

Summary

Pelvic floor exercises are the mainstay of conservative treatment for urodynamic stress incontinence but they must be performed with interest and determination, and for several months at least. Accurate diagnosis of urodynamic stress incontinence is essential, using urodynamic techniques, and failing success of conservative treatment, repair surgery may be necessary.

Remember

10 contractions

10 times per day (at least)

10 second duration for each contraction

10 seconds rest between each contraction

Internet: www.urodynamic.com.au



CHATSWOOD

Suite 25/47 Neridah Street, Chatswood

NEWTOWN

Suite 404, RPAH Medical Centre
100 Carillon Avenue, Newtown

ST LEONARDS

Suite 408, Level 4, 69 Christie St, St Leonards

BANKSTOWN

Level 1, 56 Kitchener Parade, Bankstown

LIVERPOOL

Suite 20, 17 Moore Street, Liverpool

PENRITH

Suite 3, 282 High Street, Penrith

For all appointments, call (02) 9790 6969.



A guide to understanding

PELVIC FLOOR EXERCISES

Prepared by

Andrew Korda
MBBS MA FRANZCOG CU

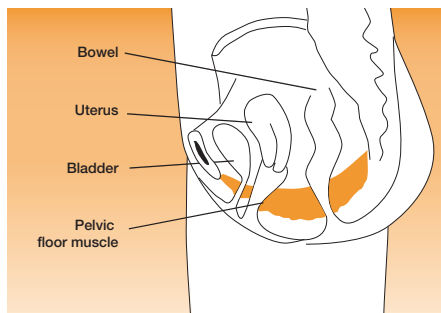
Christopher Benness
MBBS MD FRCOG FRANZCOG CU

Hans Peter Dietz
MD PhD FRANZCOG DDU CU

Clara (Ka Lai) Shek
PhD FRCOG FRANZCOG FHKCOG

Background - The Pelvic Floor

The pelvic floor is a muscular sling that supports the abdomino-pelvic organs, including the bladder in front, the uterus centrally and the lower bowel and rectum behind. Through the pelvic floor pass the tubular outlet structures of the urethra (the bladder outlet), the vagina (the front passage), and rectum (the back passage). The mechanisms which provide the control for these tubular structures are called sphincters, and these are highly specialised circular muscles formed from the pelvic floor.



The Problem - Stress Incontinence

Many factors contribute to weakening of the pelvic floor and sphincter mechanism, the most important being childbirth, where the muscles, nerves and ligaments of the pelvis are traumatised; and the menopause when waning of ovarian function reduces hormone levels which normally serve to maintain muscular strength. Other factors, including obesity and abdominal straining, also contribute to pelvic floor weakness. Urodynamic stress incontinence (USI) is the commonest cause of urinary incontinence in women, and is the condition when leakage occurs on coughing, sneezing or exercising. The leakage is due to weakness of the pelvic muscles and associated sphincters.

The Diagnosis

The diagnosis of urodynamic stress incontinence can be ascertained from the presenting symptoms of incontinence on coughing, laughing and exercise. However it should be pointed out that other conditions can produce identical symptoms, and for this reason urodynamic studies are required to differentiate the various causes. This is a vital consideration as the treatment for one cause may be completely different from another.

The Treatment of Urodynamic Stress Incontinence

Conservative management of urodynamic stress incontinence has an important place in its treatment, and is specially useful in patients suffering from mild symptoms, in women who have not completed their family, or in patients unfit for surgery.

Conservative treatment is based almost completely on pelvic floor exercises (PFE) and occasionally, electrostimulation. The most important factor in achieving success is patient motivation. Although the patient can perform these exercises alone, the best results are obtained when she is under the supervision of a trained physiotherapist or incontinence adviser. Under ideal conditions up to 2/3 of women can expect an improvement in symptoms. Surgical management is recommended if conservative management fails.

Pelvic Floor Exercises

Pelvic floor exercises retrain and strengthen the muscles and sphincters of the pelvic floor. They are easy to perform, are not time consuming, and can be done virtually anywhere.

How To Do Pelvic Floor Exercises

Technique:

- The aim is to strengthen the muscles and sphincters of the pelvic floor by exercise, as you would strengthen other muscles of the body.
- Squeeze the muscles tightly around the front and back passages, lifting the pelvic floor up. Initially, the contraction should be held for two seconds, gradually increased for ten seconds with ten second intervals. Ten contractions in one "set" is the ideal.
- It may take months to reach this level of muscular strength so do not expect immediate results.
- To achieve more effective contractions imagine you are trying to stop wind, or that you are attempting to prevent a tampon from falling out, or that you are stopping your flow of urine mid-stream.

Frequency:

The above set of exercises is best repeated as often as possible, but at least ten times per day. This can easily be achieved if you do them:

- 1) When you finish going to the toilet
- 2) On answering the phone
- 3) During the commercial breaks on television
- 4) At the red lights when driving.

Having reminders around your house, such as adhesive stickers (red dots, yellow stars) may help you remember. Convenient locations may be the bathroom mirror, TV remote, dashboard of a car etc.

Testing Pelvic Floor Strength

During the strengthening period, you can test the improvement in the strength of your pelvic floor by:

- 1) Inserting two clean fingers into the vagina and contracting the muscles as in the exercise "set"
- 2) Stopping mid-stream while urinating
- 3) Noting an improvement in your symptoms.

Important Points

During your exercise program or at any other time, you should ensure that you:

- 1) Do not bear down
- 2) Only use your pelvic floor muscles, not your abdominal, thigh or buttock muscles
- 3) Do not hold your breath.

Other Techniques:

Electrostimulation:

A number of different forms of this therapy have been developed including the use of electrodes on the abdomen and thighs (interferential therapy) and the use of vaginal devices for electrical stimulation. These methods induce contractions of the pelvic floor and have claimed success rates of 50-90%.

Vaginal Cones:

This treatment option uses conically shaped weights that rest above the pelvic floor within the vagina and are retained in position by contraction of the pelvic floor muscles. The cones are inserted for fifteen minutes twice daily. This method is easy to teach, has good compliance levels and it appears to be at least as effective as standard pelvic floor exercises.