

**NEW PLYMOUTH
PHYSIOTHERAPY**



Pelvic Floor Advice

Patient Information Booklet

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Female Anatomy

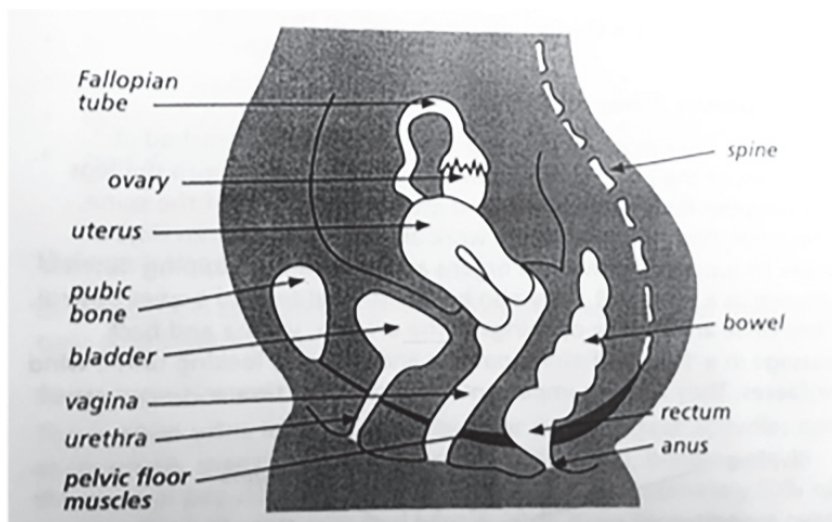
The bladder is a muscular organ which lies behind the pubic bone. It expands to hold urine, which is produced by the kidneys and when the bladder empties, it contracts. The kidneys produce 1-5ml per minute, and this process is sped up when lying down, traveling by car or bus, and when you are in water.

The bladder can hold 400-600ml, on average, and this volume is typically found on the first urination of the day. During the rest of the day the amount is less, 200-300ml, dependent on how much fluid is consumed and results in the need to urinate 6-8 times per day, every 2-3 hours. Emptying the bladder, normal voiding, can be delayed unless the bladder is full.

Your bladder sends signals to your brain when it is approximately a third full so you have plenty of time to locate a toilet. As you get older, the signals become delayed therefore there is a larger volume of urine in the bladder and can cause more urgency.

The urethra is the tube through which urine leaves your body. It is about 4cm long in women and its closure is maintained by the pelvic floor muscles, and a ring of muscle called the urethral sphincter.

Behind the bladder lies the vagina which leads up to the womb (uterus). And behind the vagina lies the rectum which ends at the anus.

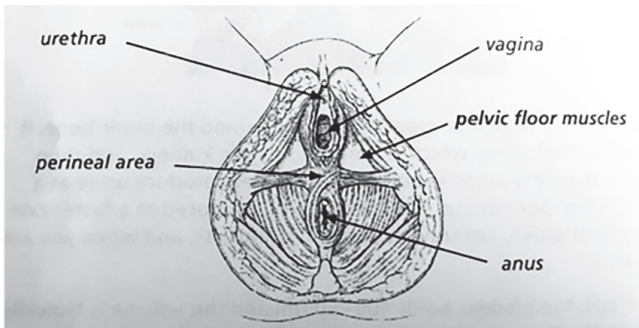


Your Pelvic Floor Muscles

The pelvic floor muscles attach from the front of the pelvic to the pubic bone, go between your legs and attach onto the base of your spine. This is known as a hammock of muscles which forms the floor of your pelvis.

This group of muscles should work 24 hours per day, seven days per week to support the internal organs and stop them from dropping down, otherwise known as a prolapse. They also help with bladder and bowel control.

The pelvic floor muscles encircle the openings of the urethra, vagina and anus in a figure of eight pattern. Thus stopping you leak urine, wind or faeces. These muscles are also importance for sexual function.



Urinary incontinence (leaking) or prolapse of the vaginal walls or the uterus are common disorders of the pelvic floor muscles.

Risk factors for developing these conditions include:

- Medication
- Menopause
- Childbirth
- Obesity
- Smoking
- Medical conditions such as diabetes, multiple sclerosis and stroke
- Radiation to pelvic area
- Chronic constipation
- Recurrent bladder infections
- Reduced mobility
- Chest infection and respiratory conditions such as asthma, COPD
- Hyper mobility

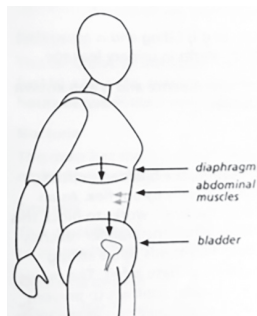
Urinary Incontinence

In New Zealand, it is estimated over 600,000 women are affected by some form of urinary leakage.

STRESS INCONTINENCE

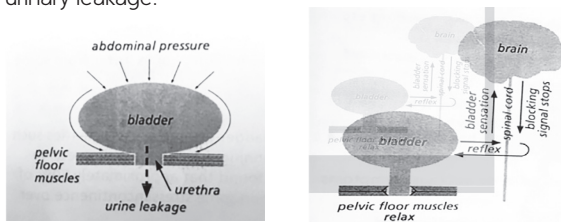
This occurs when the bladder leaks urine during 'stress' activities such as coughing, sneezing, laughing, running, jumping and bending etc. In the general population, 80% are affected by a form of stress incontinence in 2016.

When coughing or sneezing, the diaphragm (a sheet of muscle under your lungs) contracts and moves down. At the same time the abdominal muscles brace, resulting in an increased abdominal pressure pushing down onto the bladder and pelvic floor muscles.



If the bladder is supported, the abdominal pressure can get underneath the bladder and squeeze the urethra closed. The pelvic floor muscles then contract (reflex action), closing the urethra.

Leaking of urine occurs when the bladder is not well supported and rests on the pelvic floor muscles. Or if the pelvic floor muscles are weak. However, in both cases the amount of pressure on the urethra to remain closed is reduced which results in a urinary leakage.



URGE INCONTINENCE

Occurs when the bladder contracts as it is filling and is associated with a strong need to urinate, resulting in a leakage.

This is the second most common cause of incontinence and can be known as bladder instability or overactive bladder syndrome.

As a baby, the bladder empties by a reflex but as an adult the brain blocks this reflex. When the bladder reaches about 2/3 full, a strong desire to pass urine is felt. The pelvic floor muscles contract to prevent the bladder contracting as the brain blocks this reflex, until you are at a toilet.

When appropriate, this reflex is no longer blocked by the brain and the pelvic floor muscles relax, allowing the bladder to empty.

Urge incontinence is a result of the bladder involuntarily or when irritated by caffeine, bacteria or acidic urine.

MIXED INCONTINENCE

Below are conditions with both stress and urge incontinence can occur

URGENCY

Strong need to pass urine when bladder is not full.

FREQUENCY

Increased number of episodes of emptying bladder in a day (voids). The normal amount is 6-8 times per day with 2-3 hours between each void and is dependent on fluid intake.

NOCTURIA

Number of times have to empty bladder at night. This is dependent on age but can vary from 0-2 times per night.

ENURESIS

This is when the bladder empties during sleep and is linked with overactive or unstable bladder.

POST-VOID DRIBBLE

A loss of urine as stand from toilet after emptying bladder. Overflow incontinence occurs when the bladder loses its elasticity, therefore it cannot contract and empty completely.

Pressure in the abdomen when coughing, sneezing etc squeezes the 'floppy' bladder resulting in some urine leaking out.

PREVENTION OF CYSTITIS

- Drink at least 1.5litres of fluid, ideally water.
- Do not stop and start your flow when urinating
- Ensure you have completely emptied your bladder
- One glass of cranberry or blueberry juice a day can reduce the risk of developing cystitis. Cranberry tablets are as effective.
- Wear cotton underwear
- Wipe from front to back after using toilet
- Avoid using perfumed soap

Correct Positioning For Opening Your Bowels



Make sure your knees are higher than your hips. Use a foot rest to achieve this.
Lean forwards and rest your elbows on your knees.
Push out your abdomen .
Straighten your spine.

PROLAPSE

Common in women, even those who have not had a child can have a mild prolapse and those who have had children have a degree of a prolapse.

For the majority of women, a prolapse is mild, it does not cause any symptoms therefore it does not need treatment.

Although, a prolapse can cause a heavy, dragging sensation and women may be aware of a bulge in the vagina which may have an effect on bladder, bowel and sexual function. Women may also be aware of air or water benign trapped in the vagina which may suddenly be released. Some women may struggle to use tampons.

There are different forms of prolapses which can occur individually or in combination.

CYSTOCELE AND URETHEROCELE

Cystocele is a prolapse or drop of the bladder causing a bulge in the front vaginal wall. A Urethrocele is when the urethra drops and presses into the vaginal wall causing a 'kink' in the tube.



Both can cause a noticeable bulge in the vagina and can cause urinary incontinence, hesitancy (delay in able to pass urine), post void dribble and urinary tract infection as a direct result of the bladder not fully emptying.

DOUBLE VOIDING

Once fully emptied bladder, stand up, turn around/wiggle bottom, and sit down to attempt to pass more urine. Thus allowing the bladder to recover from being fatigued to be able to contract again.

BLADDER STIMULATION

Tap the pubic bone or rub the base of your spine over the nipples to help empty bladder. Blowing your nose can be another method.

CYSTITIS

Caused by inflammation of the bladder when bacteria tracks up the urethra or as a result of stale urine being retained in the bladder after incomplete voiding.

Cystitis tends to affect women more than men since women have a shorter urethra (4cm) and its close proximity to the perineum and anus.

Symptoms commonly experienced include need to pass urine, pain or burning on urination, cloudy or foul smelling using, and possibly a mild temperature.

Advice to reduce symptoms:

- Drink half a pint of water every 20mins for 3 hours to help flush out bacteria and dilute urine.
- Drink lemon barley water. Half a teaspoon of bicarbonate of soda dissolved in water can have the same effect.
- Cranberry juice or tablets to prevent bacteria sticking to bladder wall
- Avoid caffeine and alcohol
- Vitamin C
- Pain relief, heat application or lavender bath
- Visiting a chemist for over the counter meds.
- See a GP/Doctor if your symptoms persist longer than 48 hours or if there is blood in your urine.
-

RECTOCELE

Most common cause of prolapse where the rectum drops into the back vaginal wall causing a bulge. This can cause problems emptying the bowel, lower back pain, or a feeling of incomplete bowel emptying.

ENTEROCOELE

This is when part of the small bowel, which lies behind the uterus, slips down between the vagina and rectum. Symptoms may include deep pelvic pain during intercourse but this is a rare type of prolapse to develop.



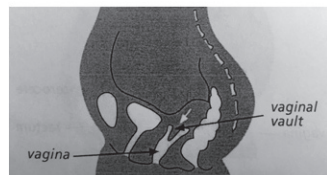
UTERINE PROLAPSE

Caused by the uterus dropping down into the vagina. Can be described as first, second or third degree depending on how far the uterus has descended. The main cause for this type of prolapse are constipation and childbirth.



VAGINAL VAULT PROLAPSE

This only occurs in a small percentage of women who have had a hysterectomy where the uterus has been removed. It is caused when the top of the uterus drops. It can occur with other types of prolapses and can cause urinary incontinence.



Aim to delay going to the toilet for a few seconds initially and gradually increased the length. With time you should be able to delay for 15-20 minutes allowing you time to locate a toilet regardless of where you may be.

DANGER TIMES

- Wet, windy, cold days
- Days when you are tired or run down
- Times when you are anxious or stressed
- Women have reported at their menstrual cycle their symptoms are worse due to hormonal effects on the bladder and pelvic floor.

RULES TO FOLLOW

- Never use the toilet 'just in case'
- Try not to wear pads as much as possible
- Never reduce your fluid intake. Make sure you consume 1.5 litres per day.

Techniques to Aid Bladder Emptying

CREDES MANEUVERER

Once finished urinating, make a fist and place above your pubic bone. Place your other hand on top of it, apply some pressure towards your spine and rock forwards/backwards. This provides external pressure to aid emptying.

URETHRAL MASSAGE

Following fully emptying bladder, contract your pelvic floor muscles with a quick squeeze 10-20 times, and try to pass urine again. Aids urethra clearance and reduced post-void dribble.



Treatment

FLUID ADVICE

It is recommended to consume approximately 1.5 litres of water per day, equivalent of 6-8 glasses, to ensure your urine does not become too concentrated. Concentrated urine is acidic and irritates the bladder directly increasing chances of developing leakage, urgency and frequency. It is also advisable to not drink fluids up to 2 hours before going to sleep.

CAFFEINE

Has a direct effect on the bladder but many people are not aware of this. Caffeine is not only found in coffee but tea, cocoa, chocolate, cola; and it affects the smooth muscle of the bladder - over stimulates. Excessive amounts of caffeine can cause unnecessary contractions of the bladder muscle causing strong urges to void.

Excessive caffeine can cause headaches, nausea, irritability, insomnia tremors and palpitations.

AVOID

Coffee
Tea
Chocolate
Decongestant medicines
Allergy medications
Citrus fruits
Energy drinks

DRINK

Water
Decaff. coffee
Decaff. tea
Decaff. cola
Herbal tea
Milk
Apple, cranberry, blackcurrant
or blueberry juice

DIURETICS

Alcohol is a type of diuretic causing an increase in urinary frequency. The amount you drink directly affects the frequency of urine passed from the bladder. Therefore the more you consume the more you will need to visit the toilet. And drinking late at night is the reason you need to visit the bathroom at night time.

Other causes for nocturnal toileting may be diuretic medication or decongestants, either from doctor or from over the counter. Also as we age, our kidneys function better when lying down and this can cause increased frequency at night time.

BLADDER TRAINING AND DEFERRING THE URGE

The following techniques can be used to train your bladder. Thus allowing you to be in control and not your bladder controlling you. However, you should not ignore the urge indefinitely, and it is normal to go to the toilet 6-8 times during your waking hours when consuming 1.5 litres of fluid.

1. Contracting your pelvic floor muscles can delay the urge as your pelvic floor muscles and bladder muscle cannot contract together at the same time. Therefore they cancel each other out.
2. Stay calm and do not rush/panic as this will make your symptoms worse.
3. Stand still or sit down and relax stomach muscles until the urge has disappeared.
4. Once the urge has resolved, continue with normal activities or locate a toilet.

NEVER RUSH TO THE TOILET MID URGE

5. Applying perineal pressure can help. Try rolling a hand towel and placing it on your chair/car seat. Sitting on it like a saddle may suppress the urge.
6. Use mind games to distract your attention from your bladder. Breathing and relaxation techniques may be of benefit.
7. The same nerves that supply the bladder, supply the calf muscles and feet. Therefore wiggling your toes or completing seated alternating toe taps and heel raises can help to suppress the urge.



REMEMBER!

REMEMBER - EXERCISES ONLY WORK IF YOU DO THEM.

YOUR BLADDER IS A MUSCLE LIKE ALL OTHERS IN YOUR BODY, THEREFORE IT CAN BE STRENGTHENED.

PELVIC FLOOR EXERCISES ARE FOR LIFE.

Your Pelvic floor exercise regime

Completing pelvic floor muscle exercises can significantly improve your bladder and prolapse symptoms. They are the initial treatment for stress, urge and mixed incontinence, according to the National Institute for Health and Clinical Excellence (NICE) guidelines.

At assessment you had a grade pelvic floor contraction with a second endurance.

HOW TO DO YOUR EXERCISES

Close your front passage as if trying to stop your flow of urine. At the same time, close your back passage as though stopping yourself from passing wind. As you close and tighten, you should feel a lifting inside.

There are two types of pelvic floor exercises you should complete.

1. Quick, strong squeezes where you lift your muscles as much as you can and then relax. This helps prevent leaking and supports vaginal walls when you cough, sneeze or laugh.

When appropriate, this reflex is no longer blocked by the brain and the pelvic floor muscles relax, allowing the bladder to empty.

Urge incontinence is a result of the bladder involuntarily or when irritated by caffeine, bacteria or acidic urine.

2. Holds where you draw up the muscles gently (not your maximum) and try to hold for as long as possible. You must feel the muscles 'let go' and relax. This helps to prevent prolapse and helps defer urgency and urge incontinence.

YOUR EXERCISE REGIME

1. Do _____ quick squeezes _____ times a day.
2. Do _____ holds, holding for _____ second _____ times a day
3. Do your exercises in lying _____
Do your exercises in sitting _____
Do your exercises in standing _____
Do your exercises in walking _____
Do your exercises in running _____
Do your exercises in jumping _____

It is important not to:

- Hold your breath,
- Use your stomach muscles,
- Use your buttock muscles or,
- Use your leg muscles.

These will increase your abdominal pressure, producing a force bearing down on the pelvic floor which will weaken rather than strengthen the muscles.

DO NOT stop and start your flow of urine more than once per week if at all.

DO try to increase your hold for exercise 2 by a second per week or as often as you can. Aim to build up to seconds.

DO try to link activation of pelvic floor muscles with all activities each day since they can be done anytime and anywhere.

'The Knack': brace your pelvic floor muscles before activities which may cause you to have a problem to reduce the reflex activity.

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Further Information

If you require further information and advice regarding this condition, please contact via the following to arrange an appointment with Nicola. The initial appointment will be an hour and all follow-ups 30 minutes:

Contact Number: 06-757-8800

Email: reception@npphysio.co.nz

Online booking: npphysio.co.nz

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