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Introduction
This leaflet gives you some information about pelvic floor exercises (PFE) and helps answer some of the questions you may have. You may be seen by a physiotherapist who specialises in continence and he/she will explain PFE to you. If you are unsure about any of the information or have any questions, then please speak to your nurse on the ward, your physiotherapist, clinical nurse specialist (CNS) or doctor looking after you.

What are the pelvic floor muscles?
The floor of the pelvis is made up of layers of muscle called the pelvic floor muscles (PFM). They are like an elastic hammock inside your body. They stretch from your pubic bone at the front of your body through to the coccyx, the small bone at the bottom of your spine and from side to side. There are two openings in the PFM to allow the urethra (waterpipe) and the back passage to pass through. Normally, the openings for the urethra and back passage through the PFM are quite tight helping with control of the urethra and back passage.

What do they do?
They assist with core support, an essential element of pelvic stability and control. Additionally they support the bladder and bowel. As the pelvic floor muscles help stop the bladder from leaking urine they need to work all the time but need to work harder when you cough, sneeze, laugh, exercise or change position.

What are the signs that my pelvic floor may be weakened?
• Stress incontinence. When urine leaks out when you cough, sneeze, laugh, lift something, exercise, change position eg lying to sitting or sitting to standing
• Urge incontinence. When you urgently need to pass urine, can’t hold it back and may not be able to reach the toilet in time
• Frequency. When you need to pass urine frequently during the day and night
• Overflow incontinence. When the bladder doesn’t empty completely, urine builds up and can lead to it overflowing causing frequent dribbling. You may notice that you need to pass urine more often, called frequency
• Nocturia. When you have to get up lots of time during the night to pass urine this is called nocturia. Typically there may be leakage at night without waking, which is known as nocturnal incontinence

Why might these muscles get weak?
• Surgery to your prostate such as Transurethral resection of the prostate (TURP) or radical prostatectomy
• Constipation. As you may be constantly ‘pushing down’ and straining to empty your bowels. Over time this can stretch your pelvic floor and make it weaker
• Being very overweight can put extra pressure on your pelvic floor muscles
• A chronic cough. Continually coughing can damage and overstretch the muscles
Frequent heavy lifting
If you don't exercise your pelvic floor muscles regularly they lose muscle tone just the same as any other muscle in your body. This may lead to them becoming stretched and weak and not working as well as before.

Why should I do pelvic floor exercises?
Pelvic floor exercises can help strengthen your pelvic floor muscles to give support to your bladder and bowel again. This improved support should help you control your bladder and bowel better and improve or stop any leakage of urine. Having strong pelvic floor muscles may also help you to achieve and maintain an erection.

Usually, you will be advised to do pelvic floor exercises before having an operation on your prostate or pelvic surgery. This is to help make sure that the muscles holding urine in the bladder are strong and in good condition before surgery which should help with any incontinence difficulties after surgery.

Pelvic floor exercises (PFE)
An individualised programme of pelvic floor exercises can be provided by a physiotherapist who specialises in continence. You can ask to be referred to your local physiotherapy department for more advice or contact the ACPWH (Association of Chartered Physiotherapists in Women's Health) for details of specialist continence physiotherapists in your area. The CNS, your nurse or doctor on the ward will also be able to give you more information on PFE.

How to exercise your pelvic floor muscles
(The information that follows about pelvic floor exercises is meant as general guidance. As procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending. If you have been given any specific guidance by the hospital then it is important that you follow their instructions.)

There are 3 steps to doing pelvic floor exercises:

1. **Identify your pelvic floor muscles**
   - **Do's**
     - Get yourself into a comfortable position either sitting or lying with your tummy muscles, thighs and buttocks relaxed
     - Breathe normally
   - **Don't's**
     - Try not to squeeze or tighten the muscles in your buttocks, thighs or tummy
     - Don't hold your breath

2. **Check that you are doing the exercises properly**

3. **Put PFE into action**

You can do the exercises sitting, lying or standing. It is best to exercise these muscles in a functional position - that is when you are most likely to leak urine.
Step 2 Check that you are doing the exercises properly

- You can feel if you are using the correct muscles if you put your finger tips on the skin behind your scrotum then when you tighten the muscles you will feel the muscles lift up from your finger tips
- You can also check this by standing in front of a mirror without clothes and tightening the muscles. You should see the base of your penis pull up towards your tummy and your scrotum lift up. You may see your lower tummy pull in slightly

Step 3 Pelvic Floor Exercises into action

Once you have made sure that you are exercising the correct muscles there are 2 types of exercises that you need to do. However, if you are at all unsure, check with the specialist physiotherapist or CNS for more help.

Slow exercises:
Steadily tighten the pelvic muscles and hold for as long as you can. Build up until you can manage to hold for a maximum of 10 seconds. Relax the muscles for a count of 4. You can repeat this tightening and relaxing up to a maximum of 10 times.

Fast exercises:
Tighten the pelvic muscles as hard as possible for just a second before relaxing. You can repeat this tightening and relaxing up to a maximum of 10 times.

Gradually build up until you can manage to do 10 slow exercises and 10 fast exercises 3 times a day.

To help you remember, do your exercises when you are doing other regular activities such as brushing your teeth or showering.

When should I start these exercises and how long should I continue?

If you are going for an operation on your prostate, you may be advised to start these exercises a few weeks before your operation. If you have a catheter after surgery to your prostate then it’s best to ask your doctor for more advice about starting PFE.

A maintenance programme for life may be beneficial for some men. This can be less intensive than your original programme but still means that you do these exercises every day. If you’re not sure, ask your doctor, CNS or specialist physiotherapist.

Hints to help:
- The muscles may get tired at first but will get stronger the more you practice your exercises, so try to do a little more each time
- However, don’t be tempted to try to speed up the process by doing more exercises, more often during the day. Over-exercising the muscles can lead to the muscles getting fatigued and can slow the recovery process
- Be patient, don’t give up. It may take a couple of months before you see an improvement. Most men will find that they have fewer leaks after doing PFE for 3 months and it may take up to 6 or 12 months before there is full improvement
- To help you remember to do your exercises, do them at the same time that you do another regular activity. For example; after you have finished passing urine, having breakfast, lunch or dinner, queuing for the bus or watching the news. Try to include them as part of your daily routine. It doesn’t matter what you’re doing or where you are - nobody else knows that you’re doing these!
- Don’t lift things that are too heavy for you. When lifting always remember to tighten your pelvic floor muscles

If you have any questions or concerns about PFE, speak to the doctor or nurses on the ward, CNS or a specialist physiotherapist.