Pelvic floor exercises for women

This leaflet explains what pelvic floor exercises are and why you should be performing them. If you have any questions, please ask a member of staff caring for you.

What is your pelvic floor and where is it?
The pelvic floor is a sheet of muscles that extend from your tail bone (coccyx) to your pubic bone at the front, forming a ‘platform’ between your legs. It provides the floor to your pelvis (the bottom part of your abdomen/ tummy) and supports the contents of your pelvis – your bladder, uterus (womb) and back passage.

It also controls the openings of the following organs, which pass through it:

- the urethra – the tube which you pass urine through
- the vagina – birth canal, important during intercourse
- the anus – back passage, through which you open your bowels.
Sometimes the pelvic floor can weaken. If this happens you may experience a range of symptoms including:

- An aching or dragging sensation in your vagina.
- A feeling of something coming down inside your vagina, which may be due to a prolapse. This is where one or more organs in your pelvis, such as your womb or vagina drop down from their normal position.
- A tendency to leak urine when you cough, laugh or sneeze. This is called stress urinary incontinence.
- A need to go to the toilet frequently (referred to as frequency) during the day or night.
- An urgent need to visit the toilet and leaking before you get there or if you don’t go (urge incontinence).
- An inability to control the passing of wind from your back passage.
- An urgent need to visit the toilet to empty your bowels and leaking stool before you get there or if you don’t go (urge faecal incontinence).

**Who should do pelvic floor exercises?**

All women need to do pelvic floor exercises throughout their lives. Pelvic floor muscles may become weak:

- following childbirth
- through a lack of exercise
- as a result of the menopause
- following pelvic surgery, for example a hysterectomy (removal of your womb), or bladder repair
- by straining to open your bowels
- by being overweight
- having a chronic cough.

Pelvic floor exercises can help strengthen your muscles so that they can give your organs support again. This will improve your bladder/bowel control and improve or stop any leakage.

**How to do pelvic floor exercises**

Although with practice, pelvic floor exercises can be done anywhere and anytime, it is best to learn the exercises in the following position:

- Sit on a chair, toilet seat or toilet lid.
- Make sure that your feet are flat on the floor and your legs are slightly apart.
- Lean forwards, resting your elbows on your knees.

There are two types of exercises – slow twitch and fast twitch. It is important that you do the slow twitch first and then the fast twitch each time you exercise your pelvic floor muscles.

**To perform the slow twitch exercises:**

1. Close and draw up the muscles around back passage, as if you are trying to stop passing wind. Make sure that you do not contract your buttock muscles while you do this.
2. Continue to close and draw up the muscles around your vagina and urethra, as though you are trying to stop the flow of urine.
3. Hold for as long as you can, and then slowly relax and let go. Rest for the same amount of time. For example, hold for a count of 8 and then relax for a count of 8.
4. Slowly increase the length of time that you hold each contraction for and do as many as you can until you feel your muscle getting tired.

**To perform the fast twitch exercises:**

1. Pull up the pelvic floor muscles as before.
2. Hold for one second and then relax.
3. Repeat 5-10 times or until your muscles feel tired.

The pelvic floor muscles tire easily and you may notice that it takes a lot of concentration to begin with to do these exercises correctly.

If you find that the muscles ‘let go’ too quickly and that you cannot hold, just hold them for as long as you can. Use this as your baseline. For example, if you can only hold the contraction for a count of three, then every time you do your exercises, contract the muscles for a count of three. Gradually try to work up to four, then five.

It is important to try **not to:**

- squeeze your buttocks together
- bring your knees together
- hold your breath
- lift your shoulders / eyebrows or toes upwards.

If you do any of these, you are not contracting (tightening) your muscles correctly.

**How often should I do my exercises?**

Aim to do your pelvic floor exercises on a daily basis and be sure to include both types of pelvic floor contractions (both fast and slow twitch). Fewer good squeezes are better than lots of half hearted ones, however, you should try to challenge yourself by attempting to increase both the number of repetitions and the holding time. If you do not see a change in your muscle strength after three months, ask for help from your continence nurse or your physiotherapist.

You can feel your pelvic floor contracting by putting one or two fingers into your vagina whilst having a bath or shower. Tighten your pelvic floor so that the muscles squeeze your finger hard.

Every two weeks, test the strength of your pelvic floor by stopping the flow of urine mid-stream. This will feel similar to the exercises above and uses the same muscles. You may not be able to completely stop the flow of urine to begin with, but you may notice that you are able to slow the flow down. This is your baseline assessment. Gradually over the weeks you should notice an improvement. It is important that you do not do this test more than once a fortnight as it may cause problems with your bladder. This is just a test to see how you are progressing.

**Use ‘the knack’ – always try to brace your pelvic floor muscle (by squeezing up and holding your pelvic floor contraction) before you cough, laugh, sneeze, lift anything heavy, or prior to any activity which makes you leak.**

**Do not expect instant results!**

It will take several weeks of regular exercise to regain the strength in your pelvic floor muscles. You need to do these exercises for the rest of your life. If you stop exercising, your problems will return.
Contact us
If you have any questions or concerns, please call 020 7188 3671, Monday–Tuesday. You can leave a message at any time and a member of staff will call you back.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Useful sources of information

The bladder and bowel foundation offers advice and assistance from specially trained nurses through their answerphone call-back service. It also has a wide range of leaflets on incontinence.
t: 01926 357 220
w: www.bladderandbowelfoundation.org

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and Accessible Support Services
If you need an interpreter or information about your care in a different language or format, please get in touch:
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111

NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:
t: 0800 731 0319 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk/membership

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