

Pelvic Care

Information Sheet

How can a physiotherapist help you?

Your initial assessment involves taking a comprehensive history to outline all factors contributing to your problem. Depending on your condition, our physiotherapist may recommend an internal vaginal or rectal examination for optimal assessment. This is NOT compulsory, and there are other ways in which you can be assessed such as the real-time ultrasound where the probe is placed over the abdomen.

These tools will help the physiotherapist understand what is going on and to show you how best to use your pelvic floor muscles. Depending on your problem, you may also be offered some hands-on treatment to improve movement, reduce muscle tension and pain, and speed up your overall recovery. You will also be given exercises to do at home to help achieve your goals and guide self management. All consultations are conducted in a private and supportive environment.

Incontinence

Incontinence is the accidental loss of urine from the bladder or bowel. There are different types of incontinence, e.g.:

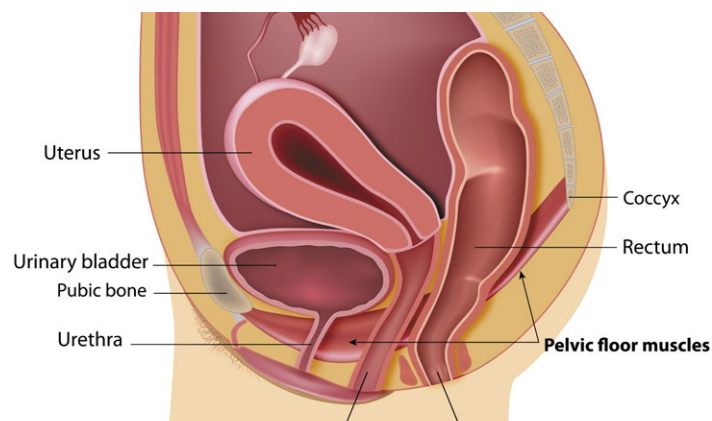
- Stress incontinence is bladder or bowel leakage on coughing, sneezing, laughing or during exercise or sport
- Urge incontinence is bladder or bowel leakage associated with a strong and sudden urge to empty the bladder or bowel

Risk factors:

- Pregnancy and childbirth
- Menopause and aging
- Chronic constipation
- Chronic coughing
- Being overweight
- Recurrent bladder infections and pelvic or gynaecological surgery

Treatment:

- There is compelling evidence that physiotherapy is effective and should be first-line treatment for incontinence
- Treatment involves training of the pelvic floor muscles; in some cases, the pelvic floor may be overactive, and in others, it may be underactive
- Research also shows that adopting a healthy lifestyle including regular physical activity, sleep, diet, and stress management will optimise your recovery





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Prolapse

Pelvic organ prolapse is a condition where the bladder, bowel or uterus protrudes into the vagina. This can cause symptoms such as vaginal heaviness or dragging, the sensation of bulging into the vagina, difficulty emptying the bowel or bladder, discomfort with sexual intercourse and low back or pelvic pain.

Risk factors:

- Childbirth
- Menopause and aging
- Constipation
- Being overweight
- Chronic coughing
- Heavy lifting
- Previous gynaecological surgery

Treatment:

- There is strong evidence for physiotherapy treatment which may include:
 - Identification and modification of factors that may be aggravating your symptoms
 - Pelvic floor muscle training
 - Bladder or bowel retraining
 - Addressing lifestyle factors such as physical activity, sleep, diet and stress
- A plan for self-management is the key to long term success

Pelvic and sexual pain

Pelvic pain can develop suddenly or over time in the pelvic region, abdominals, pelvic floor and/or pelvic organs. Once serious issues have been ruled out, pelvic pain may be associated with many factors such as acute inflammation, pelvic/abdominal surgery, emotional/psychological triggers, past experiences, genetics and general health.

Treatment:

- Pelvic floor relaxation
- Pelvic floor muscle releases
- Bowel and bladder optimisation
- Guided dilatory therapy
- Improving breathing control
- Managing psychological contributors
- Addressing lifestyle factors such as physical activity, sleep, stress and exercise

If you would like more information, please call today on **08 9382 9600** and one of our physiotherapists will be happy to help you.