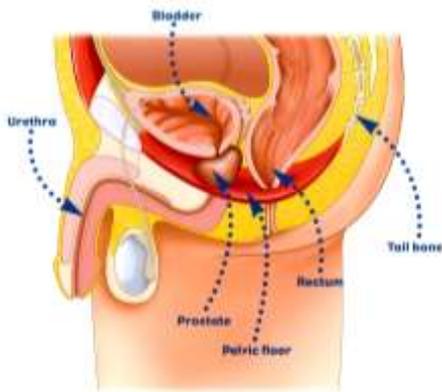


## Anatomy and physiology



Provided as a service to medicine by PhysioLab

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The pelvic floor consists of muscles that run from the tail bone (coccyx) at the back of the pelvis to the pubic bone at the front. There are two types of muscle fibre, slow and fast. The slow ones act to support the bladder and bowel while the fast ones contract rapidly to control bladder and bowel continence when needed.

## Exercises

The key exercises for the pelvic floor involve contracting and lifting the muscles. To help clients locate the pelvic floor muscles, get them to imagine they have a full bladder and are trying to hold in urine or they are trying to hold in wind. The muscles they squeeze to do this are the pelvic floor muscles. Don't worry if they can't locate them or they seem weak at first – they will get stronger.

Get clients to sit comfortably with feet flat on floor, legs slightly apart and lean slightly forward.

To work the slow fibres tighten the muscles around the back passage as if trying to hold in wind (don't squeeze the buttocks though). Then tighten and lift the bladder as if trying to hold in urine (may help to imagine shortening the penis). Keep breathing normally while holding up to a count of 10, then **slowly** relax the muscles back to normal.

To work the fast fibres draw the muscles up as before but faster, hold for up to 5 seconds then release slowly. Repeat these several times, building up to 10 or so of each type three times a day.

If done correctly they should feel a dip at the base of the scrotum.

Visualisations can help with these exercises:

- Imagine walking into a very cold sea and as the water get to the groin level the scrotum lifts
- Imagine trying to 'shorten' the penis
- Imagine trying to pull the sitting bones together (you may need to explain what these are)

## Why it matters

It is not just women who have 'oops' moments, urinary incontinence (UI) is common in men, particularly as they get older and bowel incontinence is also on the increase.

It is estimated that incontinence is a common reason for admission to a nursing home and is a factor in 50% of all admissions.

## Types of incontinence

**Urge incontinence:** the most common type where there is an urgent need to urinate and may be an involuntary leak

**Stress incontinence:** involuntary leakage on sudden exertion such as coughing, laughing, heavy lifting or exercise

**Mixed incontinence:** a combination of stress and urge incontinence

**Post micturition dribble:** leakage after urination due to incomplete emptying of the bladder

**Overflow incontinence:** a constant or intermittent flow of urine

**Other types:** arousal incontinence (leakage when sexually aroused), functional incontinence (being physically disabled and unable to get to the loo in time)

**Bowel incontinence:** the pelvic floor also controls the anal area so there may be leakage or an inability to control bowel movements

## Causes

A weak pelvic floor is one of the most common causes and unless other causes are identified, this can be helped with appropriate exercises

Being overweight or obese

Chronic coughing

Nerve damage caused by stroke, Parkinson's, MS, diabetes and overactive bladder (where the muscles squeeze at the wrong time)

Prostate issues including enlargement, cancer, prostatectomy, external radiation

Blockages such as enlarged prostate, bladder stones or constipation!

Medications such as ACE inhibitors, diuretics, some antidepressants and sedatives.