



Sussex Community
NHS Foundation Trust

Healthy Pelvic Floor Class

Pelvic Health Physiotherapy

Sussex MSK



Excellent care at the heart of the community

Participation

- 1.5 hours
- Please be respectful of each others' experiences & emotions
- All information be treated confidentially
- Ask questions as we go along
- Comfort break halfway through

Contents of the class

Prolapse

- Statistics
- Types of Prolapse
- Why and how things go wrong
- Management & Self help techniques

Urinary Incontinence

- Statistics
- The different types of urinary incontinence
- Normal workings of the bladder
- Why and how things go wrong
- Self help techniques

Why have I been referred to Physiotherapy?

- **Pelvic floor** muscles **support** your **bladder, uterus** and **bowel**
- These **muscles naturally weaken over time** so we have to exercise them
- **Physiotherapists are experts** in strengthening **muscles**
- We can advise on **lifestyle changes** for managing your condition



NICE Guidelines 2019

Stress or mixed urinary incontinence

- 3 months of supervised pelvic floor muscle training
- Lifestyle advice

Prolapse

- 16 weeks physio for mild-moderate prolapse
- Lifestyle advice

Urgency or mixed urinary incontinence

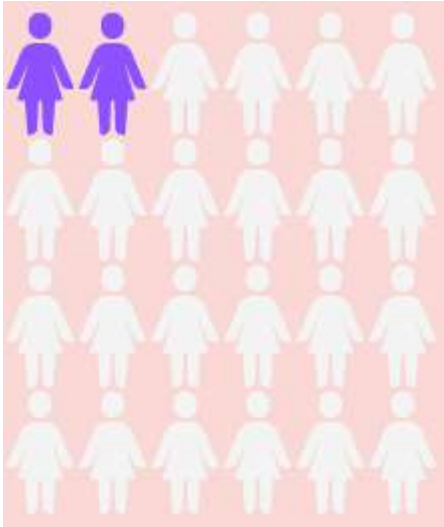
- Bladder training lasting for a minimum of 6 weeks

Expectations Physio Treatment

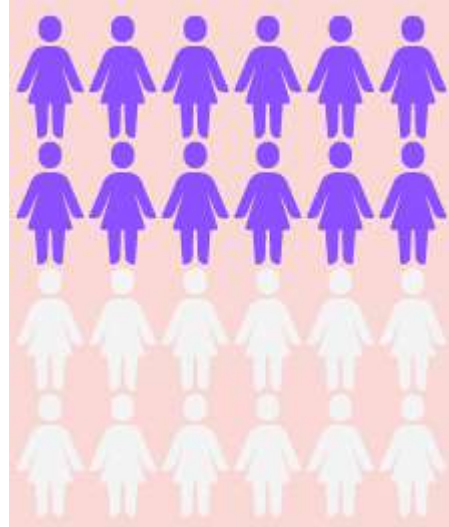
- **3 months:** Strengthening pelvic floor muscles takes time
- **Use it or lose it:** If you stop the muscles may weaken again
- **Success rate:**
 - 50% for physiotherapy
 - Out of the 50% unsuccessful, some have not improved because they don't follow the advice or do the exercises

Pelvic Organ Prolapse (POP)

Statistics



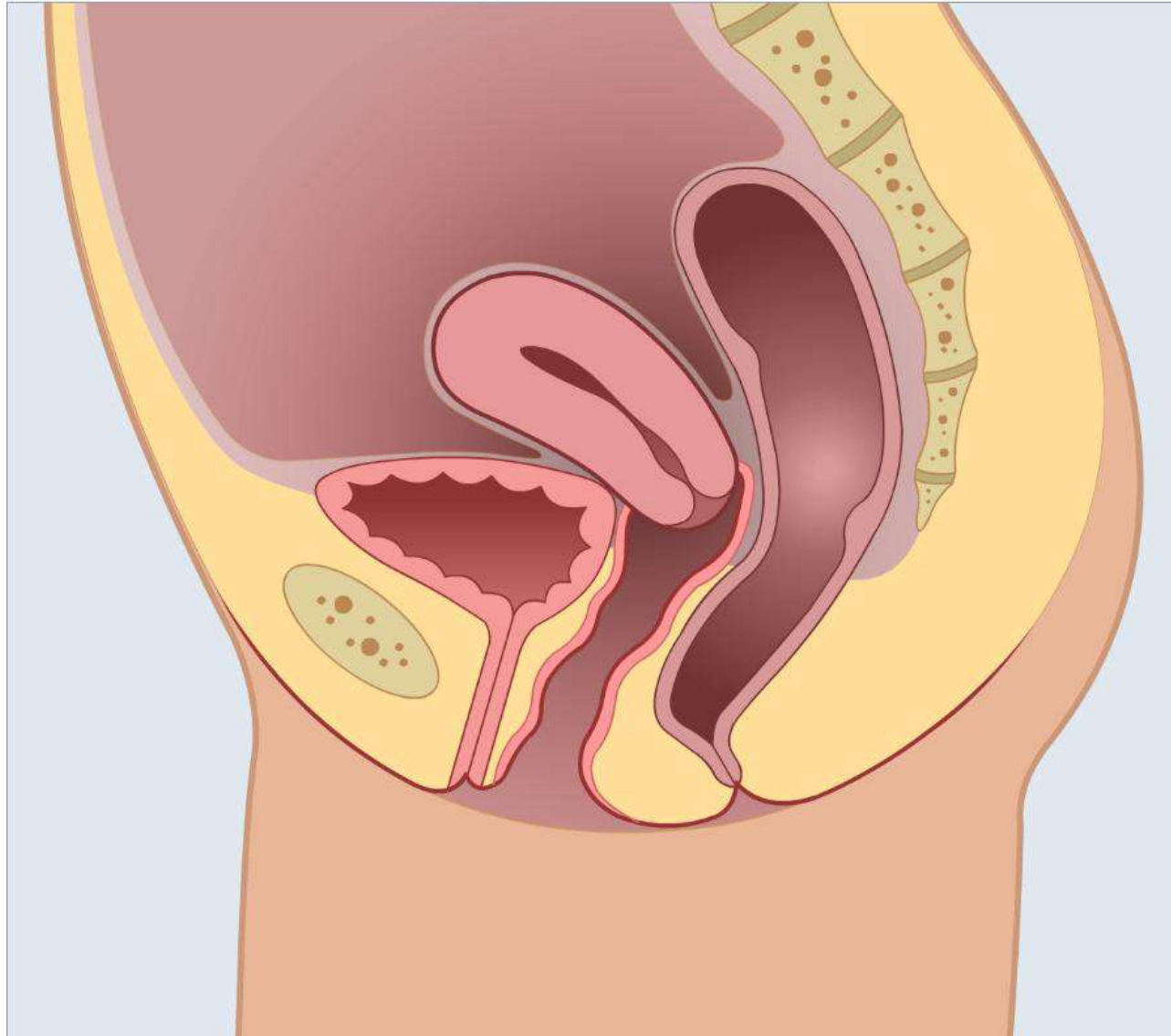
8.4% of women
present with
POP symptoms



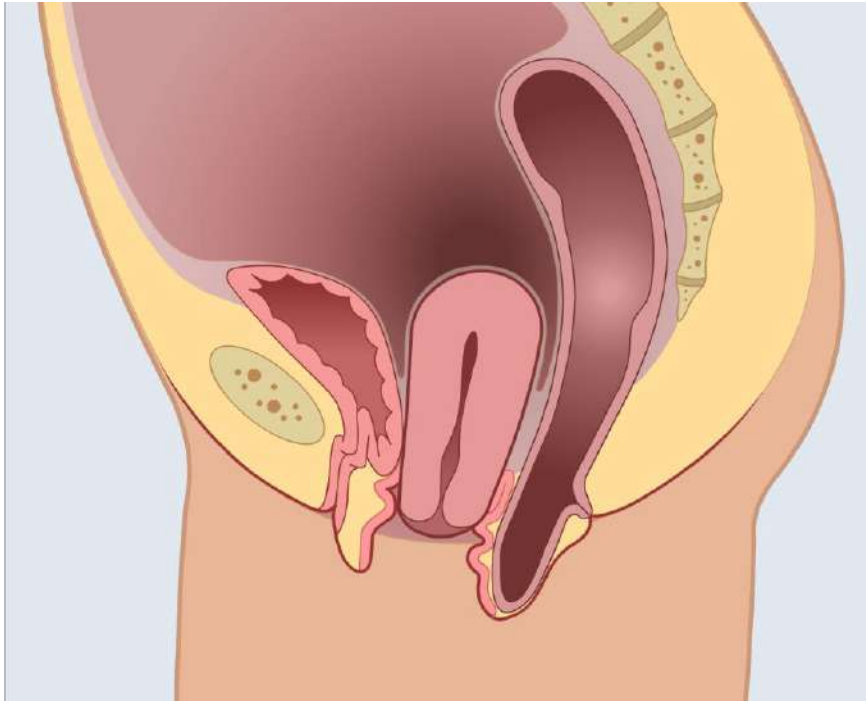
On exam, up to
50% of women
may have POP

- 1 in 10 will have surgery by 80 years old
- Rate of re-operation is as high as 19%

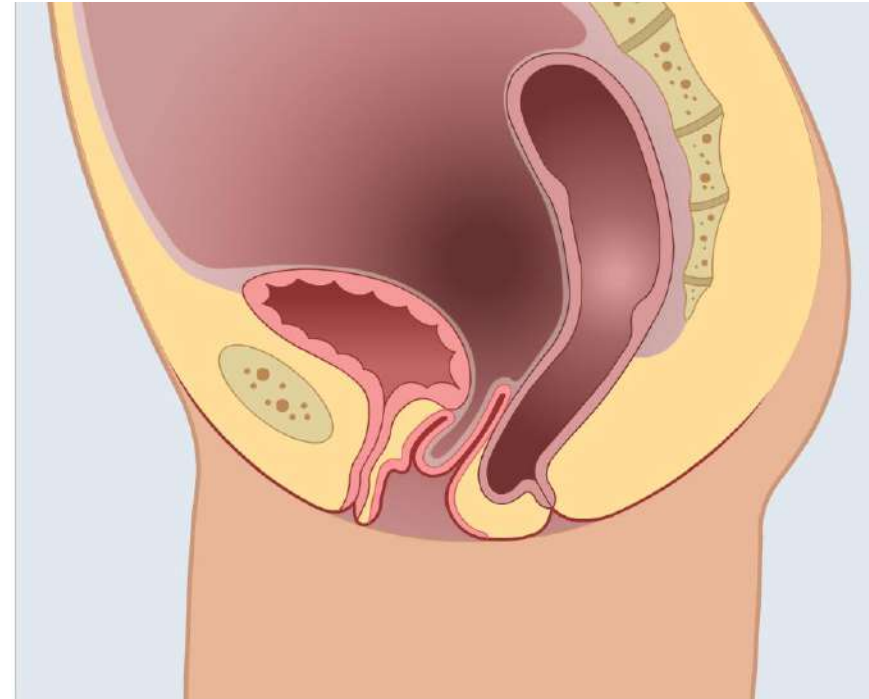
Female Pelvic Anatomy



Types of Prolapse (POP)



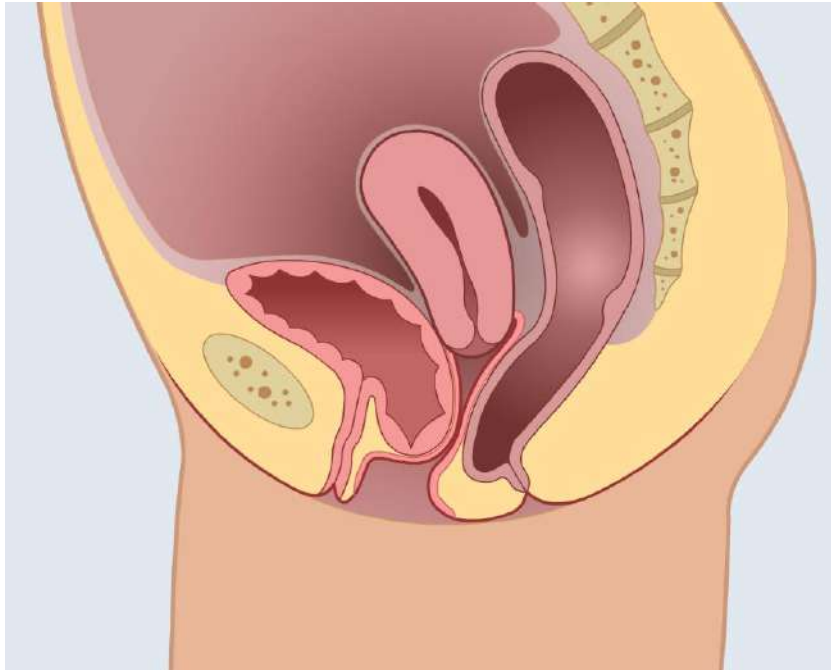
Uterine



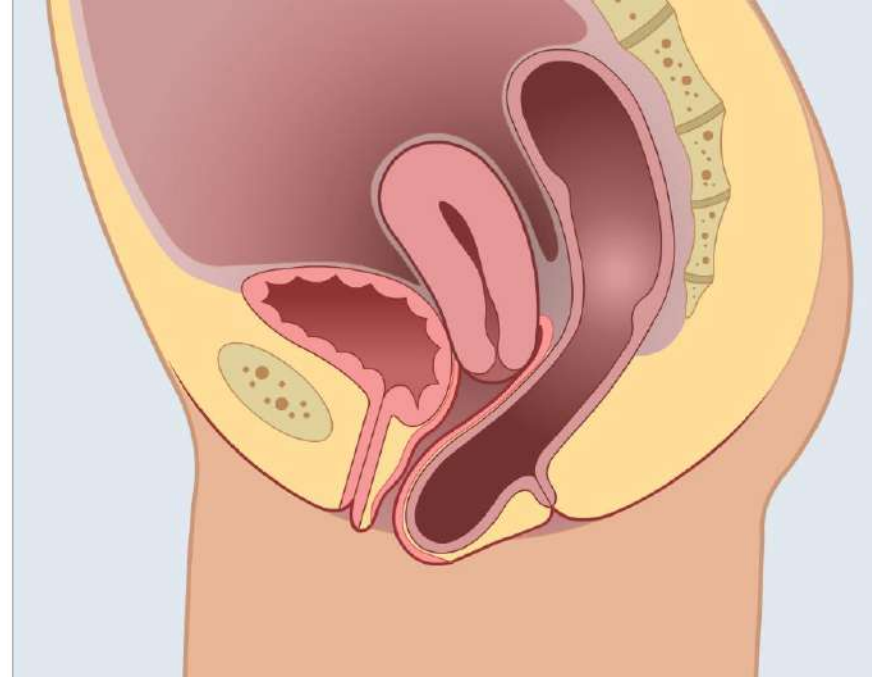
Vaginal Vault

Pelvic Organ Prolapse = the downward movement of a pelvic organ into the vagina

Types of Prolapse (POP)



Anterior / Front Wall



Posterior / Back Wall

Pelvic Organ Prolapse = the downward movement of a pelvic organ into the vagina

What pelvic organ prolapse feels like

- Vaginal bulge / lump
- Heaviness
- Dragging feeling
- Feeling like “something’s coming down”
- Tampon won’t go in or stay in
- Bladder symptoms
- Bowel symptoms
- Pain on intercourse
- The need to push the prolapse in to pass urine or open the bowels by “splinting”

Why does prolapse happen?

Weak pelvic floor muscles

Constipation

Chronic cough

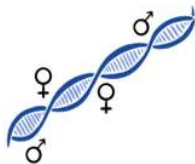
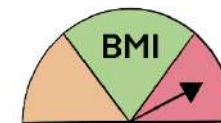
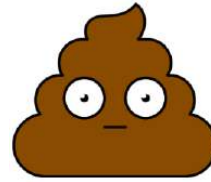
Heavy lifting

Menopause – reduced levels of oestrogen

Overweight – increased pressure on pelvic floor

Pregnancy – instrumental delivery, long labour, baby > 4kg

Genetics



Prolapse Facts

- The **majority of prolapses do not need** medical intervention
- Prolapses will **not** necessarily worsen with age
- It is **safe** to continue **sexual intercourse** (you may wish to use lubricant or change positions to be comfortable)
- **Prolapse symptoms can be reduced** with **pelvic floor muscle exercise** training and lifestyle advice on how to **self manage**

Prolapse Management Options



Lifestyle changes

Pelvic floor exercises

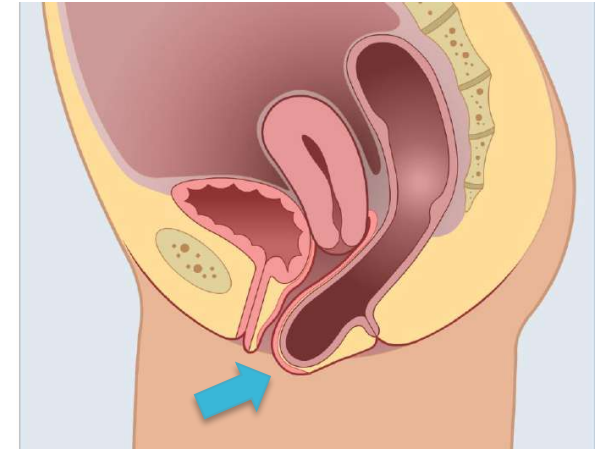
Pessary fitting

Surgery

Prolapse



Chest problems? Visit your GP
Coughing puts strain on the pelvic floor



A vaginal pessary can be fitted by a trained GP or consultant



Trial “splinting” the back wall of the vagina or put pressure on your perineum when opening your bowels



Menopausal?
Topical oestrogens may be needed

Self Help Techniques



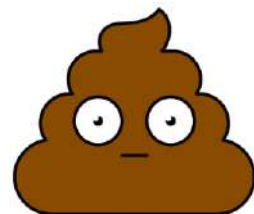
Keep your BMI in the healthy range

Pace activities & avoid standing for long periods of time



Reduce heavy lifting & use “the knack”

Regular pelvic floor exercises










Avoid constipation

Avoiding constipation

Make sure you sit on the toilet in the correct position & avoid straining



Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Comfort break



Urinary Incontinence (UI)

Statistics



1 in 3

- **3-6 million people in the UK**
Have some form of urinary incontinence



Definitions

Urge Urinary Incontinence (UUI)

Involuntary leakage accompanied by or immediately preceded by urgency

Stress Urinary Incontinence (SUI)

Involuntary leakage on effort or exertion, or on sneezing or coughing

Mixed

SUI + UUI



Definitions

- **Increased Urinary Frequency**

Passing urine occurs more frequently than normal in the day

- **Nocturia**

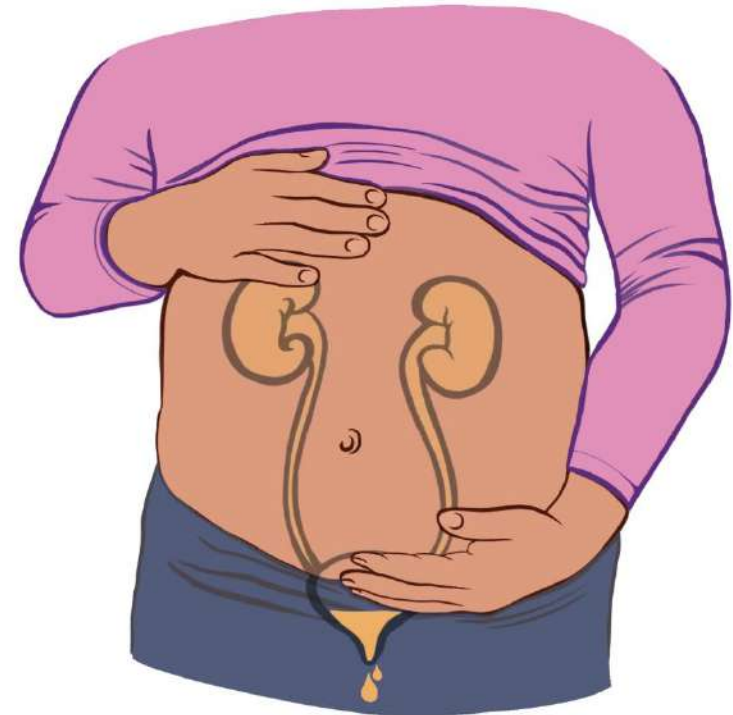
Passing urine occurs more frequently than normal in the night

- **Overactive Bladder**

Urgency, with or without urge incontinence, usually with increased frequency and nocturia

How the bladder works

- Kidneys filter into bladder constantly
- 0.5 (drop) - 5mls (teaspoon) per minute
 - This can be sped up by irritants
- Urea is waste – yellow and smelly
 - Needs to be diluted with fluid
 - **1.5 litres of fluid a day** needed to do this



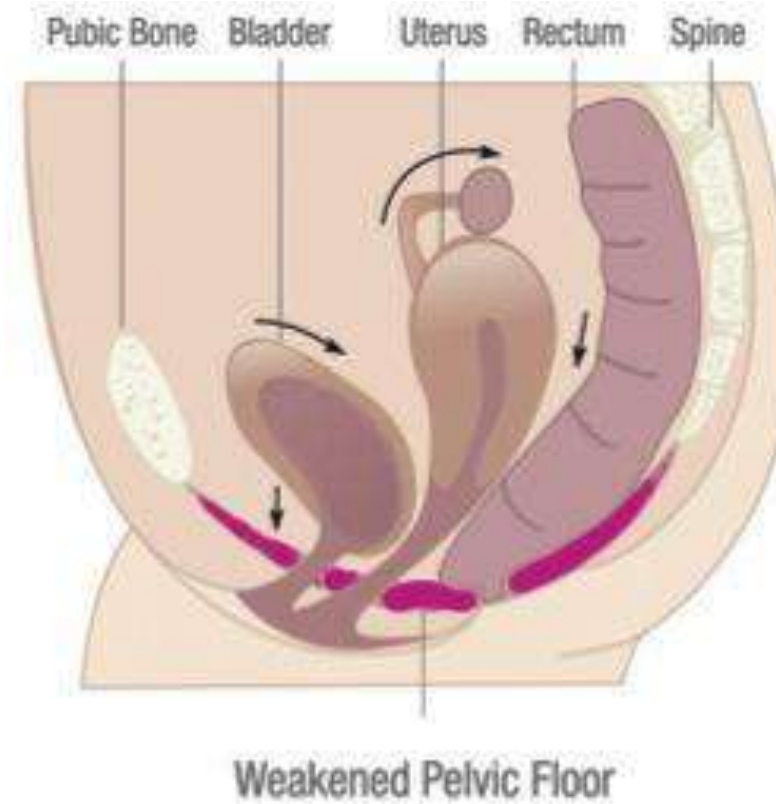
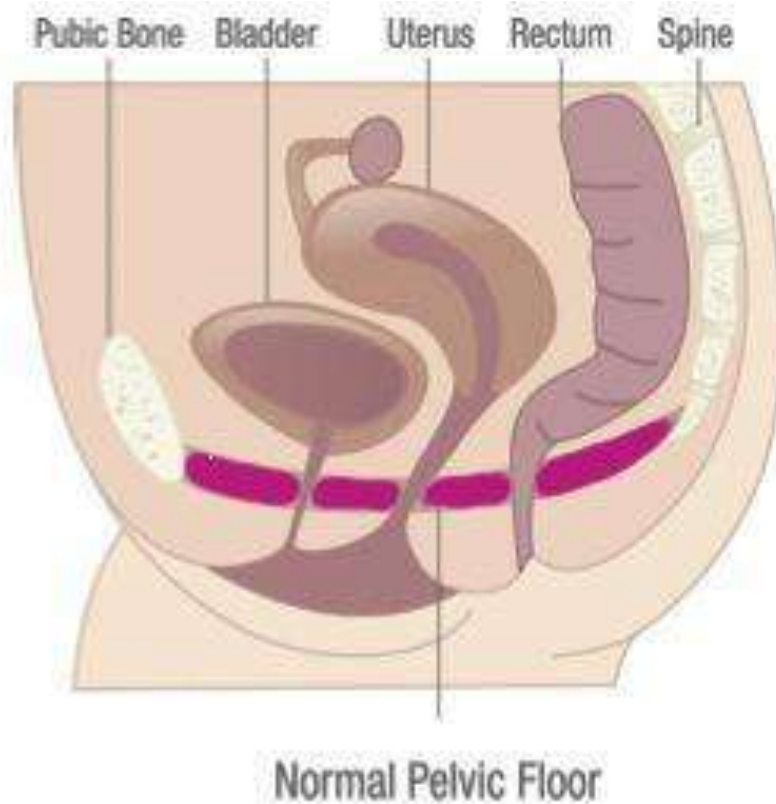
Normal waterworks

- The **bladder** is a hollow storage organ with a **muscular** lining
- Average bladder capacity
300-400ml
- Average Frequency
6-8 times per day
0-1 at night



The Pelvic Floor

- Urine is kept in the bladder by pelvic floor muscles
- To empty the bladder, pelvic floor muscles **relax** & bladder muscle **contracts**



Why does it go wrong for the pelvic floor?

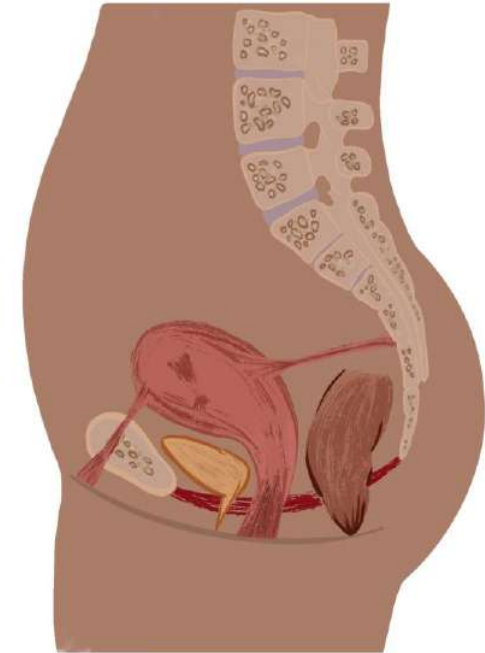
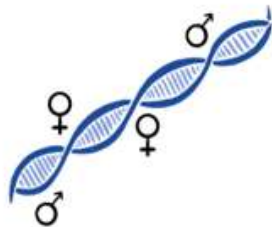
Lack of regular pelvic floor exercises

Pregnancy and childbirth

Previous Gynae Surgery

Menopause / Menstruation

Genetics



Why does it go wrong for the pelvic floor?

Extra **downward pressure**, e.g.

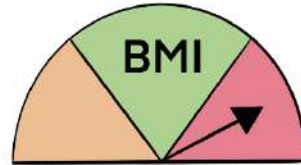
Respiratory conditions (coughing or sneezing a lot)



Constipation



Increased BMI



High impact sports and exercise



Heavy lifting



Why does it go wrong for the bladder?

Medications

Bladder infections

Too much or too little fluid

> average person needs 1.5-2 litres a day (6-8 medium size glasses)

Consuming bladder irritants

Bladder Irritants

- Caffeine
- Some artificial sweeteners (Stevia is ok)
- Citric acid e.g. orange juice, lemons, limes, grapefruit, tomatoes
- Carbonated drinks, including sparkling water
- Alcohol
- Smoking

DRINKING FOR A HEALTHY BLADDER

Drinks that CAN irritate the bladder

- Caffeinated Tea & Coffee
- Green Tea
- Hot Chocolate
- Fizzy Drinks especially Cola
- Caffeinated Energy Drinks
- Fresh acidic drinks

Drinks that DON'T irritate the bladder

- Decaffeinated Tea & Coffee
- Water
- All types of Diluted Fruit Juices
- Non-acidic Fresh Drinks
- Herbal Tea
- Red Bush Tea

Don't cut back on your drinks
Consume 1.5 - 2 litres (6 - 10 average mug sizes) a day

bbf
LIFEWORKS / April 2016

University Hospitals of Leicester NHS

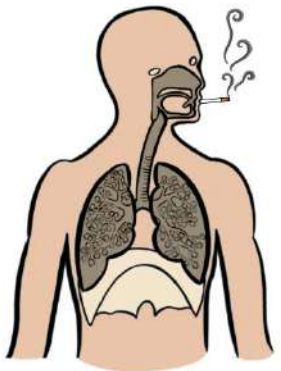
Trustees: Leicester women's clinic advice call 01533 248 4000
Consultant as a service to patients in partnership with the Medical Centenary Clinic, Leicester General Hospital and Jentiles Pharma Ltd

Incontinence: things to consider



Chest problems? Visit your GP
Coughing puts strain on the pelvic floor

Suspect you have an [infection](#)?
Visit your GP



Reduce smoking
Nicotine is a bladder irritant

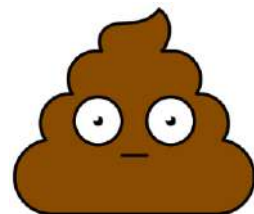
Self Help Techniques



Keep your BMI in the healthy range



Reduce heavy lifting & use “the knack”



Avoid constipation

Regular pelvic floor exercises



Make sure you drink enough fluid
1.5-2 litres a day
Caffeinated drinks don't count
towards the tally!



Pelvic Floor Exercises

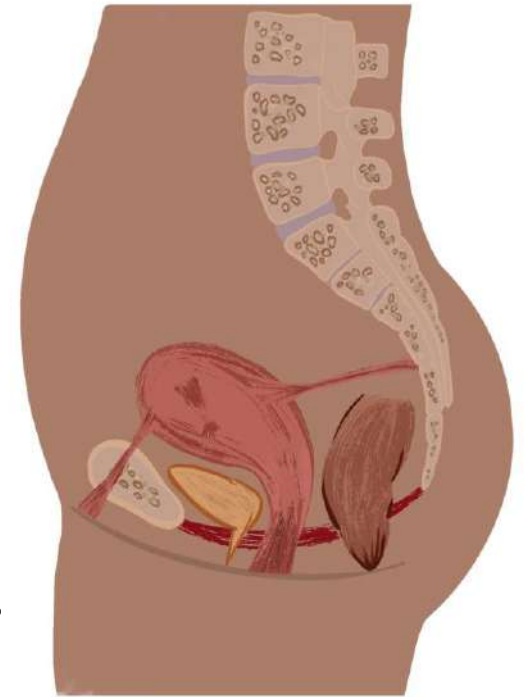
Pelvic Floor Exercises

- This is **not** a pelvic floor exercise
- Your pelvic floor are **internal** muscles
- If you do the exercise correctly, no one should be able to tell you are doing them just by looking at you



How to do Pelvic Floor Exercises

- In a comfortable **lying** or **sitting** position:
- Imagine that you are trying to **stop yourself from passing wind and urine** at the same time.
- Breathe in through your nose, and out through your mouth.
- **As you breath out**, draw the pelvic floor muscles **upwards** and **forwards** from the back passage towards the bladder.
- You may feel a **lifting up and tightening** as your muscles contract.
- **Try not to hold your breath** and keep your buttocks and legs relaxed.
- Let your **pelvic floor fully relax** after every muscle contraction.

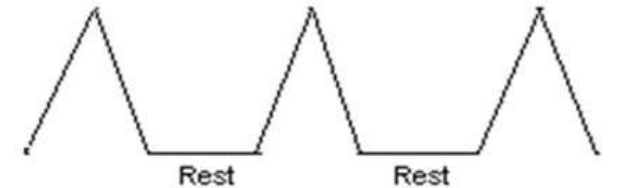
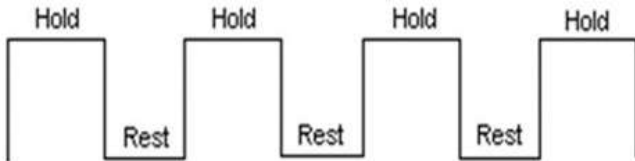


Your Plan

X10 slow reps

x3 day

X10 fast reps



Hold for up to 10 seconds

Rest between holds

Try in different positions

You will likely need to start with less and slowly build your way up

Habit Building: Pelvic Floor Exercises



Reminder



Routine



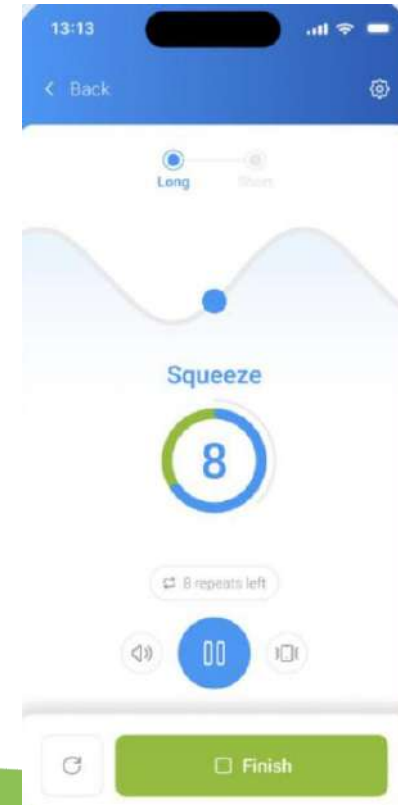
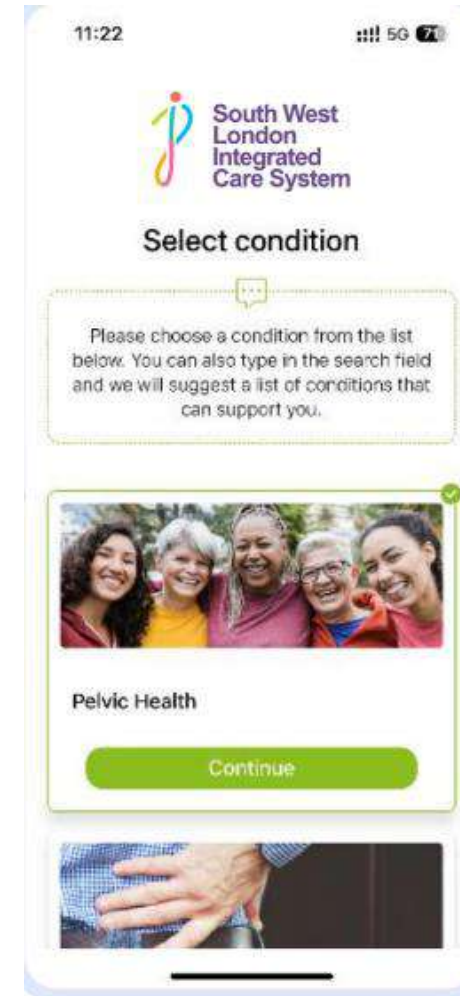
Reward



<https://squeezyapp.com/>



To access, scan the QR code or speak to one of the practice team.



Expectations Physio Treatment

- **3 months:** Strengthening pelvic floor muscles takes time
- **Use it or lose it:** If you stop the muscles may weaken again
- **Success rate:**
 - 50% for physiotherapy
 - Out of the 50% unsuccessful, some have not improved because they don't follow the advice or do the exercises

What happens now?

Try the **advice** and **exercises** for **6 weeks**

- If you are **managing well, continue**
- If you **do not improve**, or if your symptoms worsen, then **please contact us**
- You can **return within 12 months** to seek further help

Your next session – if you choose to return

- Option of phone call for quick advice... OR
- Private face to face 1:1 session for full assessment
- We can:
 - Ask about your symptoms
 - Conduct vaginal examination (with consent)
 - Assess how you are doing your pelvic floor exercises
 - Review exercises and advice

Take Home Messages

- Physiotherapy is the **safest proven way** to improve your prolapse and bladder symptoms
- No-one else but **you** can improve your pelvic floor strength
- **Everyone** can strengthen their pelvic floor - it is never too late!
- Be motivated and confident – you can do this!!!

Resources

About your condition:

- <https://www.sussexmskhealth.co.uk/diagnosed-conditions/pelvic-health>

NICE Guidelines:

- <https://www.nice.org.uk/guidance/ng123>

Pelvic Floor Exercises:

- <https://www.sussexmskhealth.co.uk/conditions/bladder>
- <https://squeezeapp.com/pelvic-health-information/>
- [Pelvic Floor Muscles | POGP](#)

Habits:

- <https://jamesclear.com/habits>
- <https://behavioralscientist.org/good-habits-bad-habits-a-conversation-with-wendy-wood/>

Any questions?

