

Pelvic floor dysfunction: why Kegels aren't always the answer

The pelvic floor supports the pelvic organs and coordinates continence, urination, bowel movements, sexual function and pressure. It can be weak, overactive, poorly timed or unable to relax, and each problem needs a different kind of therapy, so “do Kegels” is not a diagnosis.

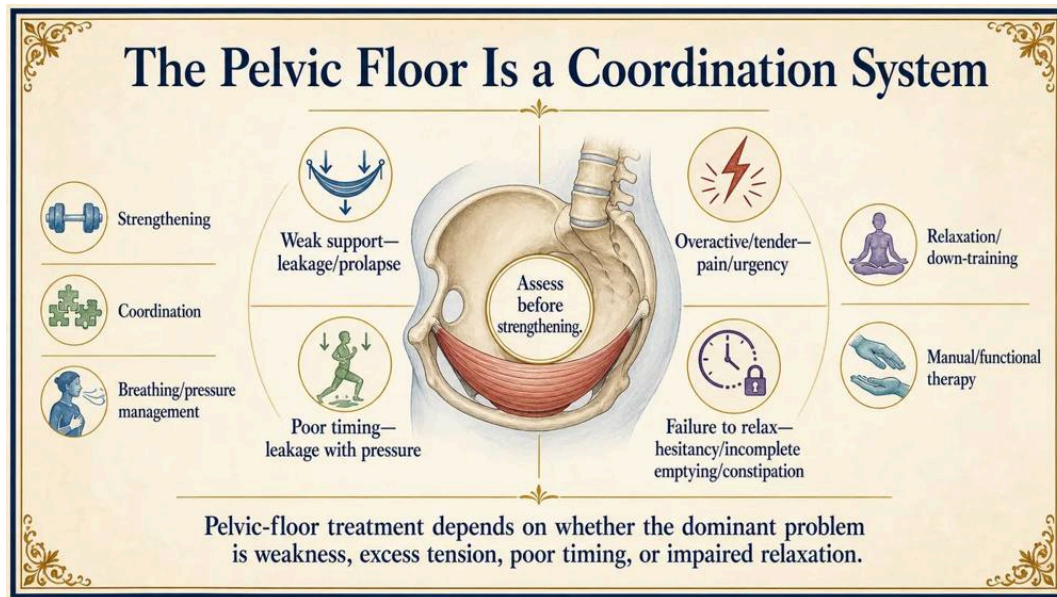


Figure 35.1. The Pelvic Floor Is a Coordination System. Pelvic-floor treatment depends on whether the dominant problem is weakness, excess tension, poor timing, or impaired relaxation.

Key points

- Pelvic-floor treatment is not always strengthening.
- Weakness can contribute to stress leakage or prolapse; excess tension can contribute to urgency, pain, constipation, painful sex, hesitancy and incomplete emptying.
- A muscle can be both weak and overactive, because constant guarding reduces coordination.
- Aggressive contractions can worsen symptoms in someone whose pelvic floor is already tight and painful.
- Pelvic-floor therapy treats physical function; it does not mean symptoms are imaginary.
- Structural and neurologic causes should be considered before symptoms are attributed to the pelvic floor.

Get prompt care if you notice

- New difficulty urinating with leg weakness, numbness around the groin or buttocks, or loss of bowel control
- Sudden complete inability to urinate

Questions to ask your urologist

- Is my pelvic floor weak, overactive, poorly coordinated, or a combination?
- Do I need strengthening, relaxation or both?
- Have structural or neurologic causes been considered?
- Should I see a pelvic-floor physical therapist, and what will the therapy include?
- How will we measure progress?

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