Pelvic Floor Weakness

Understanding symptoms, causes and treatment

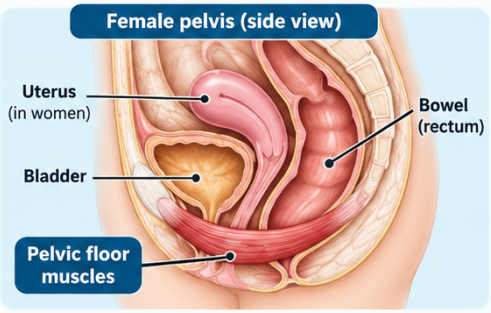
Pelvic Floor Weakness

Pelvic Floor Weakness

Understanding the muscles, symptoms and common causes

What is the pelvic floor?

The pelvic floor is a group of muscles and connective tissues that sit at the base of your pelvis. These muscles support the bladder, bowel and (in women) the uterus. They help control bladder and bowel function and play a role in sexual function and core stability.



What is pelvic floor weakness?

Pelvic floor weakness occurs when these muscles are not working as strongly or effectively as they should. This can lead to problems with bladder or bowel control, pelvic organ support and reduced confidence with daily activities.

Common symptoms

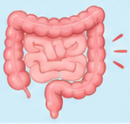
You may experience one or more of the following:



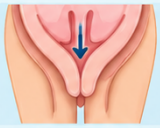
Leaking urine when coughing, sneezing, laughing or exercising (stress incontinence)



Urgency to pass urine or difficulty holding on



Difficulty controlling wind or bowel movements



A feeling of heaviness, dragging or bulge in the vagina or rectum



Reduced sensation during sexual intercourse



Lower back or pelvic discomfort

Common causes and risk factors

Pelvic floor weakness can affect both women and men. Common causes include:



Pregnancy and childbirth (especially forceps, vacuum delivery or prolonged labour)



Ageing and menopause



Chronic coughing (e.g. asthma, smoking-related cough)



Constipation and straining



Heavy lifting or high-impact exercise



Obesity



Pelvic or prostate surgery



Reduced physical activity or prolonged sitting

Understanding pelvic floor weakness

Pelvic floor muscles support the bladder and bowel. Weakness may cause leakage, urgency or a feeling of heaviness.

Symptoms and diagnosis

Recognising pelvic floor weakness and understanding risk factors

What is pelvic floor weakness?

Pelvic floor weakness occurs when the muscles do not work as strongly or effectively as they should, affecting bladder or bowel control and pelvic organ support.

Common symptoms

Urine leakage when coughing, sneezing or exercising; urgency; difficulty controlling wind or bowel movements; vaginal or rectal heaviness; reduced sexual sensation; lower back or pelvic discomfort.

Causes and risk factors

Pregnancy and childbirth; ageing and menopause; chronic cough; constipation; heavy lifting; obesity; pelvic or prostate surgery; and reduced physical activity.

How is it diagnosed?

A physiotherapist or GP considers your symptoms and medical history, may offer a physical examination with consent, and sometimes recommends bladder or bowel diaries.

Pelvic floor exercises

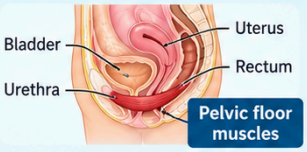
A practical guide to strengthening the pelvic floor

Pelvic Floor Exercises

Step-by-step guide to help you strengthen your pelvic floor muscles

1 Find the correct muscles





- Imagine stopping wind and lifting the muscles inside the pelvis upwards.
- You should feel a gentle squeeze and lift, not a tightening of the tummy, buttocks or thighs.

2 Slow holds



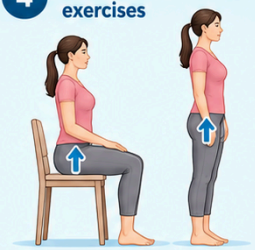
- Tighten and lift your pelvic floor muscles.
- Hold for up to 5–10 seconds (as able).
- Keep breathing normally.
- Relax fully for the same amount of time.
- Repeat 5–10 times.

3 Quick squeezes



- Tighten and lift your pelvic floor muscles quickly.
- Hold for 1 second, then relax fully.
- Repeat 5–10 times.
- These help improve muscle response and control.

4 Sitting and standing exercises



- You can do pelvic floor exercises in different positions, such as sitting or standing.
- Maintain good posture and keep breathing normally.
- Aim to do a mixture of slow holds and quick squeezes throughout the day.

Do

- Focus on squeezing and lifting inside the pelvis.
- Keep breathing normally.
- Let the muscles fully relax between repetitions.
- Aim to do exercises 3 times per day.
- Build up gradually.
- Try to do them in different positions (lying, sitting, standing).

Do not



Do not tighten your tummy.



Do not squeeze your buttocks.



Do not hold your breath.



Do not squeeze your thighs together.

Building progress

- Aim for 3 times per day.
- Start with 5–10 repetitions.
- Hold for up to 5–10 seconds (as able).

It usually takes 8–12 weeks of regular practice to see an improvement in strength and control.

Exercise safely

Start gently and build up gradually. Keep breathing normally, relax fully between squeezes, and ask a physiotherapist for advice if you are unsure of your technique.

Treatment and when to seek help

Management options, warning signs and next steps

Lifestyle advice

Avoid constipation with fluids and fibre; maintain a healthy weight; reduce heavy lifting; manage chronic cough and limit bladder irritants if needed.

Bladder and bowel retraining

Try timed toileting, avoid unnecessary just-in-case visits, and improve bowel habits and positioning.

Other treatments

Depending on symptoms, options may include pessaries, specialist biofeedback or electrical stimulation, medication, and occasionally surgery.

When to seek advice

Speak to a healthcare professional if symptoms affect daily life or do not improve after three months of regular exercises.

Urgent warning

Seek medical advice if you have pain, bleeding or a noticeable bulge.

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