Put your pelvic floor first

If you’re a woman – from any age-group or culture – this special pelvic floor edition is a ‘must read’. Take control of your pelvic floor muscles for life!
Letter from the Editor

Every area of health seems an ‘open book’ these days. There’s wide discussion about topics unmentionable a decade or two ago. Yet problems related to the pelvic floor and exercise have only recently reached the healthcare spotlight.

The Continence Foundation of Australia is working to increase awareness and understanding of the pelvic floor and bladder and bowel control problems. Our Pelvic Floor First project is an education program that focuses on women as the primary high-risk group.

So where is the pelvic floor? What do pelvic floor muscles do? How do you protect and train them? How do you do pelvic floor muscle exercises? These questions and many more are answered in this edition.

ANNE RAMUS, Editor

Would you like FREE copies of Bridge for your gym or exercise class, a sporting group or local community health centre? Order by phoning the National Continence Helpline (see back page) or via the Continence Foundation of Australia website www.continence.org.au

View from the Bridge

A bladder or bowel problem is different for every person. Incontinence is a unique experience.

This is because it’s a complex issue, often with several factors interacting. Incontinence is shaped by our different health histories. It flows beneath other health conditions and can react to some medicines taken for these. It might be related to pregnancy and childbirth or prostate surgery, may alter with emotional states such as anxiety, and can be linked to being overweight.

We want to hear from people who have incontinence who talked to a health professional (their doctor, a specialist, a continence nurse or continence physiotherapist), and now have a story to share about their experience. Perhaps you care at home for someone who has incontinence?

We want to know how incontinence affects lives, how people feel, and what improvements are possible. We’d like to know if you kept it hidden, for how long – and what eventually made you talk to someone about it. We want to know about YOU!

You can write to the Continence Foundation of Australia (Level 1, 30–32 Sydney Road, Brunswick VIC 3056) or email your story to info@continence.org.au.

We’d like to publish a selection of stories on our website – of course, names will be kept confidential.

ANNE RAMUS, Editor

The information in Bridge is built around general health guidelines and sensible approaches to diet and exercise tips that could help improve bladder and bowel function. This cannot replace the expert and individual advice of a doctor, continence nurse or continence physiotherapist. Because guidelines cannot apply equally to everyone, if you are concerned about changes to your health or symptoms or have existing health challenges, speak to your doctor sooner rather than later. Don’t overlook or underestimate the effects of changing your diet, exercise levels or medicines. Never alter medicines or dosages without consulting your doctor.

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The PFM basics

Where is the pelvic floor?

It’s a group of muscles in your pelvis that stretches like a trampoline or hammock – the pelvic floor muscles (PFMs). These are the ‘floor of the core’. Your core muscles are the deep muscle layers close to the spine that provide structural support. The PFMs stretch from the pubic bone (at the front) to the coccyx (tail-bone) at the back, and from side to side.

What do the PFMs do?

Pelvic floor muscles:

- work with your deep abdominal (tummy), back muscles and diaphragm (breathing muscle)
- help control the pressure inside the abdomen to deal with the pushing-down force when we lift or strain, helping control the bladder and bowel (see What is stress urinary incontinence? right-hand panel opposite)
- hold up the bladder and bowel, plus the uterus (womb) in women (see What is a prolapse? on page 4)

Note that when you pull in your tummy, you’re not necessarily working your PFMs – these are quite different muscles. See the diagram on page 4 for the correct action.

Why is the pelvic floor so important?

If your PFMs are not working well, you’ll notice you might leak urine (wee) when you exercise, cough, sneeze, laugh or lift – and you might pass wind unexpectedly. These muscles also play a role in sexual sensation and function. Improving the control of these muscles can help give you more control over your bladder and bowel.

How can you improve your pelvic floor control?

There are two main ways:

1. Protect the PFMs while exercising (such as in the gym or with athletic training) and by avoiding straining (such as with lifting or with constipation).
2. Train the pelvic floor with a PFM exercise program.

What are PFM exercises?

PFM exercises (you might have heard them called Kegel exercises) strengthen the pelvic floor. They’re effective only if they’re done correctly: otherwise they won’t do any good, and may even make the pelvic floor weaker. Learn more about these exercises on pages 4 and 5.

Talking to a continence physiotherapist is a good approach: being taught exactly the right way to do these exercises, being guided and monitored through your individual PFM training program, will give you the best results.

Let’s talk about it!

The first time you raise the subject of your PFMs and/or a weak bladder might be a little embarrassing. However, it’s essential you bring this important aspect of health into your lifestyle. You can find out more about the pelvic floor and bladder and bowel control by talking to a health professional, including a continence nurse on the National Continence Helpline (see back page).

Phone the National Continence Helpline (1800 33 00 66) for FREE copies.
What is a prolapse?
The pelvic organs include the bladder, uterus (womb) and rectum (back passage). When they bulge or sag down into the vagina, it’s called a prolapse (also known as a Pelvic Organ Prolapse or a POP). Early on, you may not know you have a prolapse – you’ll be symptom-free, although your doctor will be able to see the prolapse when you have a Pap/smear test.

Childbirth is the main cause – it can happen in the weeks and months after having a baby: when the PFMs are not strengthened after childbirth, there is more risk of a prolapse happening.

Straining with long-term constipation can be a cause too. A prolapse is more likely after menopause or if you are overweight and it also tends to run in families.

Treatments include PFM exercises, a pessary (plastic or rubber support device that fits into the vagina) or surgery.

What are pelvic floor muscles?
You need to protect your pelvic floor muscles (PFMs) all the time, particularly if you’re a woman in a high-risk group (see page 6). Your PFMs are important for control of your bladder or bowel, as well as for sexual function.

They’re a part of the core – but a whole lot more! Your core muscles provide support for your back and abdominal organs, like a living corset of muscle. The diaphragm (breathing muscle) is at the top of this corset, then the tummy muscles, with the PFMs at the bottom. When they are working well, all these muscles work together with the deep back muscles, providing the core control that your body needs.

PFMs are quite small muscles compared to those in your arm, back or legs: they can get tired easily, so you need to be aware of not straining them.

Why do women generally have a higher risk for pelvic floor weakness?
Firstly, it’s because pregnancy and childbirth can stretch and weaken the pelvic floor muscles due to the weight of a growing baby and the physical strain of delivery.

Secondly, women in the menopause life-stage will have decreasing levels of oestrogen, a hormone important for building muscle tone. Oestrogen is important for bone strength too – this is why osteoporosis (low bone density) is more of a risk around menopause.

Collagen is a body protein that acts like a strengthening, protective glue and is affected by the lower oestrogen levels of menopause. The pelvic floor muscles (like all other muscles) need oestrogen to help build muscle and tissue.

Pelvic floor muscle (PFM) exercises
When you exercise your PFMs, it’s essential to:
1. Identify (feel) your pelvic floor muscles (see This tip might help, opposite page >)
2. Get the exercise movement right – every time
3. Exercise regularly

Are you getting the technique right? It’s very important that you do PFM exercises exactly the right way, otherwise they won’t work to make your pelvic floor stronger – and may even weaken it further.

Should you do PFM exercises while standing, sitting or lying down?
Any position is fine for PFM exercising – the most comfortable position for you is best. The PFMs are small and hidden muscles: no-one should notice that you are working your muscles on the inside, so try doing them while standing in front of a mirror – you should look quite relaxed on the outside!

Be patient with yourself: it might take a while to get the knack of these exercises. When you’re starting out, concentrate on simply doing each movement the right way. Go slowly, think about each separate movement, and in your mind, picture what is happening. You can speed up (and think about something else at the same time) when the correct movement becomes almost automatic for you.

Some women take a while and a good deal of concentration before they can actually feel their PFMs but it’s worthwhile persisting. It’s important to get the technique exactly right.

Take control of your pelvic floor muscles for life!
Getting the technique right
Relax and picture your PFMs (the pelvic floor muscles): they’re around your front passage (vagina) and your back passage (anus).
Picture these muscles contracting and lifting upwards while breathing slowly – feel as if you’re drawing them up further into your vagina, then:
- tighten around your back passage too
- tighten and hold the PFMs for a few seconds, while your thigh, bottom and tummy muscles stay relaxed, then
- slowly relax all your PFMs.

While you’re doing your PFM exercises:
- Feel the muscles contract – and then relax
- Feel a lift-and-squeeze inside your pelvis
- Feel a letting-go when you relax your muscles
And all this time:
- Keep your chest, upper tummy and ribs relaxed
- Keep breathing normally – don’t hold your breath
- It’s okay to feel your lower tummy gently flatten

This tip might help...
Stopping the flow of urine on the toilet is not an exercise, but it’s a good way of identifying your PFMs. Feel the sensation of a contraction (lifting, shrinking upwards) and notice how that part of your pelvic floor works to shut off the urethra (the front passage for passing wee).
It’s important to remember that this is NOT an exercise. Doing a stop-start wee more than about once every two weeks will actually cause more urine problems: it should only be used as an occasional check that you’re working the right muscles.
Doing this won’t show whether your PFMs are strong or weak: it shows whether you’re working the right muscles, and that you’re drawing them upwards (and NOT straining outwards/downwards).

The PFM exercise routine
- Relax your thigh, bottom and lower tummy muscles
- Draw in (lift-and-tighten) the muscles around your front and back passages (vagina and anus) and hold for a second or two (while continuing to breathe normally)
- Relax all the muscles
- 3 quick squeezes to finish, relaxing fully between each one (but don’t push out or downwards)
Repeat this set of movements 3 times – rest between each set.
Once you can do this set confidently:
- Hold the lift-and-tighten for longer, say, 3–5 seconds
- Build up, slowly over time, to a 10-second hold (ensure you feel the muscles ‘let go’ each time)
You can then build this up to 10 times in a row – but only with perfect technique (the right movement, timing and coordination). Do this exercise routine 2–3 times a day.

Double-check that you’re doing a PFM exercise (contraction) the right way:
- It’s a tightening feeling – an upwards movement: you should feel a lifting around both your front (vagina) and back (anus) passages.
- Your lower abdomen draws in, but the upper abdomen and buttocks (bum) muscles stay relaxed.
- You’re breathing stays normal – you’re not holding your breath.
- It’s OK to feel the lower abdominal muscles gently tighten during PFM exercises (but your legs and buttocks should stay relaxed).
Do NOT do any exercise that causes a downwards push, pain or pressure feeling on your pelvic floor muscles. Check that you’re not ‘bearing down’ when doing a PFM contraction. It’s wise to get some expert advice if:
- you can’t feel your muscles working, or
- you’re not sure whether you’re doing the exercises the right way

You are not alone
A bladder or bowel leakage problem won’t go away on its own – and it will probably get worse without expert attention. For women of all ages, incontinence can be treated, better managed and often cured – at any stage of life. A continence physiotherapist is an excellent pelvic floor ‘coach’ to help with bladder leakage.

The National Continence Helpline (1800 33 00 66) is a free and confidential service. Their continence nurse advisors can talk to you about how to ‘tame’ your weak bladder or bowel. They can also send you these free leaflets about a range of topics including: Expecting a Baby, 1 in 3 Women Who Ever Had a Baby…, Prolapse, Menopause, Bladder Training and Surgery for Bladder Control Problems in Women.
Protect your PFMs

Are you a woman in a high risk group for pelvic floor muscle (PFM) weakness?

Be particularly aware of your PFMs if you are...

- pregnant, have just had a baby, or have ever had a baby
- pre- or post-menopause
- overweight (or have a body mass index that is 25+). Check your BMI at www.mydr.com.au/tools/bodymass
- lifting heavy weights: perhaps as a part of your job, in your role as a mother lifting children and supermarket shopping, or pressing gym weights, for example
- often straining in the toilet because of constipation
- coughing a lot (e.g. with asthma, smoker’s cough, hayfever)
- an elite athlete (e.g. a runner, gymnast or trampolinist)
- diagnosed with a prolapse (see page 4)

Or if you’re a woman who has...

- had a hysterectomy or other gynaecological surgery
- a history of back pain
- suffered trauma or injury to the pelvic area (e.g. a fall, radiotherapy)

Are you protecting your pelvic floor when you exercise?

Some women can simply give up or cut back on sport or exercise because they have a leaky bladder. The important thing is not to stop exercising! For so many reasons, exercise is important, all our lives. It helps prevent a range of diseases, increases fitness and energy, reduces body fat, and helps control anxiety, stress or depression.

So what’s safe and what’s not? Generally, exercises that are ‘pelvic floor safe’ are low impact, low intensity activities like walking or swimming. There are some activities that can put strain on your pelvic floor; these include running or jumping, star-jumps, sit-ups or crunches, plus exercise classes and sports that are high-impact.

A guide to exercising safely

You may have to modify your exercise program or change your choice of exercise to suit your situation, but don’t stop exercising! Review the ways you exercise: you might have to choose a different type of exercise that will protect your pelvic floor.

- If you’re a new mother, a general rule is a gradual return to exercise: stop if you feel pain or tiredness. To protect your pelvic floor, avoid strenuous activity for at least 12 weeks. If you’re the mother of a new baby delivered by caesarean, take extra care when returning to exercise – be guided by your doctor.
- Add PFM exercises to your daily routine. From the start, concentrate on getting the exercise method right (see pages 4 and 5). Aim to make them a lifetime habit, every single day.
- Consider wearing an absorbent continence pad when you exercise so that you can continue to exercise without embarrassment.
- If you’ve noticed some urine leakage with exercise, laughing, coughing, sneezing or lifting, definitely get professional advice about this problem, no matter how ‘small’ you think it is.
- A continence physiotherapist can advise the best ways for you to exercise.

Bladder leakage?

If you’re a woman who notices occasional or frequent bladder leakage, you’d probably be amazed at how many other women are in a similar situation. In fact, 1 in 3 women who ever had a baby wet themselves! During pregnancy, the PFMs are working hard to support the baby and after delivery, your PFMs need time to recover.

Women who are new mums, or who had their babies some time back, or older women going through menopause can experience bladder weakness. When they return to exercise, it’s common to discover that their bladder is not coping.

Is cutting back on exercise the answer?

Some women notice a leaky bladder when they exercise or play sport, and this can make them decide to give up or cut back on what they’re doing. But it’s important not to stop exercising! You can modify your general exercise program, preferably with the help of a continence physiotherapist, your GP and/or your fitness advisor. This will ensure best protection and training for your pelvic floor.

Embarrassed?

It’s understandable that you might be nervous talking about a bladder or bowel control problem to anyone, even a doctor or nurse. For many people, it’s embarrassing to talk about at all – or they laugh it off as being unimportant. It’s not! Poor bladder or bowel control can gradually become a serious threat to lifestyle and quality of life – emotionally, socially and financially.
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Need help for a bladder or bowel control problem?

Here are some people you could talk to.

**Your GP** – your family doctor will know your health history and can advise you on good exercise choices and levels of activity suitable for you.

**The National Continence Helpline**
(1800 33 00 66) – Perhaps you’ve already spoken to your GP? Maybe you were too nervous to mention your incontinence? You can talk confidentially to one of the continence nurse advisors on this Helpline, from the comfort and convenience of home. They can tell you about contacting other continence experts.

**A Continence Nurse Advisor (CNA)** – nurses with specialist training in incontinence (the National Continence Helpline’s advisors are continence nurses). See below about continence clinics.

**A Continence Physiotherapist** – these physiotherapists have completed a postgraduate course in pelvic floor rehabilitation. In many cases, doing pelvic floor exercises correctly is the mainstay of improving stress urinary incontinence in women.

**A fitness professional** – If you exercise with a personal trainer or gym fitness advisor, talk to them about your pelvic floor and how to exercise in the best way to train and protect these muscles.

**A Dietitian** – specialises in foods and nutrition and can help with diet and fluid intake advice to improve digestive function, bladder and bowel control and weight.

**A Pharmacist** – can advise on reducing your weight (being overweight is a high-risk factor for incontinence) and can advise on medicines taken for other health conditions which might be linked to incontinence.

**Medical specialists** – your GP may refer you to:
- Gynaecologist or Obstetrician-gynaecologist: deals with the health of the female reproductive system and looks after women during pregnancy, post childbirth and women’s health generally
- Urogynaecologist: specialises in women’s health conditions related to reproduction and the urinary system
- Urologist: specialises in the urinary system, including kidneys and bladder
- Colorectal surgeon: specialises in the investigation, management and surgery related to the bowel
- Gastroenterologist: specialises in diseases of the digestive tract – these can affect bladder and bowel control.

**More information on the web…**

- www.continence.org.au (Continence Foundation of Australia)

**Continenence clinics** are usually self-referring, i.e. you won’t need a GP’s referral before making an appointment. However, it can be helpful if you’ve spoken to your doctor first. You can take along to the continence clinic appointment your health history, plus current problems and any medicines you take for these. The National Continence Helpline can give you contact details for your local continence clinic.

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**National Public Toilet Map:**
www.toiletmap.gov.au

The National Public Toilet Map shows the location of more than 14,000 public and private public toilet facilities across Australia.

Funded under the Australian Government’s National Continence Program, this online map helps you plan your journeys and toilet stops.

The National Public Toilet Map is available on any mobile phone with an Internet browser. Go to m.toiletmap.gov.au on your phone to be automatically directed to the mobile site.

The National Public Toilet Map is also available for Apple’s iPhone. Just go to the App Store on your iPhone or use iTunes to download the National Public Toilet Map App. It’s free.