

GYNAECOLOGY & OBSTETRICS UPDATE

Practice and District Nurses

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Remember

- * Try to always work with easy effort. No jaw clenching or breath holding.
- * The patient should be encouraged to increase the number of tightenings per day and the length of the 'hold' of each contraction.
- * The minimum each day should be 3 sessions with 3 tightenings each time, holding each one for 3 seconds, plus 5-10 quick tightenings. Hopefully the patient will increase to more sessions per day.
- * It should be emphasised that concentration is required when doing the exercises and that muscle strength will be lost unless the exercises are continued for 'life'.

Pelvic Floor Muscles Exercises (PFME)

JANE GOUDGE, CLINICAL SPECIALIST PHYSIOTHERAPIST, WOMEN'S HEALTH

The pelvic floor muscles form a broad muscular sling across the base of the pelvis. They support the position of the pelvic organs, preventing their prolapse, and help the closure mechanisms of the bladder and bowel preventing incontinence. They are also important for normal sexual function. *Daily* exercises *throughout life* improve pelvic floor muscle strength. The exercises also ease symptoms of leaking urine and the symptoms associated with uterine and vaginal prolapse. These are common problems and can relate to many causes: lack of PFME, pregnancy and childbirth, chronic coughing and constipation, heavy lifting, the process of ageing, and being overweight.

TEACHING PELVIC FLOOR EXERCISES

Education is a key component of any successful treatment so patients should be given information on the anatomy and physiology of the lower urinary tract and pelvic floor muscles.

There are many *misunderstandings* concerning PFME, for example: Many say they will not be able to get on the floor, thinking they are 'floor' exercises - Others think that they involve pelvic tilting or contracting the buttocks and all the muscles round the pelvis - Many think that the 'stop test' on a flow of urine will exercise the pelvic floor muscles. This is contra-indicated because it interferes with the micturition reflexes.

Clear explanation of the exercises required is essential and also emphasis that the symptoms will not improve unless the exercises are done *correctly and daily*. These exercises should involve *fast and slow twitch fibres* and be performed in a variety of positions.

The Basic Exercise – Explanation to Patient:

Stand, sit or lie comfortably with legs slightly apart.

Try to stop the feeling of passing wind. After feeling the back passage drawing in work this feeling forward into the vagina, as if closing the urinary passage too. This feeling of 'squeezing and lifting' internally is called the **basic pelvic floor contraction**.

Try not to tighten the buttocks or hold the breath. Try also to feel how the muscles 'let go'. When confident that these muscles are working correctly a strengthening programme can commence.

Strengthening Programme

Work in any comfortable position: sitting, lying, standing.

1. Slowly tighten around the back passage and the vagina, pulling up deep inside. Hold for 3-4 seconds, longer if possible. Rest for a second or two before repeating 3-4 times.
2. Pull up the pelvic floor muscles quickly and tightly, then immediately let go. Have a short rest and repeat the work 5-10 times.
3. Draw up the pelvic floor muscles in controlled stages. Tighten the pelvic floor muscles a little, hold. Add to the squeeze, hold. Draw right inside, hold for a second or two. Let go a little, hold. Let go a little more, hold. Let go completely.

Abdominal Recruitment

Let the abdominals sag! Breathe in. On the outward breath, gently draw in the lower part of the stomach. Hold with easy effort for a few seconds before letting go. Repeat this several times, working the pelvic floor muscles at the same time.

*Daily
&
for Life*