

Welcome to the Women's Health Information Group

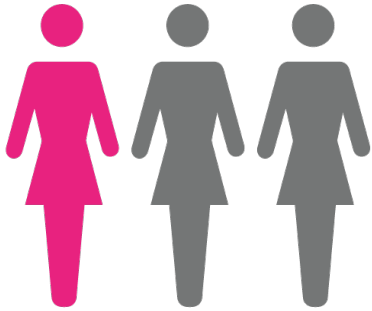
- We will start promptly at 5 minutes past the given time.
- Please mute your microphone and turn off your video
- We are not recording this session and we ask that you don't either
- If you have any questions as we go, please use the chat function or unmute and ask



Contents

- Common pelvic floor problems (including bladder/bowel/vaginal issues)
- Why Physio?
- How pelvic floor exercises help
- Other management options
- How to get further help from our Team
- FAST

Here's Some Statistics



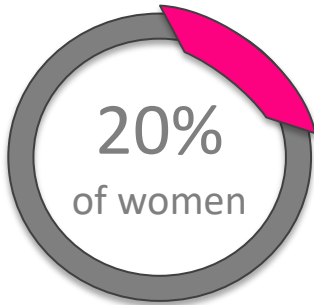
Pelvic problems affect
1 in 3 women



Women are estimated to
seek help



Women likely do *pelvic floor*
exercises *incorrectly*



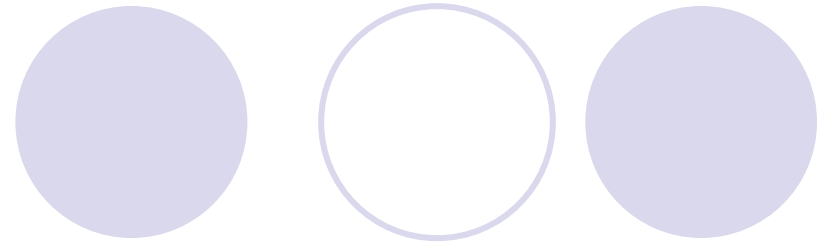
Receiving *physiotherapy treatment*
need onward *referral* to a
gynaecologist, which may include
surgery



Women *receiving*
physiotherapy
treatment get *better*
(YIPPEEE!!)



Let's Not Forget!



Approximately **1** in **10** men experience
bladder and bowel issues too

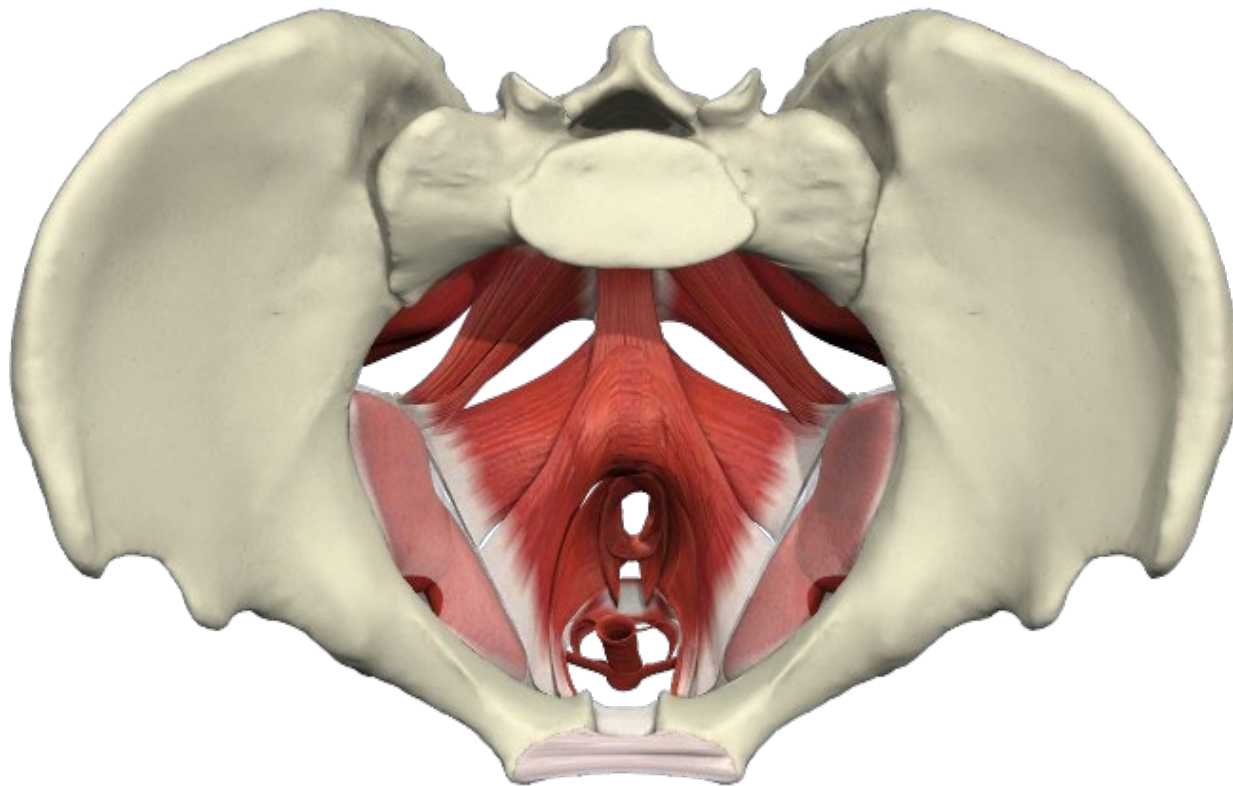
Pelvic Floor Dysfunction



- Pelvic organ prolapse (POP)
- Bladder symptoms
- Bowel symptoms
- Painful intercourse (dyspareunia)

Pelvic Floor Muscle

- From above



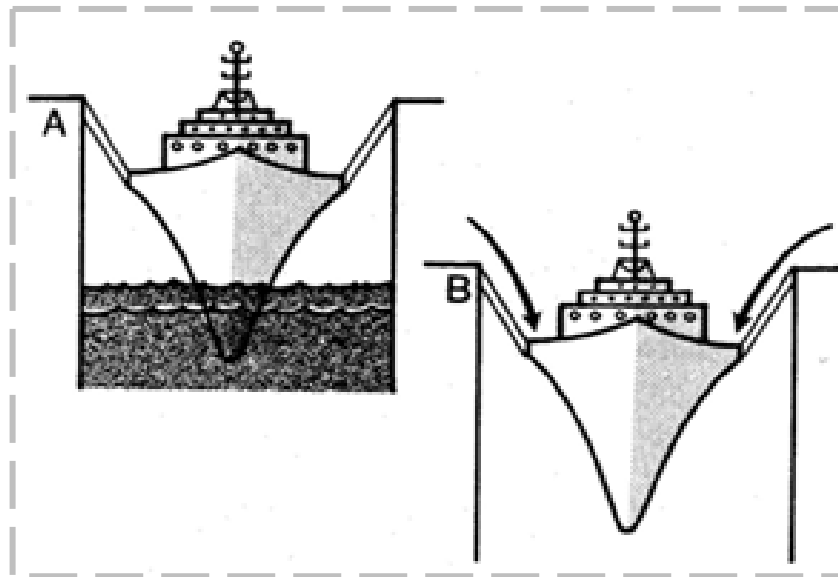


Functions of the Pelvic floor

- Support of organs-prevent prolapse
- Stabilise- Lumbar spine and pelvis (core)
- Storage
- Sphincter (Bladder/bowel continence)
- Sexual

'Ship in the Dock' Analogy

- **Ship** = Pelvic organs
- **Rope** = Ligaments
- **Water** = Pelvic floor muscles





Influences on the Pelvic Floor

- Pregnancy
- Delivery- assisted/number of vaginal deliveries
- Age
- Menopause
- High BMI/Obesity
- Smoking and Medication
- Chronic chest condition
- Strenuous exercise
- Genetic predisposition/Gender/Race/hypermobility
- Lifestyle
- Constipation

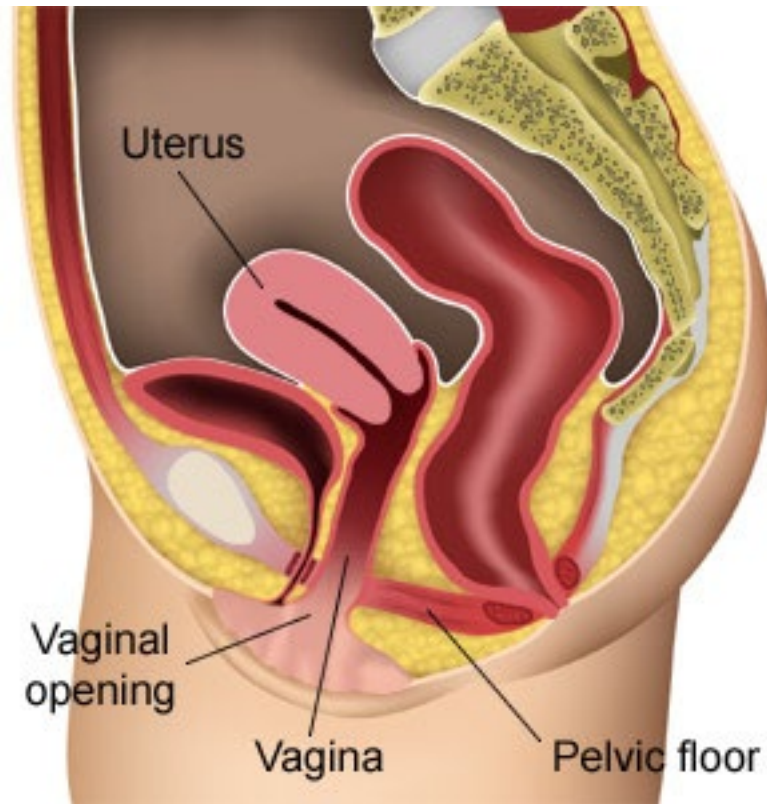
Prolapse



- Following childbirth half of all women suffer with prolapse after the age of 50
- 10 - 20% are symptomatic and seek help

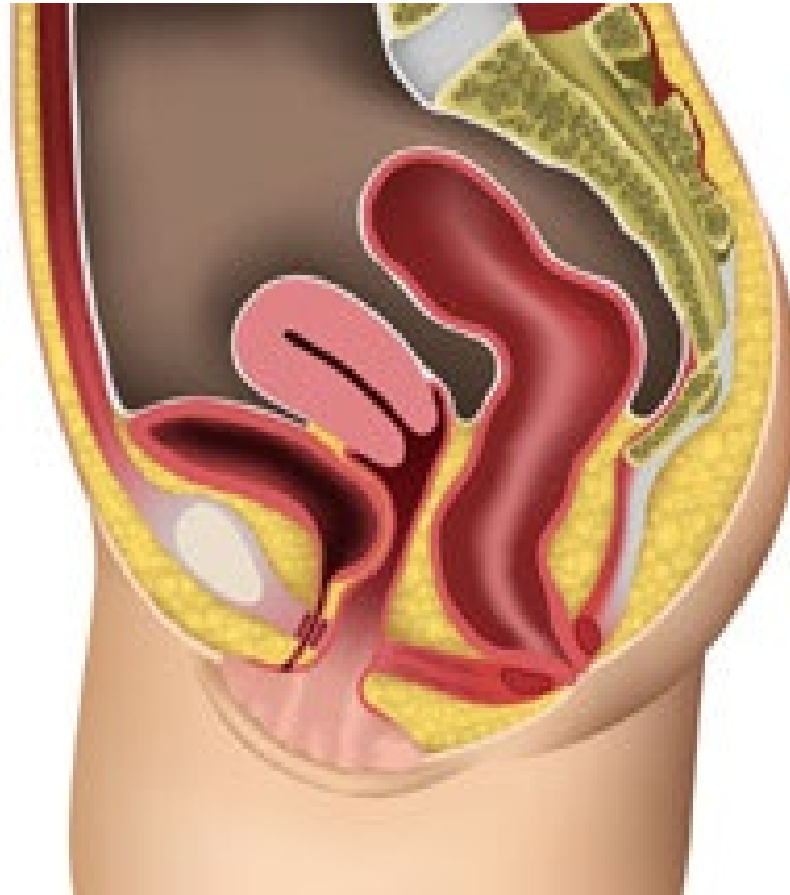
Inside the pelvis

Pelvic floor in cross-section



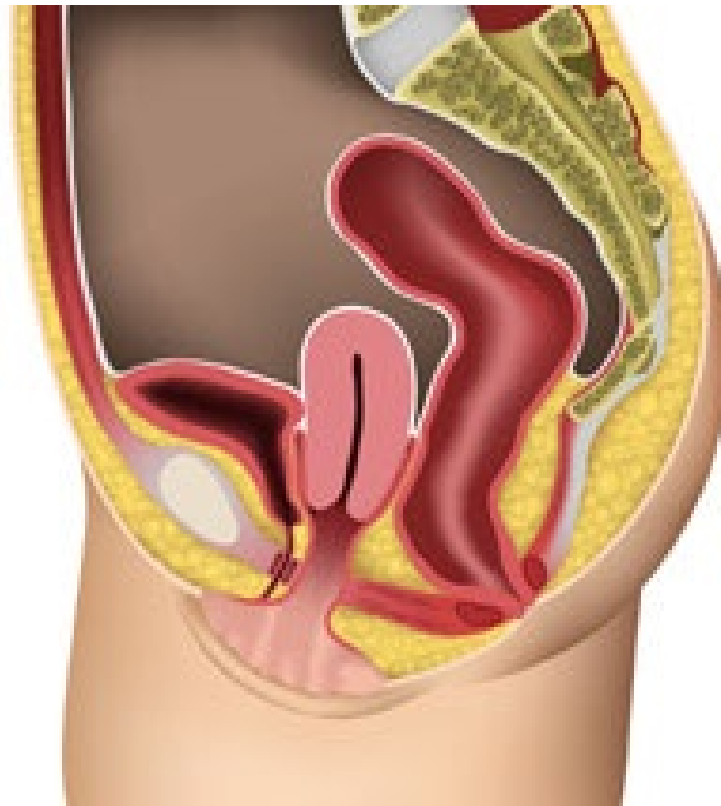
Cystocele

Prolapse of the bladder



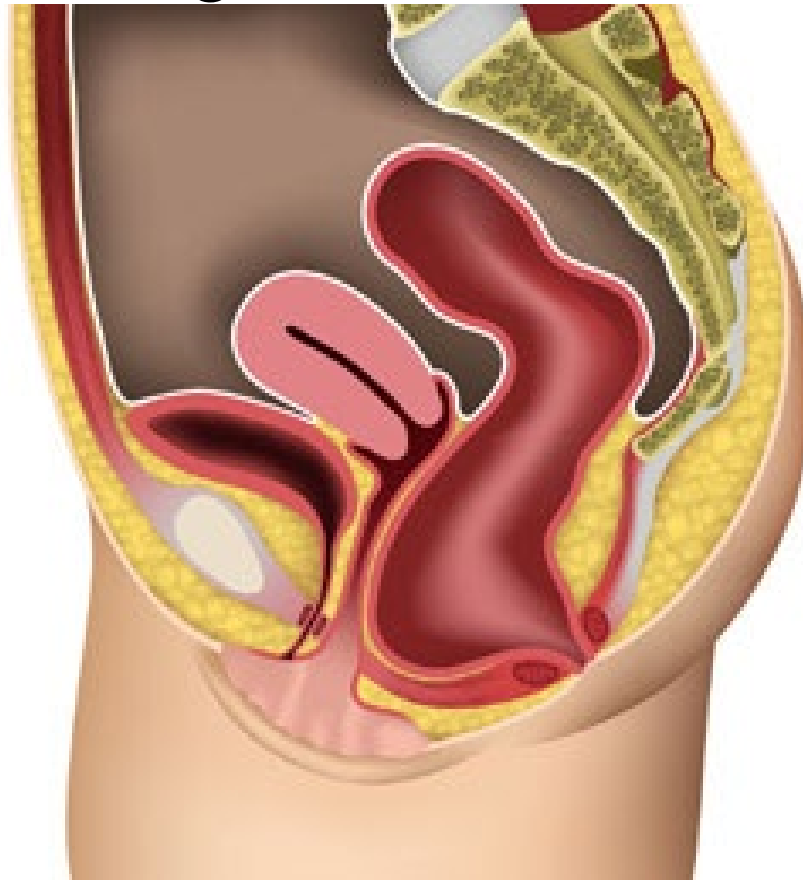
Uterine prolapse

- Prolapse of the cervix and uterus



Rectocele

Prolapse of the large bowel



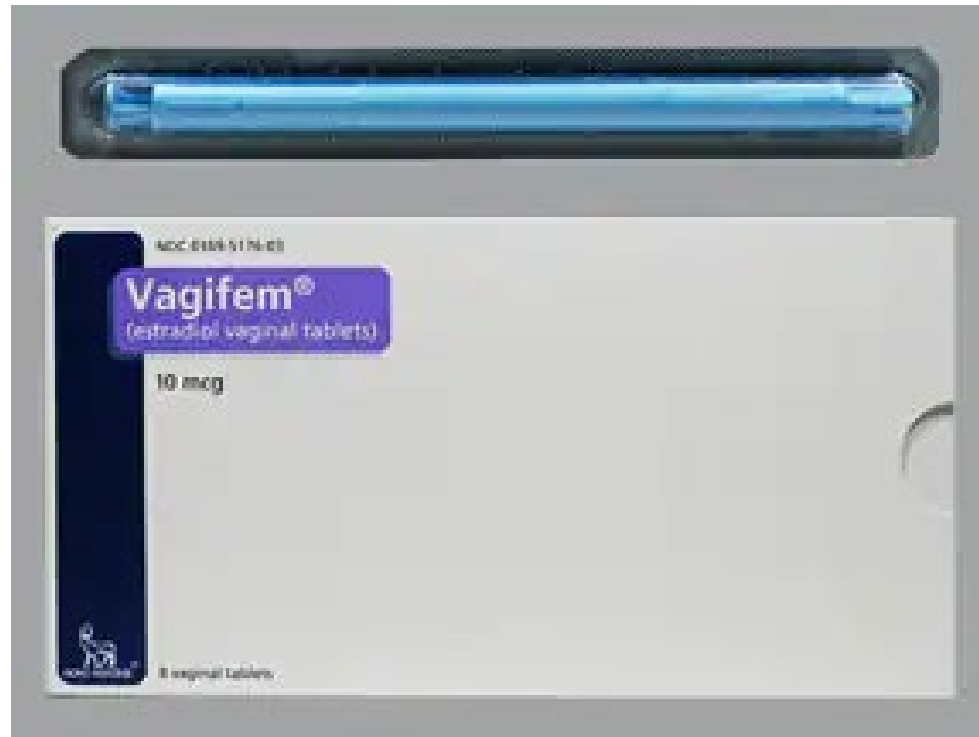
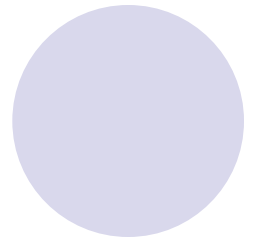
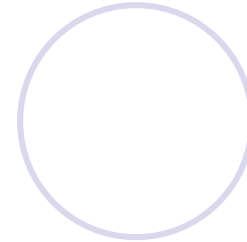
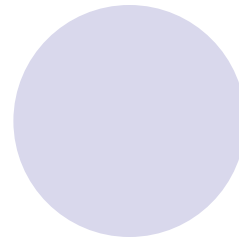
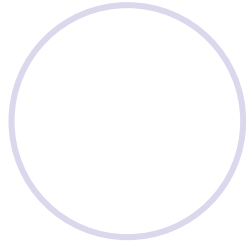
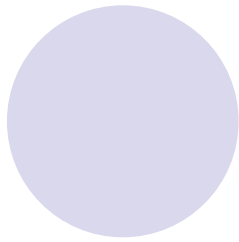


Symptoms of prolapse

- Dragging/discomfort especially end of day
- Protrusion/bulge/lump
- Low back pain
- Difficulty maintaining tampons
- Urinary symptoms-
leakage/hesitancy/incomplete emptying/PVD
- Difficulty emptying your bowel
- Painful intercourse

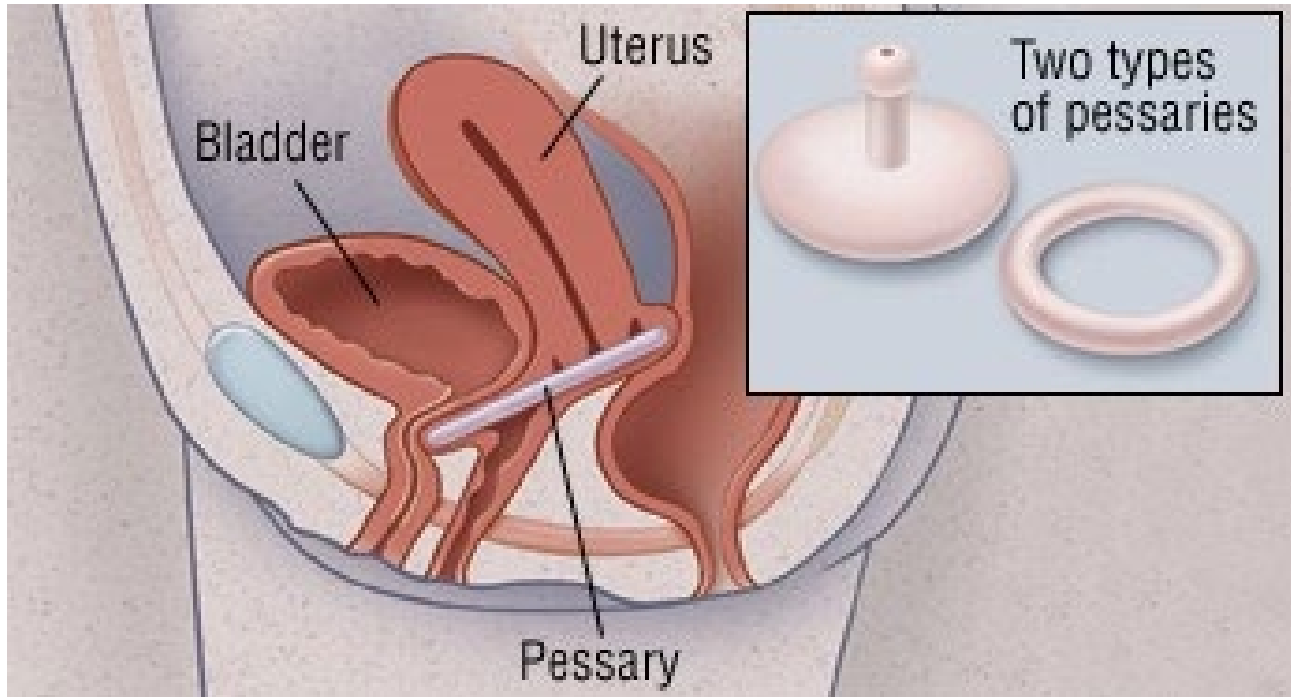
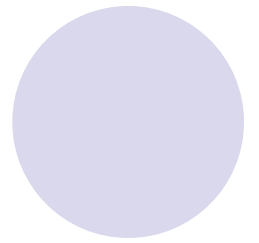
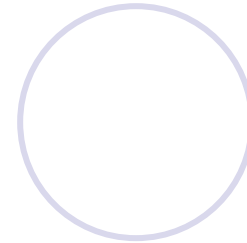
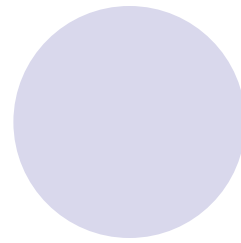
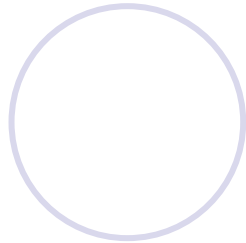
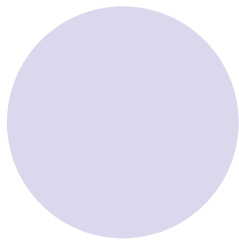
Management / Treatment of prolapse

- Oestrogen/Vaginal moisturisers
- Physiotherapy
- Pessaries
- Surgery



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Lifestyle



- Good posture-stand tall to ↓ pressure on PF
- Weight loss
- Minimise heavy lifting/carrying
- Reduce distances walked
- Elevate pelvis at the end of the day when doing PFE
- Reduce time in standing, sit and rest when able.



I have to face it Irma,
I haven't laid an egg in a week now: I'm menopausal...



THE BRISTOL STOOL FORM SCALE (for children)

choose your POO!

type 1



looks like:

rabbit droppings

Separate hard lumps, like nuts (hard to pass)

type 2



looks like:

bunch of grapes

Sausage-shaped but lumpy

type 3



looks like:

corn on cob

Like a sausage but with cracks on its surface

type 4



looks like:

sausage

Like a sausage or snake, smooth and soft

type 5



looks like:

chicken nuggets

Soft blobs with clear-cut edges (passed easily)

type 6



looks like:

porridge

Fluffy pieces with ragged edges, a mushy stool

type 7



looks like:

gravy

Watery, no solid pieces ENTIRELY LIQUID



Bowel Issues



Constipation

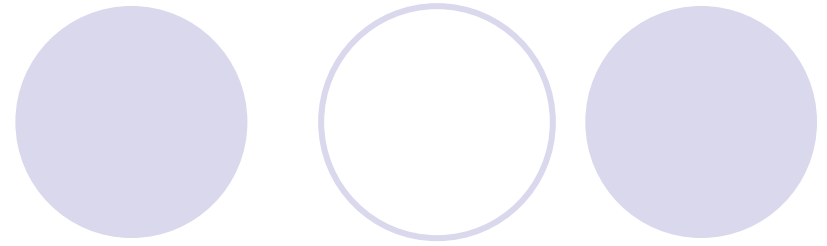
- Hard stools
- Difficult to pass – straining
- Incomplete emptying
- Discomfort
- Bloating
- Spending a long time on the toilet

Faecal Incontinence (FI)



- Bowel Urgency
- Bowel Frequency
- Often looser stools
- Incomplete emptying
- Soiling
- Anxiety about going out
- Can include loss of control of wind

Diet and Fluids



Insoluble Fibre



Soluble fibre



Correct position for opening your bowels

Step one



Knees higher than hips

Step two



Lean forwards and put elbows on your knees

Step three



Bulge out your abdomen
Straighten your spine

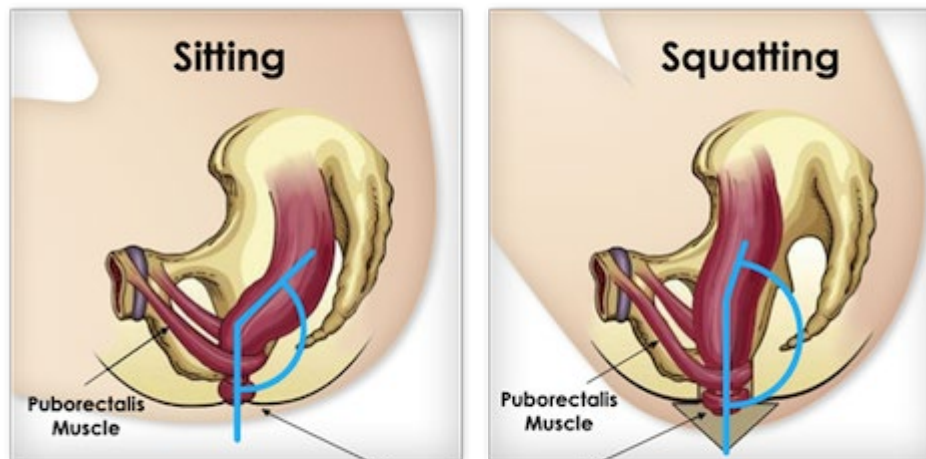
Correct position



Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine

Bowel positioning

Anorectal Angle



Sphincter

Squatting is the only natural defecation posture

Causes of bowel issues

Things that can constipate

- Immobility
- Opiates (and other medications)
- Dehydration
- Surgery near bowels
- Change of diet
- Change of environment

Things that can upset our bowels

- Antibiotics
- Certain medications
- Radiotherapy near bowels
- Surgery near bowels
- Stress/anxiety/lifestyle
- Change of diet



Many drugs are constipating – The most common are:

Aluminium antacids

Antimuscarinics (eg procyclidine, oxybutinin)

Antidepressants (most commonly tricyclic antidepressants but others may cause constipation in some individuals)

Antiepileptics (some): carbamazepine, gabapentin, oxcarbazepine, pregabalin, phenytoin

Sedating antihistamines

Antipsychotics

Antispasmodics: dicycloverine, hyoscine

Calcium supplements

Diuretics

Iron supplements

Opioids

Verapamil

Codeine

Loperamide/Immodium

Drugs that may exacerbate Faecal Incontinence / Loose Stools:

Drug (and mechanism)

Drugs altering sphincter tone

Broad-spectrum antibiotics

(multiple mechanisms)

Topical drugs applied to anus

(reducing pressure)

Examples (not exhaustive list)

Nitrates

Calcium channel antagonists

Beta-adrenoceptor antagonists (beta-blockers)

Sildenafil

Selective serotonin reuptake inhibitors

Cephalosporins

Penicillins

Erythromycin

Glyceryl trinitrate ointment

Diltiazem gel

Bethanechol cream

Botulinum toxin A injection

Drugs that may exacerbate Faecal Incontinence / Loose Stools:

Drug (and mechanism)

Examples (not exhaustive list)

Drugs causing profuse loose stools

Laxatives

Metformin

Orlistat

Selective serotonin reuptake inhibitors

Magnesium-containing antacids

Digoxin

Tranquillisers or hypnotics

Benzodiazepines

(reducing alertness)

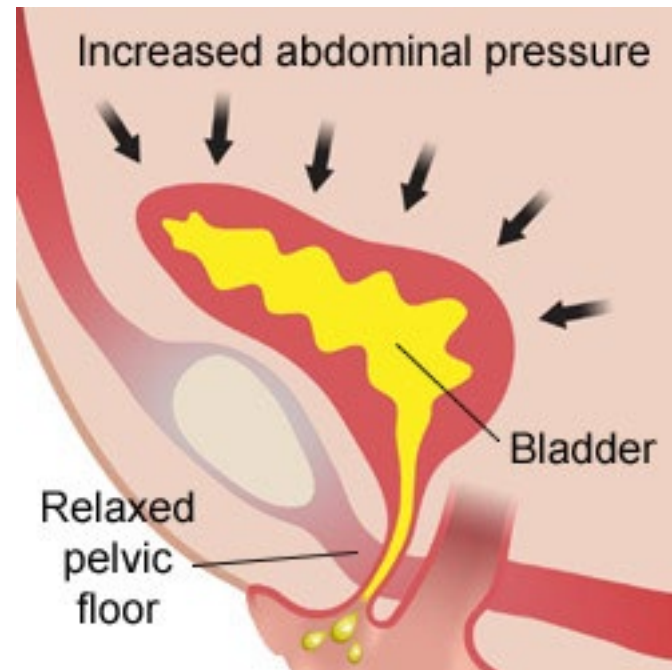
Tricyclic antidepressants

Selective reuptake inhibitors

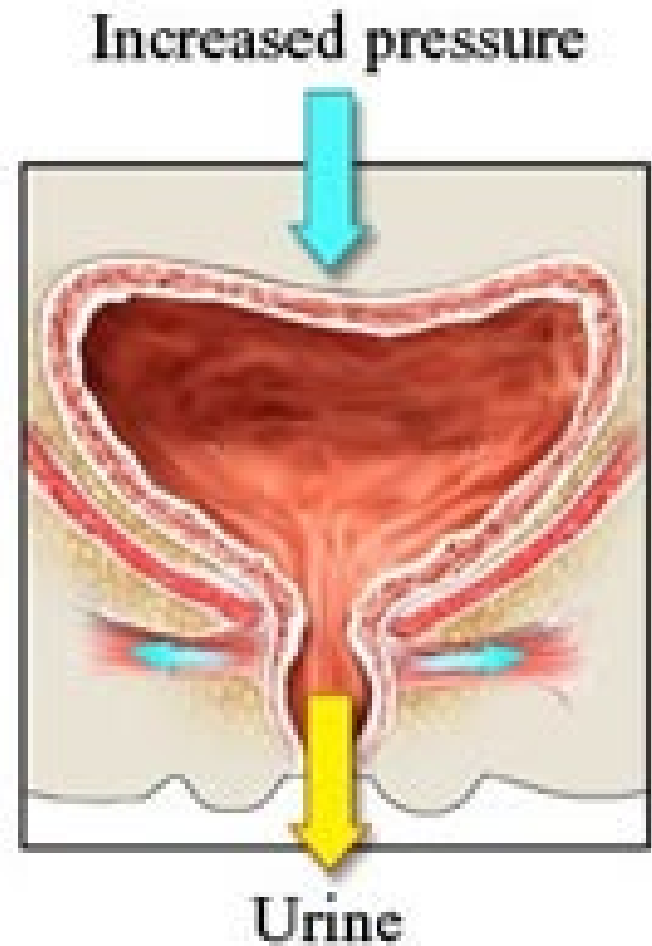
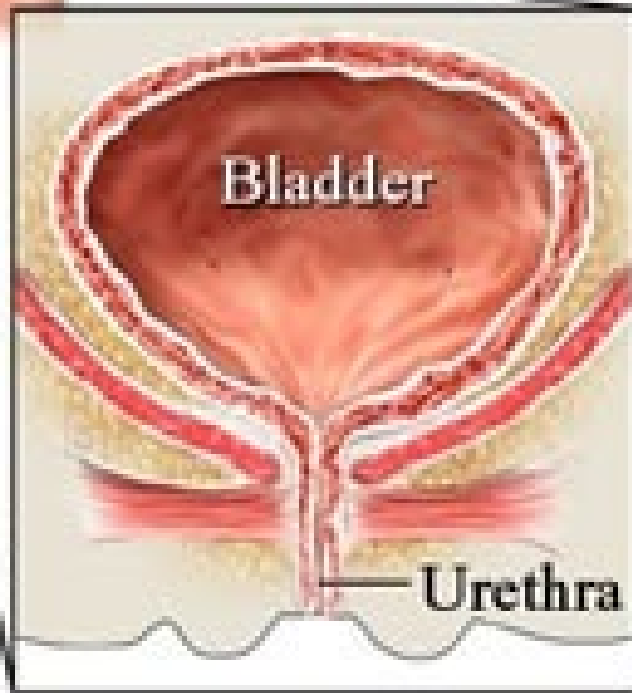
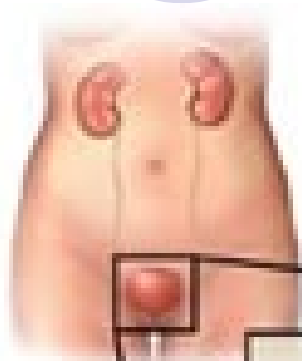
Anti-psychotics

Stress urinary incontinence

- Pressure on the bladder causes leakage. A third of all women suffer with this



Stress urinary incontinence





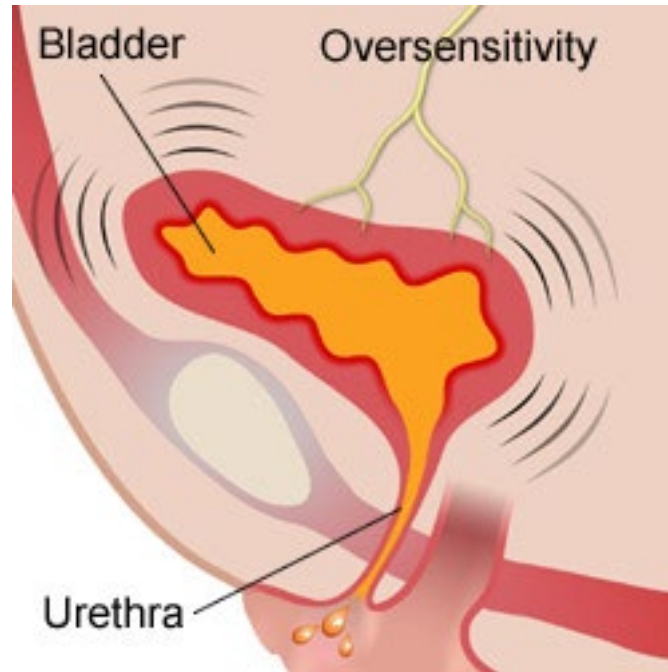
“Hello, incontinence helpline - can you hold?”



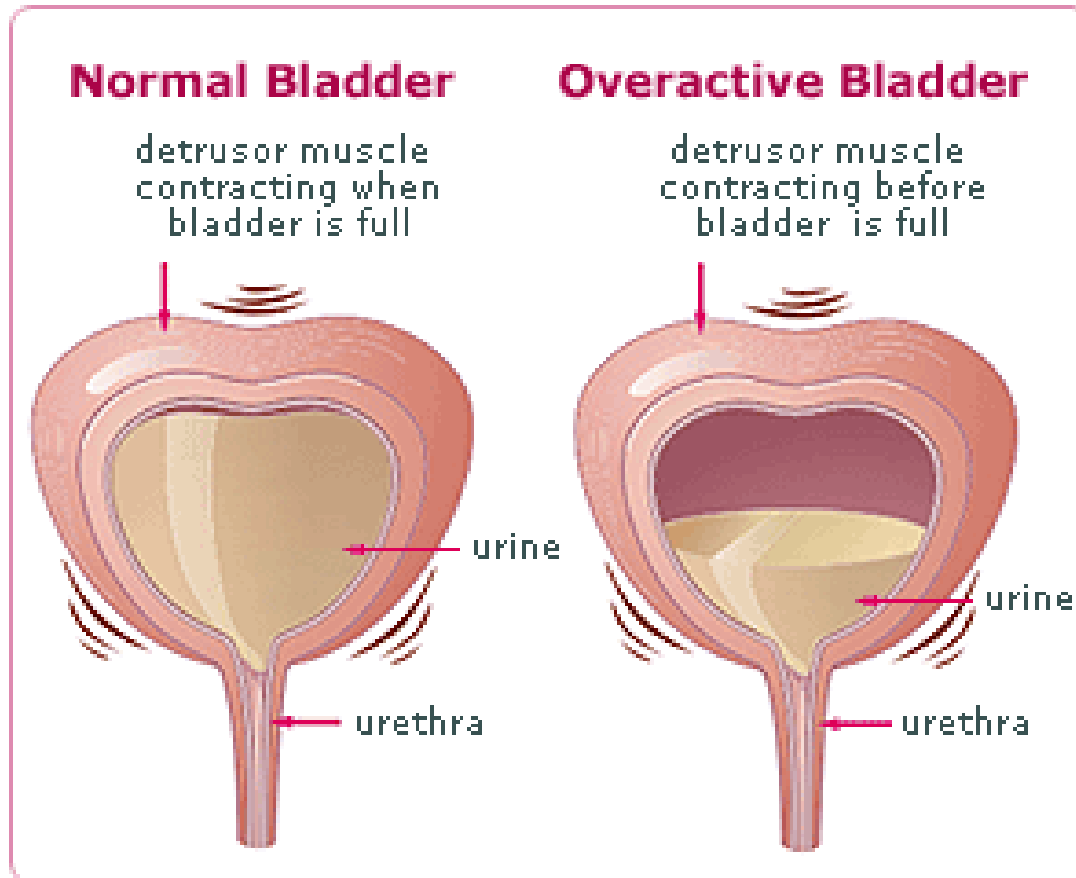
Urge Urinary Incontinence

- 10% of all women suffer with an irritable bladder

- Triggers?



Urgency urinary incontinence



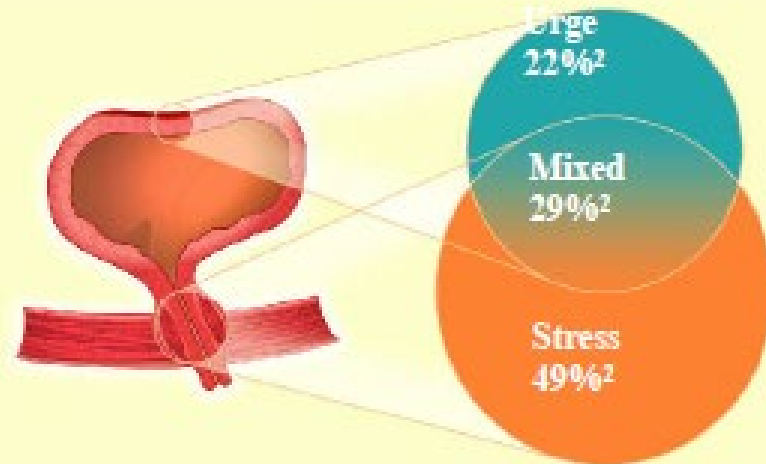
Incontinence types

Urge symptoms

Urge urinary incontinence (UUI) is the complaint of involuntary leakage accompanied by or immediately preceded by urgency

Stress symptoms

Stress urinary incontinence (SUI) is the complaint of involuntary leakage on effort or exertion, or on sneezing or coughing



ICS=International Continence Society

Bladder Management



- Drink enough - 1.5-2 litres/day
- Avoid drinking within 2 hrs of bedtime
- Avoid caffeine/fizzy drinks/alcohol
- Try cranberry juice/tablets

Bladder Training Tips and Tricks

- Avoid going to the toilet too frequently (aim for 3-4 hourly intervals= 5-6 x day)
- Avoid going 'just in case'
- Distract your mind/brain!
- Pelvic floor squeeze/ applied pressure
- Crede Manoeuvre / Double Voiding (to avoid post-void dribble)
- Gradually increase the time in between visits to the toilet



KEEP
CALM
AND
DO YOUR PELVIC
FLOOR EXERCISES



Pelvic Floor Exercises (PFE's) – Correct Technique

- Start by taking a relaxed breath in
- On your breath **out**, imagine you're stopping wind first (a 'puckering of the anus')
- Not buttock-clenching or tightening leg muscles
- 'Sucking up spaghetti' feeling
- 'Picking up a golden marble with your backpassage'
- Then feel a vaginal pulling up and a sensation of stopping urine passing at the same time
- Feel a gentle tucking in of your lower tummy muscles
- Hold the above as you keep breathing

Pelvic Floor Exercises



- Positions for exercising the pelvic floor:
Lying down, sitting and especially in standing (upright, against gravity)
- How often? As often as possible! At least 3x/day but also when at a sink, computer, in a queue, waiting for kettle to boil etc



Pelvic Floor muscle exercises

- **Slow twitch fibres/support = 70%**

Gradually tighten up the muscles to your max and try to hold for up to a count of 10 seconds (Keep breathing!)

Repeat this as many times as you are able to manage up to a maximum of 10 times

This helps the muscles to support your pelvic organs and builds up endurance

- **Fast twitch fibres/sphincter = 30%**

Tighten and relax the muscles quickly up to 10 times (relax fully in between each 'snatching up')

Pelvic Floor muscles (cont)

- **Toner exercise-** Imagine you are hovering your pelvic floor muscles away from an imaginary pin in your underwear

This is not your strongest squeeze but you should feel your PF muscles working.

Hold this gentle squeeze when you are standing/
walking/working

- **The Knack-** a quick firm squeeze of the pelvic floor muscle just prior to activities such as bending lifting, coughing, sneezing and laughing will support and protect your pelvic floor and improve your control

With age comes skill. I can laugh,
cough, sneeze and pee all
at the same time. It's
called multitasking!



somee cards
user card



To access our leaflets and videos

- Most patients put into practice the advice for a few months
- **For Christchurch patients** who then need follow up please call
- **0300 019 4418**
- For Poole patients who then need follow up please call
- 0300 019 2121
- Google UHD Hospitals Dorset
- www.uhd.nhs.uk
- Our Services/ Physiotherapy
- Pelvic Health Physio
- Please view our leaflets and videos
- 😊