



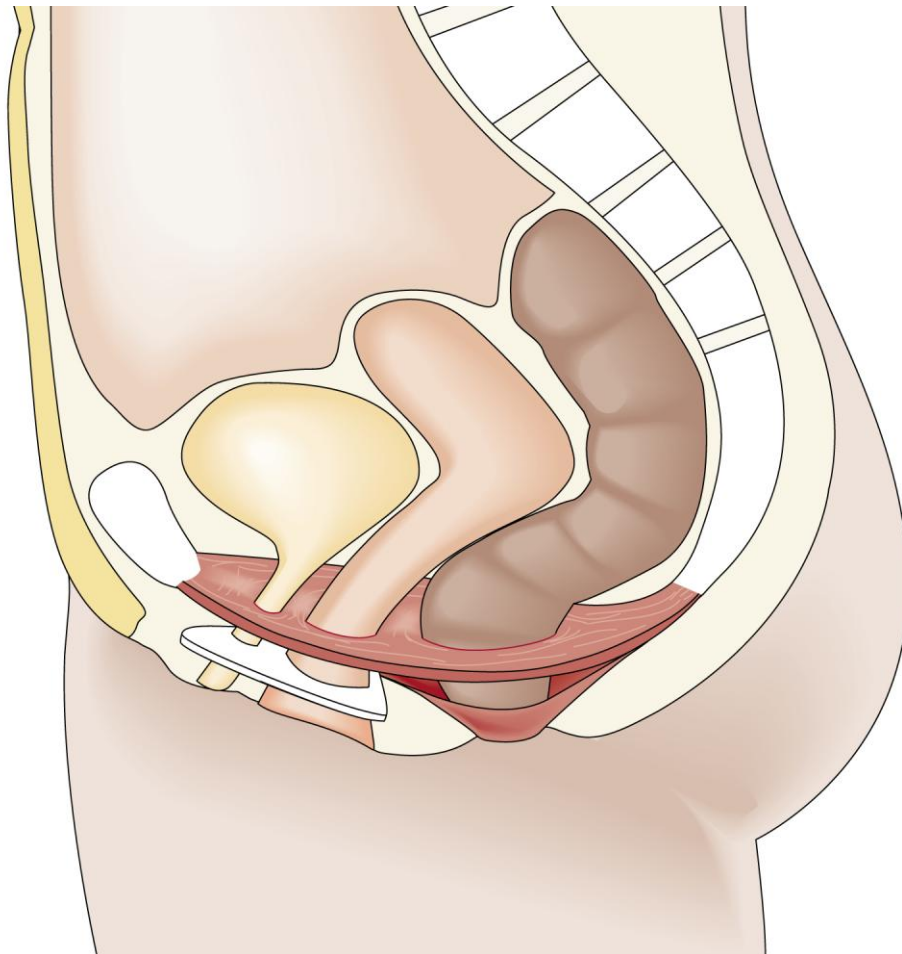
Pelvic Floor Muscle Training

What/where is the pelvic floor?

The pelvic floor is made up of a group of muscles in the pelvis, attaching like a hammock to the pubic bone at the front and the sacral bone at the back. This hammock supports the pelvic organs – the bladder, rectum and vagina/uterus.

The pelvic floor muscles can be weakened during childbirth or with chronic cough, heavy lifting and straining. They may also weaken with ageing. This can create problems with urine leakage during physical activity/cough (stress urinary incontinence), faecal incontinence or vaginal prolapse.

Once stress urinary incontinence or prolapse develops, pelvic floor muscle training (PFMT) is regarded as first-line management and may significantly reduce symptoms or the need for surgery.



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Pelvic floor muscles form a hammock running from the pubic bone to the sacrum and support the urethra, vagina and bowel.



How can I strengthen the pelvic floor muscles?

The pelvic floor muscles are like any other muscle in your body – they can be strengthened through exercise. However, in order to see the benefits of PFMT, the exercises need to be done correctly and consistently. Instruction by a health professional (your gynaecologist, pelvic floor physiotherapist or continence nurse) is most important.

The main focus of PFMT is contraction of the pelvic floor muscles – you can do this lying down, sitting or standing. Imagine you are trying to stop passing wind and squeeze the muscles around the bottom and inside the vagina. Focus on squeezing and lifting without also contracting your buttocks or abdominal muscles. It's important to breathe normally during the exercises.

You can check to see if you are contracting the correct muscles by inserting a finger into the vagina at the same time as the contraction. You should not check muscle contraction by stopping urine flow on the toilet as this gives your bladder mixed messages and, if done frequently, can affect bladder emptying.

If you are unable to contract your pelvic floor muscles, there are other additional treatments that may help, such as biofeedback or electrical stimulation. Discuss these with your health professional.

How often should I practise?

Ideally, PFMT is done on a daily basis for at least 3 months, with a maintenance program of exercise at least twice a week.

The starting point varies from one person to another, but a simple program is outlined below. A more personalised program can be developed by your health professional.

During the first 3 months, do the following exercises 3 times a day.

- Contract for 6–10 seconds, relax for the same amount of time, doing 8–12 repetitions;
- Then perform 8–12 quick contractions (these fast contractions are referred to as “the Knack” and can be done during coughing/sneezing to prevent stress urinary incontinence).

To maintain pelvic floor muscle strength, aim to do 3 sets of 8–12 quick contractions, 3 times a day, twice a week.

As with any exercise program, it takes time to see the results of your hard work. You can expect to see some improvement in your symptoms within 4–6 weeks of training, but it can take up to 6 months to see the full effects, so the important thing is to be consistent in your training and persevere.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.