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**Fast Facts:**

- 1 in 3 women will develop a pelvic floor disorder
- Incontinence is more common than high blood pressure or depression
- Bladder and bowel control problems affect women and men of all ages

**What is the Pelvic Floor?**

- A set of muscles, ligaments, and connective tissue in the lowest part of the pelvis that supports the internal organs (bladder, rectum, prostate, uterus, vagina)

**What are Pelvic Floor Disorders?**

- Symptoms of bladder and/or bowel control or loss of support caused by weakened pelvic muscles or tears in the connective tissue, such as:
  - Pelvic pressure or bulge sensation in the vagina
  - Urine leakage or incontinence
  - Overactive bladder (gotta go often, gotta go now)
  - Difficulty emptying the bladder or bowels
  - Accidental bowel leakage
- Three main types of Pelvic Floor Disorders
  - Bladder control problems
  - Bowel control problems
  - Pelvic organ prolapse

**What are risk factors for Pelvic Floor Disorders?**

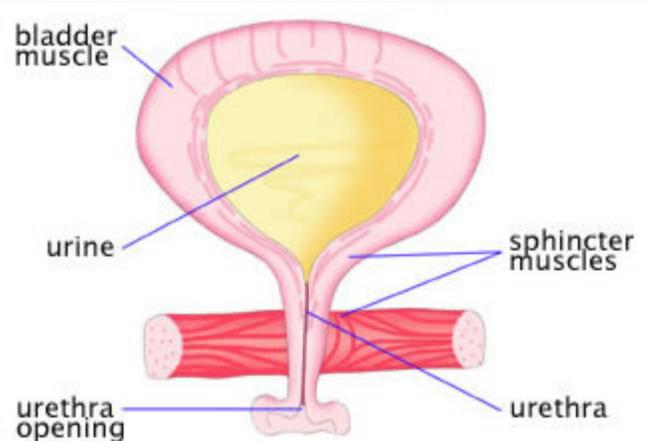
- Age & life stage: risk increases with age, pregnancy, childbirth, menopause
- Lifestyle factors: obesity, limited physical activity, smoking
- Medical conditions: chronic bowel disturbance (constipation, loose stools, IBS, IBD), prostate treatment (radiation or surgery), pelvic floor injury or surgery, diabetes, neurologic disorders (MS, stroke, Parkinson's Disease)

**How common are Pelvic Floor Disorders?**

- More than 50% of US adults 65 years and older have urinary leakage and/or accidental bowel leakage
- 18 million women in the US have urinary incontinence
- 15 million women in the US have accidental bowel leakage (ABL)
- Urinary leakage is more common in women than in men
- Accidental bowel leakage (ABL) affects women and men equally

## How does the bladder work?

Your body stores water (urine) in the bladder, and empties it to the outside world via a tube called the urethra. Muscles and nerves help control the bladder and urethra. When storing urine, the bladder muscle is relaxed and the urethra is squeezed to keep urine inside. To empty urine, nerves signal the bladder muscle to squeeze and the urethra to relax, so that urine can leave the bladder through the urethra.



## Why do bladder problems happen?

- Problems with urine leakage happen if the bladder muscle squeezes when it isn't supposed to, or if the urethra doesn't hold urine back when it's supposed to.
- Problems with emptying the bladder happen if the bladder muscle doesn't squeeze well or if something blocks the urethra from relaxing to let urine out.
- **Urge incontinence/overactive bladder (OAB)** is what it's called when the bladder muscle squeezes when it isn't supposed to, giving us the sensation that we gotta go NOW, and we gotta go OFTEN, or we have to wake up OVERNIGHT more than once.
- **Stress incontinence** is what it's called when the urethra doesn't hold urine back during activities like coughing, jumping, laughing, or sneezing.
- **Overflow incontinence** happens when the bladder does not empty and then urine leaks out continuously or unpredictably because the bladder is too full. This problem is more common in men than in women because of problems with the prostate.
- **Mixed incontinence** is what it's called when you have more than one type of leakage.

## What can be done to prevent or treat bladder problems?

- Self-management strategies are very effective (see six tips on next page) so start there!
- For urge incontinence or overactive bladder (OAB), if self-management isn't enough, talk to your doctor about referral to physical therapy or trying a medication (if >65 years old, safest ones are tiroprium & mirabegron). Nerve stimulation or botox may help too.
- For stress incontinence, if self-management isn't enough, talk to your doctor about getting a referral for pelvic floor physical therapy, a pessary, or surgery.
- For overflow incontinence, your doctor will refer you to a specialist to help and you may learn how to place a tube (catheter) in the urethra to drain the bladder yourself.

**Six Tips to Prevent or Control Bladder Problems:**

1) Fluid Intake Modification

- Avoid bladder irritants
  - Caffeine
  - Tea
  - Alcohol
  - Artificial sweeteners
- Drink the right amount: not too little, not too much
  - ~ 1.8 – 2.4 liters per day (including all fluids you take in)

2) Pelvic Floor Muscle Exercises

- Identify the muscles around the urethra & learn how to contract & relax them
- Imagine sitting on a marble and picking it up with your vagina or anus
- Perform daily exercises for 12 weeks to build strength, endurance, & coordination
- 3 sets of 10 contractions per day (10 second squeeze, 10-20 second relaxation)

3) The “Knack”

- Stand and rapidly contract pelvic floor muscles before initiating a cough
- This maneuver suppresses feelings of urgency
- Don’t do pelvic floor muscle exercises while you are emptying your bladder because it confuses your pelvic floor!

4) Bladder Training: Mind over Matter, Brain over Bladder

- Gradually increase time between voids by 15 minute increments (goal: 3 hours)
- Urge suppression: Pause, sit down, relax, tighten pelvic floor muscles
- Urge distraction: Count backwards from 100 by 9’s, work on a crossword puzzle

5) Weight Management

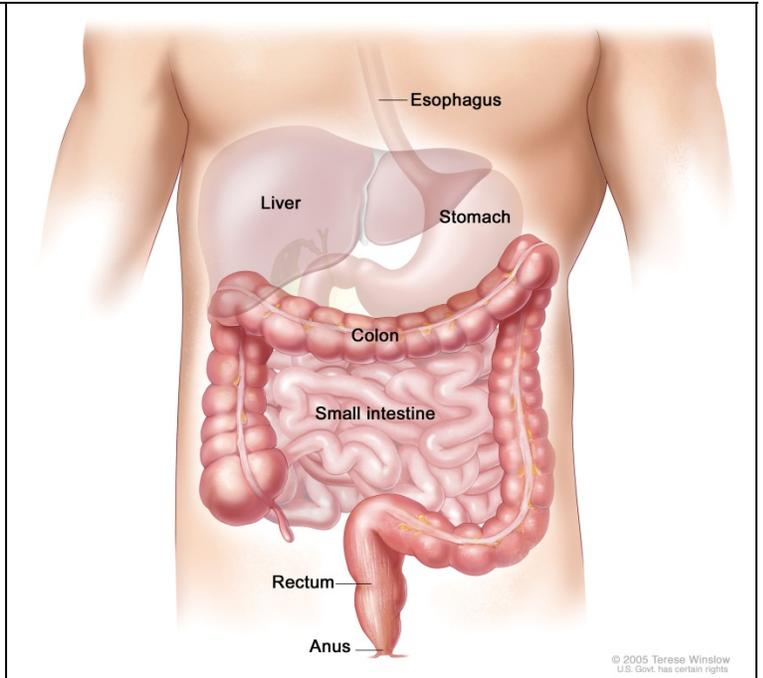
- Losing 5 or 10% of your body weight will improve urinary symptoms by up to 70%
- Consume fewer calories... (diet) & burn more calories... (exercise)

6) Constipation Management

- Stay physically active
- Drink enough water
- Get plenty of fiber – and increase fiber content *gradually*
- Safest daily laxative is miralax (polyethylene glycol)

## How do the bowels work?

Your small intestines extract nutrients from your food and the waste then moves into the colon, where excess water is reabsorbed before the waste (stool) is delivered to your rectum until you're ready to have a bowel movement. When you're ready to move your bowels, stool leaves your body through the anal canal and external anal sphincter. Muscles and nerves in the rectum and anus help to hold stool, let you know when rectum is full, and signal when to release stool. These nerves and muscles work together to control stool and gas.



## Why do bowel problems happen?

- Problems with accidental bowel leakage happen when:
  - The muscles and nerves are weakened or damaged so they lose strength and coordination (from surgery, radiation, childbirth, diabetes, stroke).
  - The rectum doesn't have enough room to store stool because it is scarred from surgery or radiation or has too much stool in it (from severe constipation).
  - The stool is too loose or too firm and becomes difficult to hold onto.
  - Symptoms of diarrhea include:
    - Loose, watery stools
    - 3 or more loose stools per day
    - More than 2 days of symptoms may indicate a medical problem
- Problems with constipation happen when:
  - We don't get enough exercise, fiber, and water to keep our bowels moving.
  - The muscles and nerves that control movement of stool through the bowels are weakened or damaged and do not move fast enough.
  - We take medications that slow down the forward movement of our bowels.
  - Symptoms of constipation include:
    - Less than 2 bowel movements per week
    - Hard, dry, small stools that are difficult to get out
    - Straining and bloating
    - Pain with bowel movements

### **What can be done to prevent or treat bowel problems?**

- Self-management strategies are very effective (see four tips below) so start there!
- If you have diarrhea or constipation, you should see a gastroenterologist (GI doctor) to make sure there is nothing wrong with your bowels.
- If your accidental bowel leakage is because of loose stools, you can take an Imodium (loperamide) tablet every day to help slow your bowels down. Imodium (loperamide) is available over-the-counter, but you should make sure your doctor says it is OK first, because some causes of diarrhea should not be treated with Imodium (loperamide).
- Talk to your doctor about referral to pelvic floor physical therapy with biofeedback.
- There are also office procedures and nerve therapies (bowel pacemaker) that can help.

### **Six Tips to Prevent or Control Bowel Problems:**

#### 1) Modify Stool Consistency

- For constipation, diarrhea, and difficulty with defecation:
  - Increase fiber intake to 25-35 g/day – gradually!
  - Helps both constipation and diarrhea
  - Promotes complete passage of stool
  - Need to drink plenty of fluids if taking fiber for constipation
- For accidental bowel leakage:
  - Avoid spicy food, caffeine, triggers
- For constipation:
  - Avoid starch (white rice, bread, pasta)
  - Stay physically active and drink plenty of fluids
  - Miralax (polyethylene glycol) is a safe laxative for regular use

#### 2) Track Symptoms and Identify Triggers

- Keep stool and diet trackers so that you can see how your diet impacts your stool consistency and frequency
- Identify foods that make your symptoms better and worse

#### 3) Pelvic Floor Muscle Exercises

- Identify the muscles around the anus & learn how to contract & relax them
- Imagine sitting on a marble and picking it up with your anus
- Perform daily exercises for 12 weeks to build strength, endurance, & coordination
- 3 sets of 10 contractions per day (10 second squeeze, 10-20 second relaxation)

#### 4) Weight Management

- Consume fewer calories... (diet) & burn more calories... (exercise)