

Licensed by Copyright Agency.  
You may only copy or  
communicate this work with a  
licence.



DOWN THERE CARE

YOUR PELVIC FLOOR

Is urinary incontinence holding you back from life? It's time to do something about it.

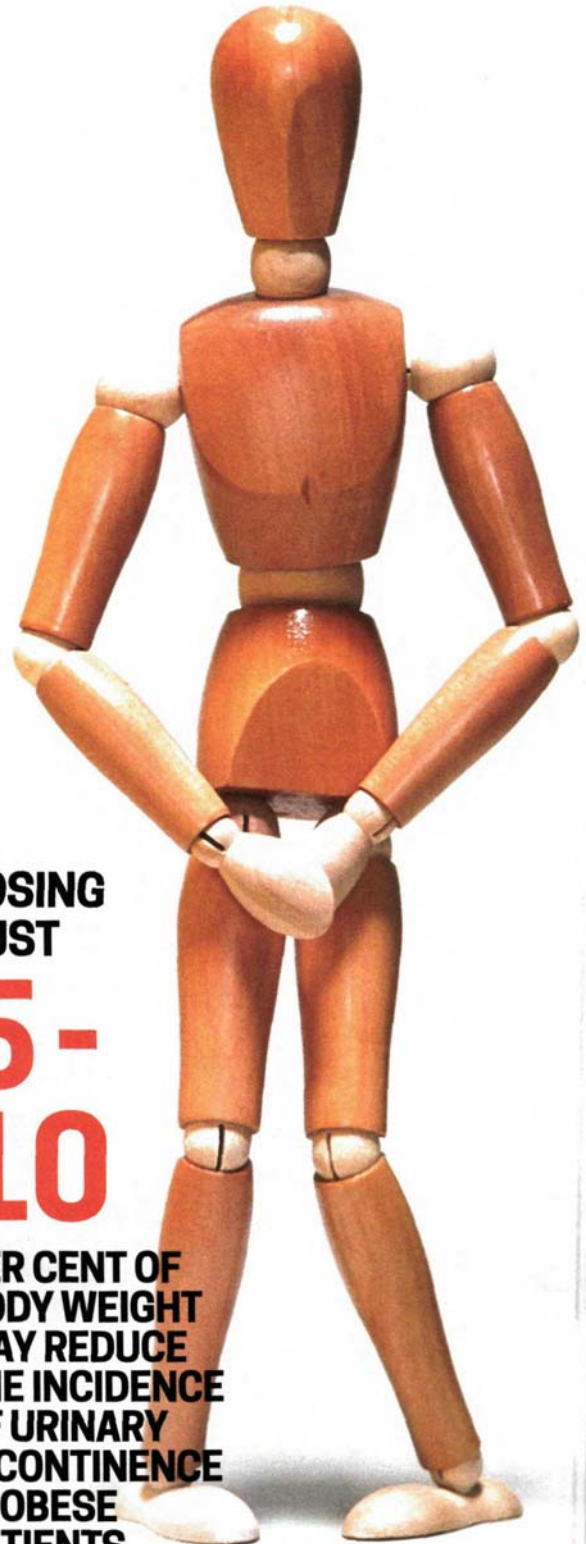
If you've lost the confidence to run, socialise and have a good laugh or even just cough, you're not alone. According to Continence Foundation of Australia, about 4 million Aussies suffer from urinary incontinence. What's behind this leakage? Your weakened pelvic floor might be the problem.

**WHAT & WHERE'S THE PELVIC FLOOR?**

Your pelvic floor is like a hammock, attaching to your pubic bone at the front and tailbone at the back.

"A healthy pelvic floor holds the bladder in position and helps control urination," explains Specialist Pelvic Floor Physiotherapist Shan Morrison. It also supports the pelvic organs and plays a role in sexual function.

Pelvic floor problems occur when the muscles are weak, stretched or even too tight. "Most people assume all pelvic floor problems stem from muscle weakness," says Morrison. "But being unable to relax the pelvic floor muscles can affect bladder and bowel emptying as well as cause pelvic and sexual pain, in the same way neck tension can cause a headache."



LOSING JUST  
**5-10**  
PER CENT OF BODY WEIGHT MAY REDUCE THE INCIDENCE OF URINARY INCONTINENCE IN OBESE PATIENTS.



Licensed by Copyright Agency. You may only copy or communicate this work with a licence.

### WHO'S AT RISK?

According to Dr Anna Rosamilia, a urogynaecologist and head of the Pelvic Floor Unit at Melbourne's Monash Medical Centre, your pelvic floor can strain or weaken from certain neurological conditions, diabetes, chronic coughing and constipation, pregnancy and childbirth, high-impact exercise, being overweight, heavy lifting, genetics and ageing.

Pregnancy hormones that loosen muscles and ligaments, the pressure of your growing baby and giving birth all increase a woman's vulnerability for a weakened pelvic floor, subsequent bladder issues and prolapse (collapse of the pelvic organs), warns Morrison.

Urinary incontinence – either the laugh-cough-sneeze-jump leaks (stress incontinence) or the I-can't-hold-it-in type (urge incontinence) – is common for new mothers. According to Dr Rosamilia, 21 per cent of women develop bladder leaks in the first year after a vaginal delivery and 16 per cent after a caesarean. The relieving news: "Research

shows that pelvic floor exercises (kegels), before, during and after pregnancy, helps to reduce leaks," says Morrison. (See 5 Steps to a Healthy Hammock, below.)

### GET YOUR LIFE BACK

"Women often think leakage is normal because they've had a baby or are getting older," says Morrison. "They stop participating in life and lose confidence to do things like exercise, chase the children or even have sex, for fear of an accident."

Whether it's an occasional leak (on coughing, sneezing, laughing or exercising), feeling like your bladder never fully empties, going more frequently, being unable to hold it in, leaking en route to the bathroom, waking in the night, or feeling pain in places you shouldn't, it isn't normal and you don't have to put up with it.

"Any incontinence is an issue," says Dr Rosamilia. "Get help from a specialist physiotherapist (see Need Further Info, right) if your symptoms are affecting your quality of life and stopping you from doing what you normally do."

## The Next Step

"When basic treatments and pelvic floor training don't work, incontinence issues can still be managed and often cured," says Dr Rosamilia. While researchers are currently fine-tuning the use of stem cell injections to rejuvenate and repair the urethra, for the time being see your GP or specialist who might talk you through these treatment options.

**TREATMENTS FOR STRESS INCONTINENCE INCLUDE** a vaginal insert (a tampon-like disposable device) or pessary (ring) to hold up the urethra/bladder and minor surgical procedures, such as a synthetic sling to help close the urethra.

**TREATMENTS FOR URGE INCONTINENCE INCLUDE** botox bladder injections; medication; nerve stimulation via an acupuncture-like needle on the inner ankle (supplies the same nerve as the bladder) or as an implanted device.

### NEED FURTHER PELVIC FLOOR INFO?

- If you'd like personalised advice, call the free National Continence Helpline on 1800 330 066 or go to [www.continence.org.au](http://www.continence.org.au).
- To find a physiotherapist specialising in continence, pelvic floor and pregnancy, search 'Find a physio' at [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au) or [www.physiotherapy.org.nz](http://www.physiotherapy.org.nz)
- For pelvic floor-safe exercises and workouts or for more on kegels: download the free 'Pelvic Floor First' or 'Pregnancy Pelvic Floor Plan' app (available from the App Store or Google Play).

## FIVE STEPS TO A HEALTHY HAMMOCK

Conditioning your pelvic floor is the key to preventing and managing incontinence problems.

### 1 Find the muscles

When you sit on the toilet, stop your urine mid-flow (but don't do this as an exercise). These muscles around the front passage work with the muscles around the back passage (imagine trying to hold in passing wind!) and make up your pelvic floor. This is the hammock of muscles that need to be strengthened.

### 2 Pelvic floor exercises

Think about your pelvic floor muscles and now squeeze and lift them upwards. Shan Morrison recommends you hold this exercise (called kegels) for 3 seconds, fully let go and relax for 3-5 seconds, then build up to doing this 10 times in a row, a few times a day. You can do them lying down, sitting or standing, and walking once they're stronger.

### 3 Check your technique

"Research shows that up to 50 per cent of women don't know how to correctly contract their pelvic floor muscles," says Morrison. Technique tips: don't squeeze your thighs, buttocks or upper abdominal muscles; make sure you breathe while contracting. If in doubt, seek advice from a physiotherapist.

### 4 Practise, practise

Just like any muscle, strengthening takes time. Set yourself daily cues – when you make a cuppa, wash the dishes, read or watch TV, or set an alarm on your phone. Some women do them at the traffic lights. Remember to also contract this muscle group when you need them, such as when you sneeze and during physical activity.

### 5 Ease the pressure

"Women may develop stress incontinence when they resume high-impact exercise after childbirth," says Dr Rosamilia. You may need to modify your program – try walking, swimming, supported light upper body exercises, and shallow squats and lunges. Avoid heavy lifting, too many sit-ups and straining on the toilet. ■