MARTINIS HEALTHY BLADDER AND BOWEL HABITS

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NORMAL BLADDER & BOWEL FUNCTION

- Daytime bladder volumes – 300-400ml
- Overnight bladder volumes – 500-600ml
- Normal number of bladder toilet visits = 6-7 in 24 hours
- Daytime voids = every 3-4 hours
- First message to wee = approximately 270ml
- Bowels – open 3 times per day to 3 times per week
- Bowel usual message is around 150ml in the anal canal

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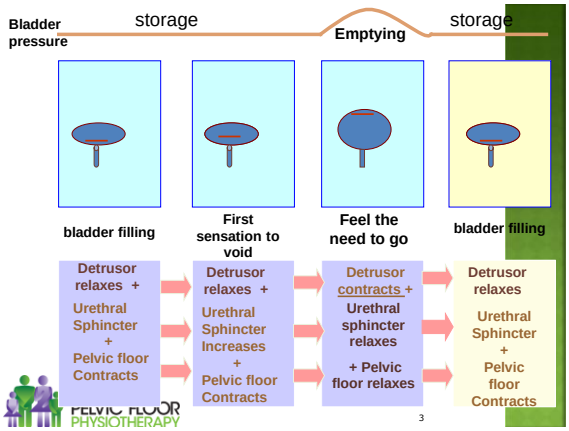

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PELVIC FLOOR MUSCLES

- Where are they?
- Layer of muscles that support the pelvic organs and span the bottom of the pelvis. The pelvic organs are the bladder, bowel and uterus in women
- These layers stretch like a hammock from the tailbone at the back, to the pubic bone in front.

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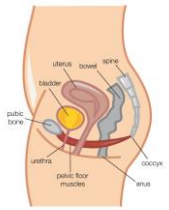
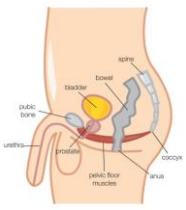
PELVIC ANATOMY





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FEMALE PELVIC FLOOR

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MALE PELVIC FLOOR

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ROLES OF PELVIC FLOOR MUSCLES

1. Continence – bladder & bowel
2. Pelvic organ support
3. Core stability
4. Sexual role

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CAUSES OF PELVIC FLOOR MUSCLE WEAKNESS

- Not keeping them active;
- Being pregnant and having babies;
- Constipation;
- Being overweight;
- Heavy lifting;
- Coughing that goes on for a long time - such as smoker's cough, bronchitis or asthma;
- Surgery or trauma or other health conditions;
- Growing older.

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VAGINAL DELIVERY

- Weakness caused by damage or stretching of the
  - Pelvic floor muscles
  - Connective tissue - Ligaments and fascia
  - Nerves
- Caesarean section not always protective

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HORMONES & THE PELVIC FLOOR MUSCLES

Women

- Pelvic floor muscles work best with oestrogen
- Oestrogen reduced with:
  - Breastfeeding
  - Menopause
  - Medications

Men

- Androgen deprivation therapy for prostate cancer

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MEDICAL TREATMENT

- Radiation therapy – treatment of pelvic cancers
  - Affects pelvic floor structure and function
- Prostatectomy for prostate cancer

- damages nerve supply to the pelvic floor muscles

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SYMPTOMS OF PFM WEAKNESS

- Incontinence – bladder and bowel
- Pelvic organ prolapse
- Weak core
- Reduced sexual function

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PARKINSON'S SYMPTOMS

- Bladder
  - Frequency – 52%
  - Urgency – 46%
  - Nocturia – 59%
  - Retention – 27%

2022 Systematic review

- Bowel
  - Constipation – 40-50%

Frazitta, 2019

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WHY?

Bladder

- Reduced dopamine levels affect the way the bladder muscle works
- The nerve pathway between the bladder and the control centre in the brain is interrupted
- Constipation

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WHY?

- Bowel
- Medications for Parkinson's can slow down the bowel
- Affected muscles of the bowel, alter food movement through the bowel
- Chewing and swallowing problems - affects adequate fluid and food intake
- Reduced physical activity reduces bowel function

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CONTINENCE SCREENING SURVEY

- http://www.completepelvicfloorphysiotherapy.com.au/continence-survey/

- Complete for a Physiotherapist to review and call you with options for management if continence is assessed to be an issue

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NOT SURE IF YOU ARE DOING THE PFM EXERCISES CORRECTLY??

- You aren't alone
- 70% women aren't doing the exercises correctly
- 50% still do them incorrectly with just a handout.
- 30% still unable after seeing a Continence and Pelvic Floor Physiotherapist
- Only 1 in 8 men can do the exercises correctly
- Need an assessment and individualised programme

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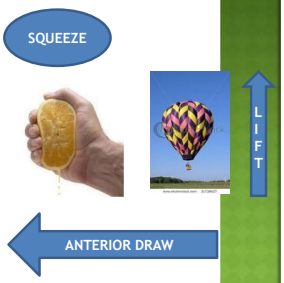
CORRECT PFM CONTRACTION

- Squeeze and lift from the pubic bone to the tailbone (coccyx)
- Anterior draw from Puborectalis
- No breath holding
- No accessory muscle recruitment



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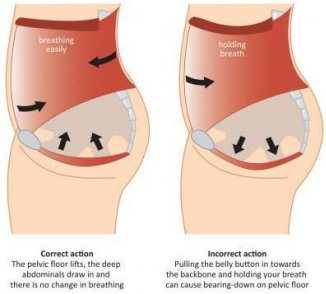
INCORRECT PELVIC FLOOR CONTRACTION



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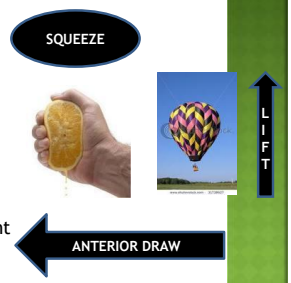
CORRECT PFM CONTRACTION - MALE

- Squeeze and lift from the pubic bone to the tailbone (coccyx)
- Anterior (forward draw)
- ***Penile indraw***
- Sometimes scrotal lift – be careful not to cheat with the abdominals
- No breath holding
- No extra muscle recruitment such as gluteals



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HOW TO NOT EXERCISE THE PFM

- Stopping and starting the flow when you go to the toilet
- Tightening and relaxing your pelvic floor muscles quickly and doing hundreds of these a day
- Lying on the floor and lifting and lowering your pelvis and hips while flattening your back against the floor

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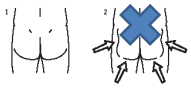
HOW TO NOT EXERCISE THE PFM

- Tightening your buttock muscles
- Squeezing your legs together
- Holding your breath when you tighten your pelvic floor muscles
- Tightening your tummy really hard



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EXERCISES TO LOOK AFTER THE PELVIC FLOOR?

- Any symptoms of prolapse have a review with a Continence and Pelvic Floor Physiotherapist before resuming medium to higher impact exercises
- Running, skipping, jumping, heavy lifting = higher impact
- Pelvic floor first

www.pelvicfloorfirst.org.au

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PELVIC FLOOR FIRST

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CURRENT EXERCISE TOO HARD?

- **Signs your current exercise is too high impact for you:**
- You leak during the workout
- You have to run out of class to go to the toilet, often then only passing a small volume
- You feel a heaviness or bulge in the vagina during or after an activity
- You breath hold to do an activity

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LETS EXERCISE

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TAKE HOME MESSAGES

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LOOKING AFTER YOUR PELVIC FLOOR

- Only go to the toilet when needed
- No rushing to the toilet to reduce the risk of falling
- Limit caffeine, alcohol and sugary drinks
- Maintain 1500-200ml fluid intake
- No flow stopping
- Take your time on the toilet to empty fully for both the bladder and bowel

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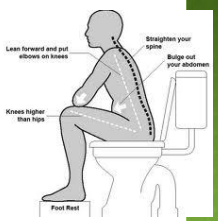
LOOKING AFTER YOUR PELVIC FLOOR

- Avoid constipation
- Go when you have the message - bowels
- Eat 30gm fibre per day
- Avoid straining on the toilet
- Sit correctly on the toilet



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LOOKING AFTER YOUR PELVIC FLOOR

- Lift only within your capacity
- Maintain an ideal body weight
- Regular general exercise
- Maintain gait and endurance
- Sensible exercise routines if pelvic floor dysfunction

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LOOKING AFTER YOUR PELVIC FLOOR

- Pelvic floor muscles exercises

- Exercises for life

- The Knack

- Tighten before you cough, sneeze, lift, push, pull, carry, bend over and stand up

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SEEK HELP

- If you have any symptoms seek help
- Continence and pelvic floor physiotherapy can help to improve or cure most conditions of the pelvic floor
- Remember you are not alone BUT it doesn't mean you have to put up with it!!!

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APPOINTMENTS

- Call 4975-1311
- Check out the website

www.cpfp.com.au

- Email - reception@cpfp.com.au
- Coverage (full or partial) with private health insurance, DVA, Medicare (Chronic Disease Management Plan)
- Private clients no referral required
- NDIS – self managed and plan managed

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QUESTIONS

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