

The Pelvic Floor and Stress Incontinence

The Pelvic Floor

Stress incontinence is by far the most common form of incontinence in women and is also found in men, especially after a prostate operation. It is almost invariably caused by weakness in the pelvic floor muscles. These are like a large sling or hammock stretching from side to side across the floor of the pelvis. They are attached to your pubic bone in front and to the coccyx (the tail end of the spine) behind. The openings from your bladder (urethra), your bowels (rectum) and (in women) your womb (vagina) all pass through your pelvic floor.

The pelvic floor has important functions, among them:

- supporting your pelvic organs, especially when you are standing or exerting yourself;
- supporting your bladder to help keep the outlet from it closed, and actively squeezing when you cough or sneeze to help prevent leaking;
- controlling wind and helping you “hold on” with your bowels.

Stress Incontinence

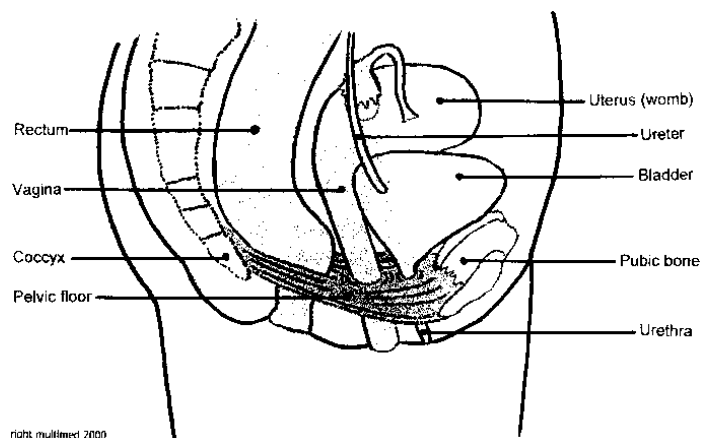
Imagine you are holding on your hand a balloon full of water. The neck of the balloon is held closed between your fingers so that it does not leak. But if your fingers get tired and you squeeze the balloon just a little, the water will dribble out.

That is what happens to the bladder in the commonest type of problem involving leaking - “stress incontinence”. If the valve at the neck of the bladder (the urinary sphincter) and the pelvic floor muscles are not strong enough, then an increase of pressure on the bladder may be too much for them, and you will find some urine has leaked out. This happens especially with a sudden increase of pressure, for example when you cough or laugh or take exercise.

Women have more trouble of this sort than men. It can occur at any age but is especially common during pregnancy and after childbirth. Both pregnancy and childbirth put an enormous strain on the pelvic floor muscles, can leave them severely weakened and may damage the sphincter muscle. Later, after the menopause and with increasing age, the tissues become weaker and any mild problem may become worse. Excessive weight or a chronic or smoker’s cough can aggravate the problem.

Pelvic Floor Exercises

Fortunately, for most people the answer is simple: exercise the muscles of the pelvic floor. Just as with other muscles, the more you exercise them the stronger they grow. So it is important to give the pelvic floor muscles plenty of exercise, whether or not you have any bladder control problems, but especially if you have signs of stress incontinence, if you are pregnant or if you have recently had children. The Continence Foundation has a leaflet (*for women*) and a factsheet (*for men*) on how to do pelvic floor exercises, but a brief description is given in the box overleaf. You will need to persist with them - probably for three months or so - before you notice a substantial improvement, and you should keep them up for life.



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It is worth persisting, because for most people this is *the* way to overcome their problems. You should get into the habit of doing the exercises by linking doing them to some everyday activities - for example, do them after emptying your bladder or whenever you turn on a tap. Or keep a simple exercise diary (you could have an unlabelled simple tick chart on a kitchen pin board) to help you remember. You can practise the exercises when you are lying, walking, sitting or standing - no-one will be able to tell. At the very least, you should tighten your pelvic floor prior to activities that are likely to make you leak - such as getting up from a chair, coughing, sneezing or lifting.

It has been proved that pelvic floor exercises are best learned from a qualified practitioner such as a specialist physiotherapist or a continence nurse

specialist. You can find out how to contact your local NHS specialist continence service by telephoning the Continence Foundation Helpline - see below. In any case you are strongly recommended to seek help from a health professional if you see little or no change in your symptoms after trying these exercises on your own for three months.

Pelvic floor exercises

Finding your Pelvic Floor Muscles: Imagine you are trying to stop passing wind and urine at the same time. Tighten the muscles around your back passage, vagina and front passage and lift them up inside you. You are tightening your pelvic floor. But it is very easy to bring other, irrelevant muscles into play, so try to isolate your pelvic floor as much as possible by:

- not pulling in your tummy,
- not squeezing your legs together,
- not tightening your buttocks and
- not holding your breath.

Exercise 1: Tighten the pelvic floor as long and as hard as you can. Build up to a maximum of 10 seconds. Rest for 4 seconds and then repeat the contraction as many times as you can up to a maximum of 10 contractions.

Exercise 2: Work the muscles quickly to help them react to sudden stresses from coughing, laughing or exercise that put pressure on the bladder. Draw in the pelvic floor and hold it for just one second before letting go. Repeat this quick contraction up to a maximum of 10 times.

Aim to do one set of exercise 1 followed by one set of exercise 2 six times each day.

Reinforcing Techniques

These experts may also advise trying techniques which reinforce the exercises, such as biofeedback or electro-stimulation.

Biofeedback requires the use of mechanical or electronic equipment to provide you with visual feedback about how your muscles are working - and hopefully improving. Biofeedback needs to be used in conjunction with a specialised practitioner, usually a specialist physiotherapist or specialist nurse. It is not directly beneficial in itself - but it does help you (if you need help) to do your pelvic floor exercises properly.

Electrical Stimulation is used in the treatment of both stress and urge incontinence, but not usually as

a first line of treatment. It may be administered in a clinic setting (by either a specialist physiotherapist or a specialist nurse) or with the use of a small portable stimulator at home. Home treatment should be supervised by a specialised health professional. It involves using a small battery-powered unit which produces an electric current to the muscles around the bladder. This current is usually passed via a small vaginal or anal probe in close contact with the pelvic floor muscles or via surface electrodes placed on the perineum (the area between the front and back passages).

It is hard to describe what electrical stimulation feels like, especially as different frequencies produce different sensations. Most people describe it as a tingling rather like pins and needles, sometimes with a involuntary tightening of the pelvic floor muscles. It is not painful.

People are usually advised to use the unit for between 20 minutes and an hour a day for about 20 days. Some people find this treatment very effective, and there is evidence that it can be as useful as pelvic floor exercises.

The unit is available on loan from some local continence services and from some physiotherapy services. (Details of your local continence service can be obtained from the Continence Foundation Helpline - see below.)

Vaginal Weighted Cones are small weights which can be used by women as an adjunct to pelvic floor exercises. There is little research evidence proving their effectiveness but many women have found them useful if only as ways of helping them perform their pelvic floor exercises. The idea is to place the cone in the vagina and use the pelvic floor muscles to hold it there. Using it for 15-20 minutes at a time while walking around at home will give your pelvic floor muscles some exercise.

Some makes come as a set of cones of different weights, others as a single cone that unscrews to allow you to put in different weights. In either case you start by using the lightest weight for a short period once or twice a day, gradually increasing the weight, frequency and length of time you use them. You can buy cones directly from the manufacturers or from some branches of Boots the Chemist. They cost from about £15 upwards.

Vaginal weighted cones can be ineffective as many women find that the cone either slips out of the vagina almost immediately no matter how good their pelvic floor muscles or else stays lodged in the vagina with no muscle work required to keep it in place. In fact, the evidence seems to suggest that

using cones does not add any benefit if you are doing your pelvic floor exercises properly - but they may encourage you to do the exercises properly and many women say they have been useful.

Overall it is recommended that you talk to your nurse before you try to use weighted cones. The nurse can instruct you in their proper use - and make sure you are doing your exercises right.

Vaginal Devices

Women may find it useful to use a device that is inserted in the vagina and supports the neck of the bladder, helping to keep it closed. There are two currently on the market (but not on the NHS) - Contiform (from pharmacies) and the Conveen Continence Guard (by mail order). Details are available from the Continence Foundation Helpline (*see below*).

Surgery

A very few women with severe leakage for whom pelvic floor exercises have not proved successful may be recommended by their doctor to have surgery to cure their incontinence. This is not normally offered until your family is complete as further pregnancies may result in the operation failing. The Continence Foundation has a factsheet on surgery for stress incontinence in women.

FURTHER HELP

Your own doctor or local continence advisor can give advice.

The Continence Foundation

307 Hatton Square, 16 Baldwins Gardens
London EC1N 7RJ
Tel: 020 7404 6875
Fax: 020 7404 6876

Email: continence.foundation@dial.pipex.com
Website: www.continence-foundation.org.uk

The Foundation has a range of literature that may be of help - see the box overleaf. Send an s.a.e. for a copy of the free publications list.

Helpline: 0845 345 0165
Monday - Friday 9.30am - 1.00pm

The Helpline's specialist nurses offer confidential advice and information on the causes and treatment of incontinence and on products that can help manage it. They can tell you where to find your local specialist continence nurse or see the website.

Incontact

United House
North Road
London N7 9DP
Tel: 0870 770 3246
Fax: 0870 770 3249
Email: info@incontact.org.uk
Web-site: www.incontact.org.uk

A support organisation for people with continence problems.

Leaflets from the Continence Foundation:

The Well Behaved Bladder
The Well Behaved Bowel
Can't Hold On!
Pelvic Floor Exercises (*for women*)
Adult Bedwetting
Expecting a Baby?
Only When I Laugh (*stress incontinence*)

Other factsheets in this series:

- 1: The Confused Incontinent Person at Home
- 2: Penile Sheaths
- 3: Washable Pads and Pants
- 4: Washable Bedpads
- 5: Advice for Relatives of People in Residential and Nursing Homes
- 6: Bladder Control after a Prostate Operation
- 7: Faecal Incontinence and Constipation
- 8: Controlling Wind and Smells
- 9: Sphincter Exercises to Aid Bowel Control
- 10: Skin Care for People with Bowel Problems
- 11: Your Sphincter Repair Operation
- 12: The Unstable Bladder
- 13: What is Urodynamics?
- 14: Pelvic Floor Exercises for Men
- 16: Nocturia
- 17: After-Dribble (*men*)
- 18: An Introduction to Bladder Control Problems

Send an A5 stamped addressed envelope to the Continence Foundation for single free copies of any of these leaflets or factsheets and a complete list of our publications with prices for bulk purchases.

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