

Pelvic Floor Muscle Therapy FAQs

Q: What is the pelvic floor?

A: The pelvic floor consists of tissues, ligaments, and muscles that sit at the base of the pelvis. The muscles stretch from front to back and side to side to support the bowel, bladder, and reproductive organs in both men and women.



Q: What symptoms can pelvic floor muscle therapy address?

A: Strengthening and retraining the pelvic floor muscles may bring improvement or resolution in many conditions including but not limited to:

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| pelvic pain | urinary/fecal incontinence |
| painful intercourse | urinary frequency |
| erectile dysfunction | pelvic organ prolapse |
| urinary/fecal urgency | symptoms of painful bladder syndrome |

Q: Why do I have symptoms?

A: For women, the pelvic floor weakens with pregnancy, childbirth, and the hormonal changes of menopause. Years of heavy lifting, straining to have a bowel movement, strenuous exercise, and pelvic surgery (hysterectomy or prostatectomy) contribute to muscle weakness in men and women.

Q: Are my symptoms “normal” because of my age?

A: Pelvic floor dysfunction is common but is not normal. None of the symptoms mentioned should be considered a normal part of aging. Strengthening and retraining muscles can significantly improve or, for some people, completely resolve symptoms.

Q: How long is each visit?

A: Each appointment will be 30 minutes.

Q: What should I wear to the appointment?

A: Comfortably clothing. They will be undressed from the waist down. Some patients wear dresses because it is quick and easy.

Q: How will this help me?

A: As muscle fibers thicken, the muscles will better support the pelvic organs. As a result, urinary leakage will decrease and you may notice that it is easier to completely empty your bladder. Symptoms of overactive bladder, Stress Incontinence or Mixed Incontinence should improve. Pelvic pain and painful intercourse should improve. Constipation should improve and you should see that you no longer have to strain to empty your bowels. Sexual sensation will return and an increase in blood flow and oxygenation will aid in the ability to achieve orgasm more easily.

Q: What will I learn during these visits?

A: What we eat and drink can affect how the bowel and bladder function. Proper toilet positioning affects constipation. Breathing affects the pressure placed on the pelvic floor; how we lift can be improved to protect the pelvic floor muscles. During therapy visits, your clinician will educate you on these topics and much more.

Q: How many visits will I need?

A: Most patients achieve improvement with 8 weekly visits

Q: What is the tool or instrument used? Where does it go?

A: Vaginal sensor (gets placed vaginally)-2 sizes (small and large). Size used depends on patient and situation. Rectal pressure sensor-approximately 1-2 cm is inserted rectally when doing exercises. All sensors are patient specific and only used by them.

Q: What happens when it's placed?

A: When doing exercises, they will not feel anything vaginally and when squeezing rectally they will not have any sensation coming from the sensor. When stim is being performed (no rectal sensor is inserted) the sensation is different for everyone. Examples of sensation: swirling, vibrating, poking, warmth.

Q: Does it hurt when it's placed?

A: Never any pain. Stim tolerance is what the patient can tolerate individually. They may experience some period cramping afterwards, possibly the next day or so, but that can be from stim or from doing exercises. If this occurs, it should always be discussed with the pelvic floor provider.

Q: Is therapy painful?

A: No. Therapy includes 15 minutes of passive contraction of the pelvic floor musculature. The sensation is often described as strong, prickly, or feeling like a pinch but not as painful.

Q: What are the side effects of therapy?

A: A mild muscle soreness or cramping may occur until the muscles get acclimated to being exercised. Most people do not report a soreness but it is possible and should resolve within 24 hours.

Q: Will symptoms return once therapy is complete?

A: In order to maintain improvement, you will need to build the habit of continuing your exercises after your therapy visits are complete. You are building muscle, if you stop exercising, the muscles will weaken again. Maintaining muscle strength can be achieved in 3-4 minutes per day for most people.

Q: **Will therapy prevent me from having to have surgery?**

A: Pelvic Floor Muscle Therapy is a non-invasive option to improving symptoms. You may find that completing therapy resolves symptoms significantly. The option for surgical intervention should be discussed with your physician. If you choose to have surgery after you complete pelvic floor therapy, muscles will be stronger and better able to recover.