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Pelvic Floor Rehabilitation

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What is pelvic floor rehabilitation?

Pelvic floor rehabilitation is physical therapy that treats stress, urge, and mixed stress and urge incontinence. The therapy takes a multidisciplinary approach specific to your needs. Therapy involves behavior change (i.e. diet, bladder training), pelvic floor stimulation, and pelvic floor exercise known as Kegels. Sometimes medication is also used. The primary goal of therapy is to build pelvic floor strength or the strength of the muscles around urethra and the bladder.

If you suffer from stress incontinence, building the pelvic floor muscles helps strengthen your muscles around the urethra and prevents leakage. If you suffer from urge incontinence or an overactive bladder, your pelvic muscles have spasms you cannot control. By stimulating the pelvic muscles and doing strength exercises, the spasms are usually relieved and so are your symptoms of incontinence.

What happens with pelvic floor rehabilitation?

Pelvic floor rehabilitation begins with a visit to your doctor's office for evaluation. A nurse will usually begin with a clinical assessment and urodynamics. Urodynamics is a test done with little to no discomfort and it evaluates the bladder and urethra. A small, soft tube or catheter is placed into the bladder and the bladder is slowly filled with water. Monitoring of the bladder and urethral pressure tells your doctor whether the bladder is going into spasms

(urge incontinence) or whether the urethra has weakened (stress incontinence). By understanding the exact nature of your bladder problem, your doctor can better treat your incontinence.

Next, after assessment and urodynamics, pelvic floor rehabilitation begins. Small probes are used with one probe placed in the rectum and a second in the vagina. Lastly, EMG electrodes are placed on the abdomen. These EMG electrodes are similar to the ones placed during an electrocardiogram. At this point, your doctor will have you identify your rectal sphincter muscle. The best way to locate this muscle is to try and contract the muscle you would use to prevent passing gas or stool from your rectum. Once you have identified this muscle, your doctor will ask you to contract the muscle, hold it for at least ten seconds, and then relax. This is done several times to determine how much strength and endurance is in the muscle. When the muscle show signs of wearing down, you will be asked to stop. Throughout this process, the electrical activities of your vaginal and abdominal muscles are being recorded.

Once the results have been evaluated, specific stimulation of the pelvic floor is applied through the vaginal probe. This does not cause pain but sometimes a pulsation in the vagina. This is done to try to eliminate spasm in cases of overactive bladder or stimulate the muscle in cases of stress incontinence. The amount of stimulation varies from 5-15 minutes.

After visiting the doctor, what's next?

Your doctor will send you home with a routine of specific pelvic floor exercises, also known as Kegels, to complete on your own. These exercises usually consist of

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five to ten contractions lasting anywhere from three to ten seconds each. Typically you will be asked to relax for ten seconds in between the contractions. These sets should be done at least three or four times a day. In a week or two your doctor will ask you to come back for re-evaluation and re-stimulation.

Does pelvic floor rehabilitation really work?

Positive results are usually seen after three or four visits for treatment. It took years to develop this condition and it will take one to two months before the condition improves. The success rate of pelvic floor rehabilitation is approximately 70-80%.