

CHECK YOUR TECHNIQUE

It is easy to use the wrong muscles when starting out, so it's important to perfect the technique early on. Avoid tightening your:

Abdominal muscles

Adductors (inner thigh muscles)

Gluteal (buttock muscles)

Diaphragm (by holding your breath)

You can **check your technique** in several ways:

1. **LOOK** - use a full length mirror to ensure that no other part of your body is moving or holding. You can also use a mirror to observe the vagina & anus to ensure this area is puckering & slightly drawing inwards. If you see any bulging towards the mirror, stop & speak to your Physiotherapist.

2. **FEEL** - place a finger or thumb into your vagina then do a pelvic floor squeeze. You may feel a gentle tightening around your finger and your finger might be lifted in an up & forward direction. Don't worry if you don't feel anything, your muscle may need to strengthen more before you can feel it.

3. **TEST IT** - can you stop the flow of urine in the middle of a wee? We only advice you try this once a month as more often could potentially prevent you from fully emptying your bladder.



Physiotherapy Appointment booking - 01443 471515

Royal Glamorgan Hospital Physio Dept - 01443 443277

Ysbyty Cwm Cynon Physio Dept - 01443 715014

<https://cwmtaf.wales/pelvic-health-physiotherapy>

Bladder Health

Advice & exercise for continence control

Pelvic Health Physiotherapy

<https://cwmtaf.wales/pelvic-health-physiotherapy>



Types of Urinary Incontinence

- Stress Urinary Incontinence
- Urge Urinary Incontinence
- Mixed Urinary Incontinence (a combination of both)

Prevalence of urinary incontinence

- More common in women than men
- Effects approximately 40% of **ALL** women
- Peaks between ages 45-55 then again during old age
- Approximately only ¼ of women seek help

Causes of stress incontinence

Stress incontinence occurs when the pressure inside your bladder (as it fills with urine) exceeds the strength of your pelvic floor muscles, resulting in urine leaking from your front passage.

A sudden increased pressure on your bladder can be caused by coughing, sneezing, laughing, running, jumping etc.

These problems may be caused by:

- Trauma during childbirth
- Increased pressure on your tummy, eg. pregnancy, being overweight (especially around the abdomen) or having a chronic cough or constipation
- Potential trauma to the pelvic floor muscles and surrounding structures during any abdominal or pelvic surgery
- Neurological conditions such as Parkinson's disease or Multiple Sclerosis
- Connective tissue disorders, such as Ehlers-Danlos or Hyper-mobility Syndromes

SLOW SQUEEZES

Squeeze your pelvic floor and hold for a few seconds, making sure you fully let go after each squeeze. Try and hold until your pelvic floor muscles get tired and do as many repetitions as you feel you can. Stop if you can feel other muscles trying to join in.

Aim to hold for 10 seconds and repeat this 10 times with a 5-10 second rest in between each hold.

If your Physiotherapist has assessed your pelvic floor muscles, it is important to stick to your prescribed routine as detailed below:

Squeeze & hold for ___ seconds , relax for ___ seconds

Repeat this ___ times

FAST SQUEEZES

Squeeze quickly and immediately let go fully.

Repeat this as many times as you can, stopping when your pelvic floor muscles tire or when other muscles try and join in.

If your Physiotherapist has assessed your pelvic floor muscles, it is important to stick to your prescribed routine as detailed below:

Squeeze & immediately let go, repeat this ___ times in a row

If you do not stick to your exercise program or under do it, you will not make an improvement.

Remember, PRACTICE MAKES PERFECT & your program will need to be progressed as you improve to get the greatest gains.

SUBMAXIMAL SQUEEZES

If your Physiotherapist has asked you do progress to these, squeeze your pelvic floor to only half the strength (30-50%) of a maximal squeeze.

Half squeeze for ___ seconds, relax fully for ___ seconds &

Repeat this ___ times in a row.

PELVIC FLOOR EXERCISE

The pelvic floor muscles have several jobs including:

- Keeping you continent
- Supporting the pelvic contents
- Providing spinal and pelvic stability
- Contributing to sexual function & sensation

HOW TO DO THE EXERCISE

It is important to do the exercise correctly and **not to** allow other muscles nearby to join in:

- Tighten around the back passage as if to stop passing wind
- Then squeeze as if stopping a wee
- If possible, aim this squeeze upwards and forwards (by trying to draw the back passage towards the pubic bone)
- Finally, make sure you fully release & let go of the muscles

The KNACK & FUNCTIONAL USE

Remember to squeeze your pelvic floor muscles as tight as you can before any sudden movement including coughing, sneezing, lifting or anything which would normally cause you to leak. This may take a lot of practice to master.

If your pelvic floor is to be of any use to you when you really need it, you have to learn to squeeze it and breathe at the same time. This can be tricky at first but will improve with practice - ideally breath out as you hold the squeeze.

You also need to be able to squeeze your pelvic floor in a range of positions such as lying, sitting, standing, walking and during your other daily activities. If this is difficult, lying is a good place to start as it tends to be the easiest position.

Causes of urge incontinence

The urgent and frequent need to pass urine can be caused by a problem with the muscles in the walls of the bladder. These muscles relax to allow your bladder to fill with urine. They then contract in order for you to empty your bladder.

Sometimes these muscles in the walls of the bladder contract too often and too forcefully, creating an urgent need to go to the toilet. This is known as having an 'overactive bladder'. The reason that your bladder may be overactive is not clear, but possible causes include:

- Drinking too much alcohol or caffeine
- Insufficient fluid, which can cause strong, concentrated urine to collect in your bladder which can irritate your bladder
- Constipation
- Anxiety
- Conditions affecting the lower urinary tract such as urinary tract infections (UTI's)

Solutions for bladder control

There are many lifestyle changes and specific exercises which can help to improve these bladder control issues.

Read on for simple things that you can try straight away.....

Bladder training

Bladder training aims to help reduce the number of times you go to the toilet to pass urine and improve your control on route.

Completing a bladder chart helps us to understand:

- How often you go to the toilet day & night
- How much you pass when you go to the toilet
- Any times that you leak
- How much you drink
- Most importantly, how your Physiotherapist can help you

Re-training your bladder can be achieved by:

- Increasing the time between visits to the toilet, until you are going no more than 7 times a day
- Drinking between 1.5-2 litres of fluid a day to keep your bladder healthy
- Reducing caffeine, fizzy drinks, alcohol, citrus drinks as these can potentially irritate your bladder and send you to the toilet more often
- Avoiding going to the toilet 'just in case' - wait until you get an urge to go
- Keeping your bowel functioning well
- Strengthening your pelvic floor muscles
- Distraction techniques (see overleaf)

Your Physiotherapist will explain which of these are important to focus on after assessing you.

Distraction Techniques

- Don't rush to the toilet while you have the urge - stay still & calm while you squeeze your pelvic floor & wait for the urge to calm
- Stand tall, rather than bending forward
- Sit leaning backwards
- Try sitting on the edge of a hard surface
- Squeeze your pelvic floor muscles - don't strain
- Distract yourself (do something complicated)
- Relax your abdominals & breathe into your lower tummy
- Stroke the front or back of your thighs
- Go up and down on your tip toes

Fluids to avoid

- Caffeine (tea, coffee, hot chocolate, green tea)
- Fizzy drinks
- Drinks with artificial sweeteners/diet drinks
- Acidic drinks like orange juice
- Alcohol

Fluids to try

- Water
- Decaffeinated tea/coffee
- Herbal teas or fruit teas
- Milk or milkshakes
- Cranberry juice (please discuss with GP if on Warfarin)