

Can PHYSIOTHERAPY help?

YES

Our specialist **Womens health physiotherapist** may be able to help

A thorough assessment including discussion about your work, lifestyle, surgical and medical history as well as a proper physical examination will be carried out to ascertain the nature of your problem. Following this, the diagnosis and possible treatments will be discussed with you.

This may involve: a **pelvic floor exercise** programme, electrotherapy, biofeedback, vaginal cones, **bladder training**, relaxation and advice on lifestyle and self help.

Pelvic floor exercise

Recent research reported by *The Contenance*

Foundation shows that pelvic floor exercises are best learnt from a **specialist physiotherapist** or **continence nurse specialist**. This ensures a thorough assessment, and facilitates the achievement of the correct muscle action required to achieve success. Electrical stimulation, biofeedback and vaginal cones may be used initially to help the pelvic floor muscles to work. You will need to persevere with the exercises for about 3 months before you will notice a substantial improvement, and then you should continue with them for life.

Bladder training

Bladder retraining is used to help **frequency** or **urgency**. An individual bladder-training programme will gradually increase the amount of urine the bladder can hold. Sometimes medication or electrical stimulation are used to help reduce the unwanted bladder contractions. Adjusting the amount and type of fluids you are drinking, can also help bladder control.

You should not restrict your fluid intake to try and control your bladder. You should drink about 1500mls (3pints) of fluid a day.



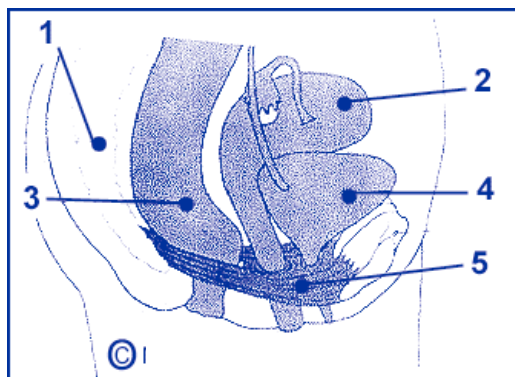
GROSVENOR PHYSIOTHERAPY

Hambledon Rd
Denmead
Hants
PO7 6NU

Phone: 02392 233 288
Fax: 02392 233 288
E-mail: information@grosvenorphysio.co.uk

Diane Davies MCSP
CONTINENCE SPECIALIST

THE PELVIC FLOOR



1.The spine 2.The Uterus (womb) 3.The rectum
4.The bladder 5.The pelvic floor muscles

The *pelvic floor* is made up of layers of muscles, stretching like a hammock, from the pubic bone in the front to the base of the spine. These muscles hold the bladder, womb and bowel in place, and help to close the bladder and the back passage outlets (*sphincters*).

Normal tension in the muscles of the pelvic floor prevent leakage of urine from the bladder and faeces from the bowel. When you pass urine or have a bowel motion the muscles and sphincters relax. Afterwards they tighten up again to restore control.

The pelvic floor can become the pelvic flaw!

The muscles may weaken and sag as a result of childbirth, lack of exercise, the menopause, being overweight, heavy manual work or just by getting older. Weak muscles give less control, and you may leak when you exercise, cough, sneeze or laugh.

This is called *Stress incontinence*.

Weakness of the pelvic floor muscles can also give symptoms of heaviness, bearing down, low backache and lack of sexual sensation.

The misbehaving bladder

The bladder is a storage tank that expands gently on filling and normally sends a message to the brain in good time to allow an appropriate time and place for the process of emptying. Sometimes this system malfunctions causing loss of normal control.

Frequency can result when messages are passed to the brain telling it that the bladder is full and needs emptying even though it only has a small amount of urine in it.

Sometimes the bladder contracts and you feel the need to empty it in a great hurry. This is *Urgency*.

If leakage of urine occurs on, for example, hearing running water or putting your 'key in the door' on returning home, this is called *Urge incontinence*.

Bowel incontinence

Faecal incontinence is the leakage of solids, liquids or gas (wind) from the bowel. It can be present on its own or with incontinence of urine. It may be due to abnormal function of the sphincters and pelvic floor muscles caused by chronic constipation, straining, difficult labour, forceps delivery, rectal prolapse or sexual abuse.

For a confidential assessment of your bladder or bowel problem make an appointment with

Diane Davies MCSP

CONTINENCE SPECIALIST

Incontinence or difficulty in controlling your bladder or bowels is a symptom and not a disease. It affects about 6 million men and women in the U.K.

It is *not* an inevitable part of ageing.

Have you got a problem?

- Do you wet yourself when you cough, sneeze, laugh or exercise?
- Do you go to the toilet more than 6-8 times a day?
- Do you get up more than once during the night to go to the toilet?
- Do you get very little warning before needing to go to the toilet?
- Do you have trouble controlling your bowels?

Most people consider their toilet habits to be normal, but if you have answered yes to any of the above, then something is wrong with your "water works"

Take action NOW