



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# How to improve bladder and bowel problems

Pelvic, Obstetric, and Gynaecological Physiotherapy

# How to improve bladder and bowel problems

You have been referred to Pelvic, Obstetric, and Gynaecology Physiotherapy for specialist input to help improve your pelvic floor muscles, bladder and bowel control. Please phone within a month of your Education Class to book a 1:1 appointment with one of the Pelvic, Obstetric, and Gynaecological Physiotherapy Team (01932 722547). If you do not book this yourself we will discharge you if you have not contacted the department.

## What will my treatment involve?

Your treatment may involve attending an information class, as well as an individual treatment session where we will discuss your individual problems in detail and how your symptoms affect you. As part of your treatment you may be offered an examination of your pelvic floor muscles. Your physiotherapist will discuss this with you.

**Please complete the bladder and bowel diary attached at the end of this booklet before attending your first individual appointment. This is very important for the Physiotherapist so please follow the instructions of how to fill it in.**

Pelvic, Obstetric and Gynaecological Physiotherapy Contact Number for appointments – **01932 722547**

Your next appointment is on:

.....

---

## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

---

**Author:** Claire Cook

**Version:** 1

**Department:** Pelvic, Obstetric, and Gynaecological Physiotherapy Team

**Published:** Feb 2018

**Review:** Feb 2020



You may also want to support the perineum (area between back passage and vagina) when emptying your bowels. Applying some pressure vaginally on the bulging wall towards the back passage may help to empty the bowels more fully and effectively. Use a Femeeze (buy online - <https://www.desmitmedical.com/shop/femmeze-pelvic-organ-prolapse-trainer-for-rectocele>) or your fingers to support upwards or press inside vagina backwards to help empty your bowels.

Observe your stool type. Type 1-3 means you need to drink more fluid. Your stools are too hard to pass so make sure you are drinking 1.5-2lt of fluid and eating 5x fruit and vegetables a day. Type 5-7 means you need more fibre in your diet. We aim to get Type 3/4 stool at least 3x a week.

*Images from Bladder and Bowel Foundation*

## How long will I attend Physiotherapy for?

The length of Physiotherapy treatment will depend on your symptoms, the way your body responds and your compliance with what you are taught. Many people will practice their exercises at home and at work and only return for occasional check-ups. It can take 3 months or longer to strengthen the pelvic floor muscles. Clinical trials have shown that people who were motivated, practice their exercises regularly and adhered to advice were more successful in achieving their goals.

## I have tried these exercises before – why do I need to come?

Research tells us that without supervised instruction, people often perform the exercises incorrectly and do not continue with them on a regular basis. The long-term outcome has been proven to be much more successful following treatment with a specialist physiotherapist with 3 months of supervised training.

## Is there other treatment available?

As there may be many reasons for pelvic floor, bladder and bowel problems, all programmes provided by your physiotherapist will be tailored to your individual needs. Physiotherapy has been shown to be effective in the management of continence problems in 70% of women and can help prevent surgery in many cases. If physiotherapy is not the answer for you, alternative options will be discussed with you.

## Pelvic Floor Muscles

### I do pelvic floor exercises in my keep-fit class. Is that enough?

It is important to do these exercises regularly and we will encourage the inclusion of these exercises within a keep-fit regime. However, brief verbal instruction is not enough on its own to help you, particularly in a group setting where the instructor cannot see what you are doing. A physiotherapist can assess whether you are using the correct muscles and set you a tailored programme. An exercise class once a week is not enough to see a difference in the function of your muscles. Your muscles need to be exercised on a daily basis to see changes.

The pelvic floor is a large group of muscles that stretch from your tailbone (behind) to your pubic bone at the front forming a bowl shape. They support your pelvic organs including your bladder, bowel and womb. They have a role in sexual function during intercourse.

Your pelvic floor muscles provide extra support when you cough, sneeze or laugh to help prevent leakage from your bladder or bowel. When you pass urine or a bowel motion, your muscles should relax and then tighten again afterwards. This helps to prevent leakage and controls the passing of urine and bowel motions.

## Looking After Your Bowels

It is important to avoid constipation. This puts extra pressure on the pelvic floor muscles and can worsen prolapse and pelvic floor symptoms. Eating plenty of fruit and fibre can help. Make sure you are also drinking enough (between 1.5 to 2 litres of fluid per day). Remember what you put in is what you poo out, so stay healthy.

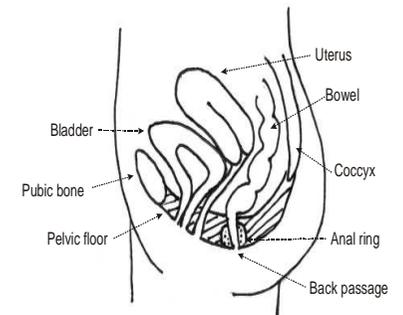
- Do not strain. Sit fully on the toilet and do not 'hover'
- Have your feet apart and raised up on a stool, with your arms resting comfortably on your legs
- Keep tummy relaxed. Inhale into tummy, exhale, keep tummy out and relax around back passage (make noise ahhhhhhhhhhhhhhhhhh)
- Avoid breath holding: try to have a relaxed breathing pattern. Exhale and let go. Relax your pelvic floor muscles.



- Adopt good bladder and bowel habits (see bladder and bowel care advice on this leaflet). It is especially important to avoid constipation and straining to empty your bowels
- Make lifestyle changes to reduce downward pressure through your pelvis including no heavy lifting, avoiding pushing/ pulling, heavy housework
- Having sex with a prolapse is safe and will not damage or make the bulge worse. It may help to try different positions for sexual intercourse, and use a suitable lubricant to help with vaginal dryness and discomfort with penetration
- Lose weight -to help reduce pressure on your pelvic floor [www.nhs.uk/livewell/loseweight](http://www.nhs.uk/livewell/loseweight)
- Brace (squeeze) your pelvic floor when you cough, sneeze or heavy lift
- After passing urine, gentle rock forwards and backwards to help empty effectively. Do not strain
- Avoid long periods of standing without a break and try to sit for some activities such as ironing or preparing your food
- Stop smoking and if you have a cough or chest infection seek urgent medical advice to avoid strain on your pelvic floor and pelvic ligaments [www.nhs.uk/smokefree/help-and-advice/support](http://www.nhs.uk/smokefree/help-and-advice/support)

## What causes pelvic floor weakness?

- Childbirth
- Previous pelvic surgery
- Chronic Cough
- Pelvic Trauma
- Menopausal Changes
- Repeat heavy lifting
- Being Overweight
- Constipation



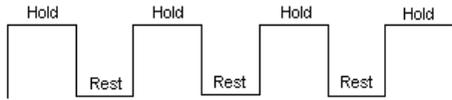
Just like any muscle in the body, it is important to strengthen your pelvic floor muscles.

## How to exercise your pelvic floor muscles

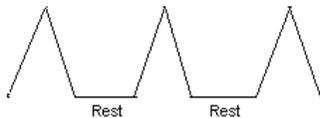
Sitting, standing or lying comfortably, slowly tighten the muscles around your anus and vagina, lifting up and in as if trying to stop yourself from passing wind and urine.

Try to avoid tightening your buttocks, squeezing your legs or holding your breath. A feeling of gentle tightening in your lower stomach is normal. Try to complete exercise 1 and 2, 3-6 times a day.

1. To help build endurance in your muscles, contract your pelvic floor and squeeze for as long as you can, then relax and release fully for the same time you have held the squeeze. Repeat up to 10 times.



2. The muscles need to be able to work quickly and as strong as possible so that they can react to stresses such as coughing, sneezing or running. Imagine the muscles are an elevator. Lift up the muscles to the top floor as quickly as you can. Relax fully. Repeat up to 20 times



## How to regain control of your bladder

Bladder retraining is a simple and effective method to help gain control of your bladder. It can be very effective for helping with a number of symptoms including a sudden urge to pass urine, if you are having to pass urine very frequently, if you have to wake more than twice a night to help empty your bladder. In most cases, bladder retraining can help prevent the need for further medication or surgery.

### How does the bladder work?

Urine is collected and stored in the bladder, which relaxes when filling and contracts when emptying. As it fills a message is sent to the brain, which in turn sends a message back to the bladder to

## Pelvic Organ Prolapse

Pelvic organ prolapse occurs when one, or a combination, of the pelvic organs – uterus, bladder or bowel – lose their normal support and move out of position.

### Symptoms Include:

- Sensation of a 'lump' or 'something coming down'
- Pressure, heaviness or pain in the vagina
- Backache
- Difficulty with emptying the bladder or bowel
- Needing to pass urine more frequently
- Urinary incontinence or bowel incontinence
- Repeated urine infections
- Discomfort during sexual intercourse

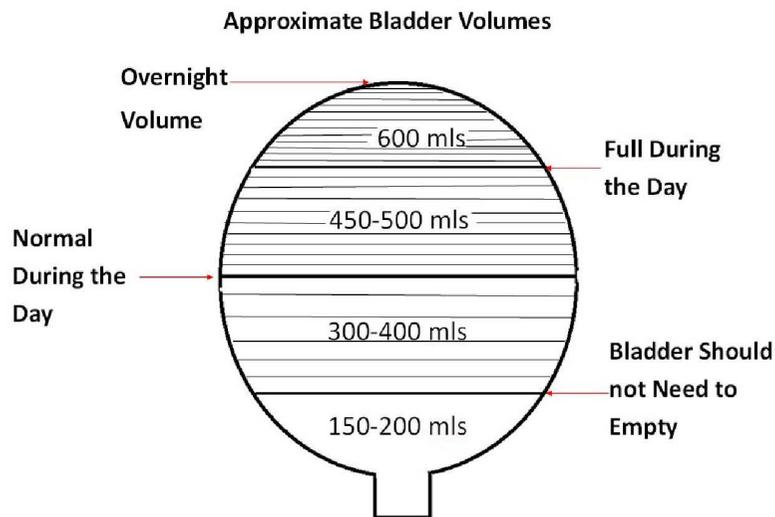
### What can you do to help pelvic organ prolapse?

- Improve the strength of your pelvic floor muscles. Do pelvic floor exercises 3x a day, everyday
- Reduce heavy lifting - separate to lighter loads  
[www.nhs.uk/Livewell/workplacehealth/Pages/safe-lifting-tips](http://www.nhs.uk/Livewell/workplacehealth/Pages/safe-lifting-tips). Contract pelvic floor as you lift load
- Increase low impact exercise such as Pilates, Yoga, swimming. Avoid high impact exercise such as running and jumping

## Drug Therapy

Some drugs can help the bladder to relax and decrease the number of unwanted contractions. These can be used together with bladder retraining techniques but do tend to have side effects and don't decrease the commitment required to gain control of your bladder. So please still retrain that bladder when on medication.

Your bladder can stretch and hold more urine over time. Use your bladder diary (volume and time chart) and the below diagram to help monitor how much your bladder can hold.



empty at an appropriate time. However, if any part of the system is not working properly there may be some involuntary leakage of urine.

Leakage of urine when you are unable to get to the toilet in time (urge incontinence), a sudden urge to pass urine, and the desire to pass urine many times in the day (frequency) and night (nocturia) can be associated with poor coordination of the pelvic floor muscles, a sensitive bladder or an unstable/overactive bladder muscle (detrusor).

To help improve these symptoms, the bladder can be re-trained.

## What is the aim of bladder retraining?

The aim of bladder retraining is to increase the capacity of the bladder until it can hold the normal amount of urine (300-500mls) enabling you to pass urine every three to four hours. This requires learning to suppress and ignore bladder contractions using a number of techniques. Bladder training takes time and motivation, but if you practice it regularly you may see a difference in a few weeks.

Keep a record of your fluid intake, when you pass urine and how much you pass on the time and volume chart in this booklet. This will help monitor your bladder habits and assist with retraining your bladder. Bring this to your next appointment where your Physiotherapist will discuss this with you.

## Fluid Intake

It is recommended that you drink 1.5-2 litres of fluid per day (8-10 glasses). More than this is excessive. Do not restrict your fluids as this can worsen your symptoms and lead to constipation. Avoid drinking anything within two hours of going to bed. Many people find that caffeinated drinks (tea and coffee), green tea, hot chocolate, citrus and blackcurrant drinks, fizzy drinks, tomatoes and alcohol make their bladder worse and a trial of not using these drinks is worthwhile. Instead, trying to drink water, milk, decaffeinated tea and coffee, squash (not citrus or blackcurrant), herbal teas, diluted fruit juice (except citrus) and milk shakes. Try to spread your fluids evenly throughout your day.

## Bladder Training Programme

This technique involves gradually increasing the amount of fluid the bladder can hold and giving you the confidence that your bladder can behave.

- Instead of going to the toilet as soon as you get the desire to void, you should wait 5 minutes every time. At first this may be difficult and you may only be able to achieve 2-3 minutes, but persist! Slowly increase the period you can hold urine for from 5 to 10 minutes, then 10 to 20 to 30 minutes and one hour.
- During the time you are putting off going to the toilet you are learning how to suppress bladder contractions. By filling the bladder with more urine its' wall is being

stretched and so will hold more. Set yourself a higher target bladder capacity to aim for each week or so. You can monitor this with your time and volume chart.

- Avoid going to the toilet 'just in case.' This encourages your bladder to hold only small volumes. You should only empty the bladder when it is full and you have done your 'hold-on' exercise or up to 3-4hrs since the last toilet trip.

The following strategies will help you hold on and reduce the urge to go:

- Keep calm and relaxed.
- Sit on a hard seat, rolled towel or over the arm of a chair.
- Tighten you pelvic floor muscles, which will help relax the bladder, and the urge will disappear.
- Cross your legs.
- Distract yourself, e.g. think about what you are having for dinner, tidy the house, make a list, send a text message, use mindfulness techniques. This will help you to take your mind off your bladder.
- Count to 60 before going to the toilet.
- Sit still for 10 - 20 seconds before calmly walking to the toilet.
- Press on your perineum (area of soft tissue between your vagina and your anus)