weak pelvic floor muscles can cause pessaries to fall out or be uncomfortable. Is a pessary a good option for you? Typical incontinence pessary users are women who:

- ✔ Need temporary help with urine leakage during exercise.
- ✔ Have mild symptoms and want to avoid surgery for the moment.
- ✔ Have health problems that make the risks of surgery too great.
- ✔ Need to delay surgery and are uncomfortable from their incontinence.
- ✔ Are willing to invest the time to remove, clean, and reinsert the pessary on a regular basis. If you are not willing to care for a pessary, it is not a good option for you.

## **Procedures & Surgery:**

### **Nerve stimulation**

Nerve stimulation sends small zaps of electrical current to your body. Think of it as gently waking up your bladder or pelvic floor. Types of nerve stimulation include:

Electrical nerve stimulation: Stimulate the nerves that control bladder or bowel functions.

Biofeedback: Improve sensation and muscle strength in the pelvic floor.

Electrical stimulation of the nerves that control the bladder can improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems, in some people. This treatment is usually offered to patients who cannot tolerate or do not benefit from medications. There are two different ways to deliver electrical stimulation.

### **Sacral Nerve Stimulation**

SNS delivers electrical stimulation through a device surgically implanted in your buttocks. By stimulating the nerves with a device similar to a pacemaker, SNS can improve symptoms of urinary or fecal incontinence in some people.



The first step is a test stimulation during which your doctor will place a device outside your body (lower back, near your tailbone) to deliver stimulation through a wire implanted under your skin to see if the treatment relieves your symptoms. The SNS stimulator provides low-voltage stimulation to the sacral nerves. In many cases, this stimulation can improve the function of the bladder.

The second step is to go about your daily life for several days, keeping track of how your bladder or bowel is functioning.

And, lastly, if you notice significant improvement, you may be able to have a permanent device (similar to a pacemaker) implanted that delivers stimulation to the nerves in your back. The doctor places the stimulating wire in the permanent device in your lower back through a minor outpatient surgical procedure.

A permanent device can provide benefit for several years. You may need to return to your doctor for adjustments to find the right setting that controls your bladder or bowel symptoms. Using a device similar to a TV remote control, your doctor makes the needed adjustments. Eventually the doctor needs to replace the battery. This can be done at home or in the doctor's office with a device similar to a TV remote control.

### **Percutaneous Tibial Nerve Stimulation (PTNS)**

PTNS is a non-surgical way to deliver electrical stimulation through a series of office treatments by a physical therapist or doctor.

### **Bulking agents**

#### **Injections**

Botox toxin A, which is more commonly known for cosmetic surgery such as reducing facial wrinkles, is also an approved treatment for overactive bladder. Your doctor may recommend Botox injections if lifestyle and behavioral treatments don't work. Read more about Botox for OAB.

**Bulking agents** are biologic gels used to treat both urinary and fecal incontinence. These injections help to reduce involuntary leakage of urine and stool. They work by narrowing the urethra (UI) or the anal canal (FI):

**UI bulking agents:** Narrow the tube of the urethra to help reduce leakage of urine.

**Rectal mucosal bulking agents:** By injecting into the rectal mucosa, the mucosa in the area thicken and the anal canal narrows. This causes a slight increase of the pressure in the anal canal and greater resistance to involuntary stool leakage.

As with any medical procedures, there are risks with injections. Ask your doctor to review the risks and benefits of these treatments. Figure out if you are a good candidate before proceeding with Botox or a rectal mucosal bulking agent.

### **Surgery**

If initial therapy fails, doctor may recommend surgery. Specific procedures vary with type of pelvic floor disorder.

- ✔ POP Surgery
- ✔ UI Surgery
- ✔ Bowel Control Surgery

Discuss the best treatment option for you with your healthcare provider. Ask your provider to review:

- 👉 Treatment options
- 👉 Adverse events
- 👉 Potential complications
- 👉 Post treatment care
- 👉 Anticipated outcome



## Talk About “It” Share Openly with Your Doctor

If you are leaking or bulging this is not a “normal” part of growing older. Take a step towards learning about treatment options. Talk with your health care provider. PFDs are not something you need to live with. Effective help is available through the services of a urogyn.

If you are experiencing PFD symptoms, request a thorough evaluation. Ask your provider for a referral to a urogynecologist, if necessary.



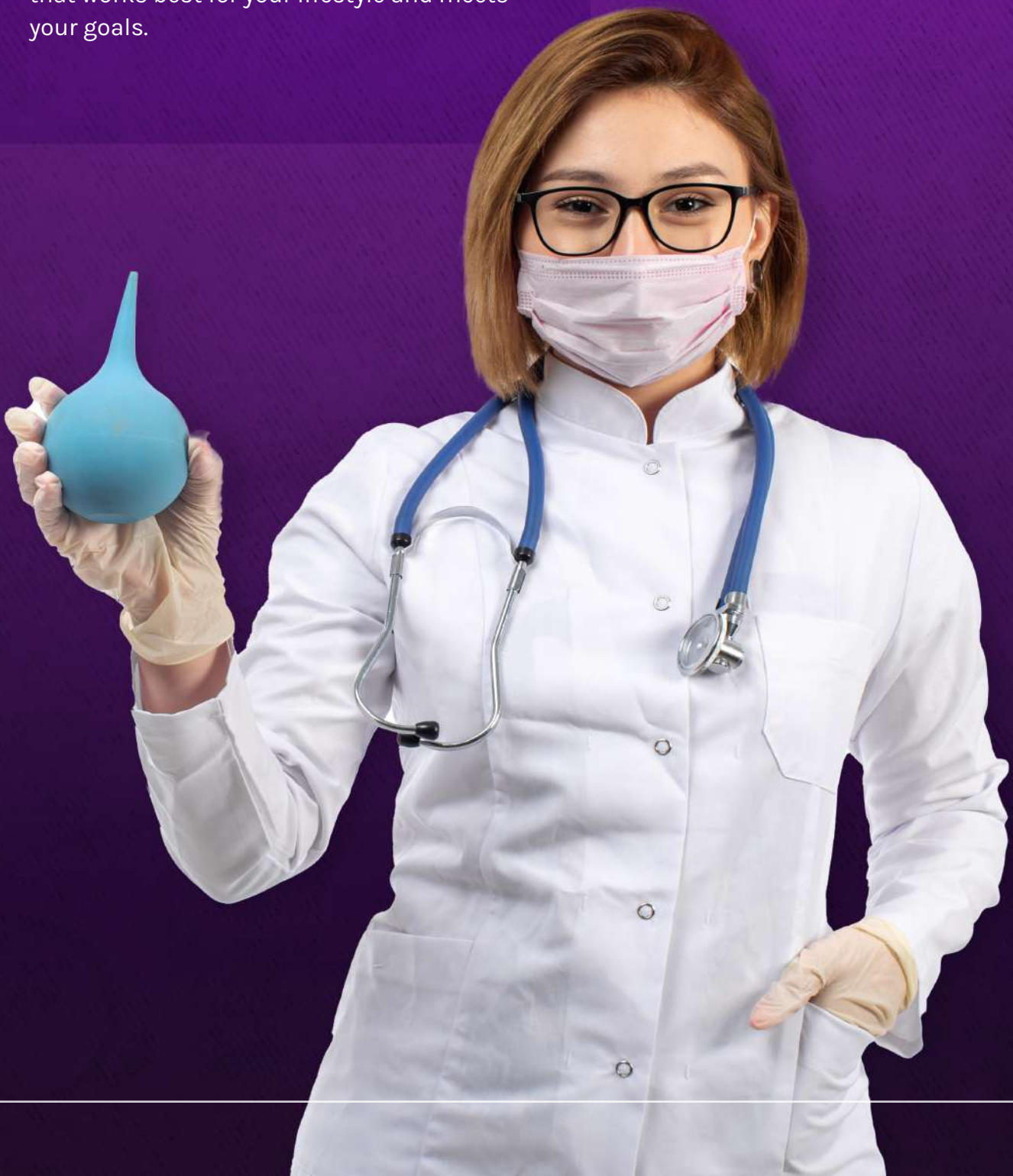
## Take an Active Role in Your Health Care !

Be diligent about your health care. Moreover, don't hesitate to ask a family member or friend to accompany you to doctor's appointments and help:

- 👉 Writing questions down in advance to eliminate pressure during the appointment due to time constraints.
- 👉 Keeping a list of prescription and over-the-counter medicines—and, updating it regularly to bring it to all doctor's visits.
- 👉 Obtaining operative reports from prior pelvic surgeries.

## Who is a Urogynecologist?

Doctors called urogynecologists, or urogyns, receive special training to diagnose and treat women with pelvic floor disorders. Speak with a urogyn and find out how to improve your quality of life by treating your incontinence or prolapse issues. They can recommend a variety of therapies to cure or relieve symptoms of PFDs. Choose the one that works best for your lifestyle and meets your goals.





## Pregnancy and PFD

Pregnant or post-partum women often experience a variety of pelvic floor symptoms including: urinary incontinence, incomplete emptying of the bladder, and dysuria (pain with urination) pain (often described as pressure or heaviness) in the vagina, rectum, or lower stomach.

### ? How common is pelvic floor dysfunction in pregnancy?

Overall, 46.1% of pregnant women had at least one symptom of pelvic floor disorder during pregnancy. Of these, 62.3% experienced urinary incontinence, 41.1% experienced symptoms of pelvic organ prolapse, and 37.8% experienced symptoms of faecal incontinence.

### ? What helps pelvic floor during pregnancy?

Pelvic floor exercises can be done anywhere – while sitting, standing or lying down.

Squeeze and draw in the muscles around your anus (back passage) and vagina at the same time as if you are trying to stop a wee.

Hold the squeeze as you count to 8; relax for 8 seconds. ...

Repeat as many as you can, up to 8 to 10 squeezes.



### ? Does pelvic floor dysfunction go away after pregnancy?

Urinary and fecal incontinence are common symptoms of postpartum pelvic floor issues in the near term. Many women regain strength in their pelvic floor muscles within two months. Pelvic pain may persist for months or years postpartum.

### ? What worsens pelvic floor dysfunction?

For example, heavy weightlifting or repetitive jumping can increase your pelvic floor tension and actually worsen symptoms. If you have problems with constipation due to hard bowel movements or abdominal bloating and gas pain, then you should consult with your doctor and watch your diet closely.

### ? What happens if you don't do pelvic floor exercises during pregnancy?

If your pelvic floor muscles are weak, you may find that you leak urine when you cough, sneeze or strain. This is quite common, and there is no reason to feel embarrassed. It's known as stress incontinence and it can continue after pregnancy. You can strengthen these muscles by doing pelvic floor exercises.

### ? How do I know if my pelvic floor is messed up?

Symptoms of pelvic floor dysfunction include:

- ☛ Pelvic pressure or fullness.
- ☛ The frequent urge to urinate or painful urination.
- ☛ Urinary leakage.
- ☛ Urinary incontinence.
- ☛ Lower back pain.
- ☛ Constipation, difficulties with bowel movements, or bowel leakage.
- ☛ Difficulty emptying the bladder.
- ☛ Pain with sexual intercourse.

### ? How can I prevent pelvic floor dysfunction during pregnancy?

Avoid exercises and activities that exert excess pressure on your abdomen – especially during the second and third trimesters. Give yourself time to rest and recover after exercise or exertion. Engage in safe pelvic floor exercises to strengthen your muscles, such as pelvic tilts, bridges, and Kegel exercises.



### ? What position relaxes pelvic floor?

Lie on your back with the soles of your feet together and knees out to the sides. This should be a relaxing position. If you feel a pulling along your inner thighs or in your pubic bones, place pillows under your knees for support.

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Avoid exercises and activities that exert excess pressure on your abdomen – especially during the second and third trimesters. Give yourself time to rest and recover after exercise or exertion. Engage in safe pelvic floor exercises to strengthen your muscles, such as pelvic tilts, bridges, and Kegel exercises.

### ? What position relaxes pelvic floor?

**Lie on your back with the soles of your feet together and knees out to the sides.** This should be a relaxing position. If you feel a pulling along your inner thighs or in your pubic bones, place pillows under your knees for support.

### Can sitting too much cause pelvic floor dysfunction?

If you are sitting with poor posture or sitting too long, your core and the parts of your body that make up that area, such as the pelvic muscles, can be impacted. This can lead to pelvic floor disorders, pelvic pain, fecal incontinence, and urinary incontinence.

### ? Does walking strengthen pelvic floor muscles?

Regular gentle exercise, such as walking can also help to strengthen your pelvic floor muscles.

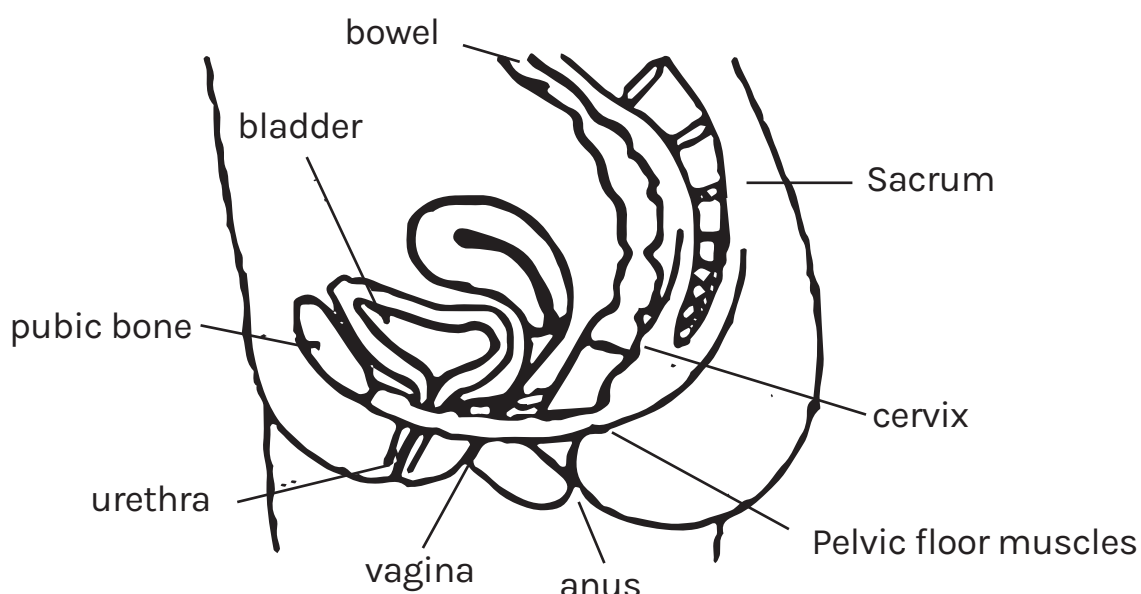
### ? When should you start pelvic floor therapy in pregnancy?

Pelvic Floor Therapy in Pregnancy

Preparing your body for the birthing process should include a visit with a Pelvic Floor Physical Therapist (PFPT). At around 36 weeks of pregnancy a visit to **Method Physical Therapy** includes treatment and education to decrease the chances of perineal tears and the length of labor.

### ? Is it too late to fix pelvic floor?

Did you know that as little as five minutes of pelvic floor exercises a day can significantly reduce incontinence – or even make it go away? Once you get the hang of it, you can do them anywhere, at any time and it's never too late to get started.



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