

## FREQUENTLY ASKED QUESTIONS

These are just a selection from the many questions we receive from our customers. Our answers should not be construed as providing advice or as recommending products, but rather as providing information on product features in line with the information and instructions provided by manufacturers. You are encouraged to discuss your particular needs with your health practitioner.

### **Many exercisers are described as providing "bio-feedback". What does this mean?**

Bio-feedback quite literally means "feedback from your body".

Any device that provides feedback about what your body is doing, with a view to improving your ability to control your body's functions, can be described as providing "bio-feedback". All our visual feedback products fall into this category.

But the term can also apply to products that act on the body's involuntary muscles. Hence, vaginal cones, which trigger the pelvic floor muscles into contracting in response to the presence of the cones, are also a type of feedback device, as they create a feedback loop that causes a behaviour response in the muscles.

And finally, the term is used by health professionals and in research papers to refer to the more sophisticated devices (often electrical etc) that are used during a visit to a professional.

"Many patients who are motivated to begin PFMT (pelvic floor muscle training) are unable to exercise effectively, and receive no benefit from their efforts. The addition of biofeedback technology in PFMT teaches patients to effectively isolate the pelvic floor, increasing the efficacy of home exercises. Several contemporary studies demonstrate that PFMT with biofeedback is superior to PFMT alone."

**Drs Christopher Whelan & Patrick McKenna, Division of Urology, Southern Illinois University School of Medicine**

### **If I buy an exerciser, how will I know how to use it correctly?**

All of our exercisers are accompanied by clear manufacturer's instructions. It is important to follow these instructions very carefully. Manufacturers suggest that some women will find products more comfortable to use in conjunction with a high-quality, water-based lubricant such as Sylk. It is very important to use only a water-based lubricant as other products may damage the exercisers.

### **How long will it take to know if my exercise program is working?**

This depends on the strength of your pelvic floor before you start. All of our products are accompanied by clear instructions as to how long you will need to follow a program before seeing an improvement, and there has been research about this too.

Manufacturers and research both indicate that most women will need to commit to daily exercising for 6-12 weeks to make a difference and then continue to exercise regularly, but less frequently thereafter, to maintain fitness.

Women who already have a fairly strong pelvic floor muscle and are only seeking to improve fitness may achieve their goals more quickly.

Women who follow an exercise program for 12 weeks without noticing an improvement, should always seek medical advice, or consult a specialist women's health physiotherapist.

### **I had a hysterectomy 10 years ago. Which exerciser would suit me best?**

A hysterectomy wouldn't normally make a difference to your ability to use an exerciser or to which type will suit you best, but you should consult a health practitioner such as a **specialist women's health physiotherapist** to discuss your particular needs.

Assuming there is no specific health or medical reason for making a particular choice, a decision is usually based on a combination of lifestyle factors and the existing ability to do the pelvic floor squeeze and lift contraction correctly.

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You could start by asking yourself questions such as:

**- Am I sure that I am doing my pelvic floor exercises correctly already?**

If no, you can consider a product that specifically provides feedback on doing the contractions correctly (Pelvic Floor Educator, PFX2, PX-IQ) or you can opt for a product that helps you to do the exercises just by holding them in your vagina (Aquaflex, vaginal balls).

**- Do I consider that my pelvic floor is already pretty good and I just want to build strength?**

If yes, you may want to consider the PFX2 or PX-IQ, both of which have adjustability that the manufacturers state allows them to adapt to a woman's needs. For an already strong pelvic floor weighted devices such as Pelvibar, Juno or Energie may better suit. However if you think you are starting from a lower level of strength, you may still want to consider either the PFX2 or PX-IQ but you may prefer to use lighter weights, such as the Aquaflex or vaginal balls.

**- Am I prepared to allocate specific exercise time each day to an exerciser that requires me to lie down?**

Perineometers like the PFX2 or PX-IQ require you to set aside specific exercise time each day and require some degree of privacy. If this isn't acceptable, weights such as Aquaflex or Luna Beads are used discreetly whilst moving around (although the manufacturers state they may initially require you to allocate specific standing-still time until you reach a level of muscle strength that enables you to hold them in whilst moving, but this will depend on your existing individual strength).

**Which is best - vaginal cones or a perineometer? Are they equally easy to use?**

Manufacturers are always very positive about their own products, but there are pros and cons of each. Some women will find that perineometers like the PX-IQ build stronger pelvic floor muscles than vaginal weights (or cones), simply because their adjustable resistance means that women do not "outgrow" them, whereas cones have a maximum weight that isn't always a sufficient challenge for women who want a very high level of pelvic floor fitness. However research shows that cones will provide sufficient challenge to overcome stress incontinence for a very large number of women.

Cones have the advantage that they can be used whilst undertaking normal day-to-day activities (at least once you've started to get used to them), whereas you need to set aside dedicated exercise time to use a perineometer. Cones also have the advantage that they work to strengthen the pelvic floor without the need for "squeeze and lift" exercises, so are often the choice of women who are not sure whether they are able to contract their pelvic floor correctly, or who do not want to give the time to an exercise program. The drawback of cones is that some women find them harder to position accurately and women with a larger vaginal vault or a prolapse may be unable to hold them in the correct position. Incorrect placement can cause incorrect action of the pelvic floor. A prolapse may not allow you to position them properly and you should look at an alternative such as the PFX2. Women with a larger vaginal vault may also have trouble holding the smaller cones such as Aquaflex in. In this instance the PX-IQ would be a suitable alternative as it comes with several sizes of sensor – all of which can be pumped up to increase resistance.

Women using a perineometer need to check their exercise technique to make sure that the reading they get is created by muscle contraction, rather than by abdominal pressure. **Our Information Sheet 1** tells you how to do this. This is VERY important as it is possible to get a reading on the pressure gauge from increasing abdominal pressure (bearing down)

In the end, most women choose on the basis of personal preference, lifestyle factors and the degree of pelvic floor muscle strength they are seeking to achieve.

If you are in any doubt about which products might suit you best, you should discuss your options with a **specialist women's health physiotherapist in your area.**

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### **I am pregnant. Is there any point in doing pelvic floor exercises during my pregnancy?**

There is quite a lot of research evidence that doing pelvic floor exercises during pregnancy and after delivery reduces the likelihood that a woman will experience stress incontinence during and after pregnancy. A strong pelvic floor has also been shown to have a positive effect on second stage of labour. You can read more about this on our childbirth page. If you want to read more research for yourself, the links to the major database can be found on our Links page and the research we refer to is all listed on our Research page. So there are good reasons to do pelvic floor exercises right through pregnancy, with no need to stop at any point, and to continue after birth, although when you can start again may be determined by what sort of delivery you have. You should talk to your doctor, midwife or physio about this after you've had your baby.

The manufacturers of exercise products are generally cautious about their use in pregnancy and in the first six weeks after birth, mainly because there is always a risk associated with inserting any device at this stage (infection etc). For example, the manufacturer of the PX-IQ states that it should not be used in the last trimester (27 weeks onwards) and in the six weeks after birth. Others state that their product should not be used at all during pregnancy. There does not seem to be any published evidence of risk associated with doing unassisted exercises (that is, without using an exerciser), but you should definitely check with your care provider about all these issues. Likewise, please check with your care provider before using an exerciser after the birth. As always, when using any exercise product, you should follow the manufacturer's instructions exactly.

### **Can I reverse a vaginal prolapse with exercise? How long would it take and how effective is exercise for this problem?**

Women's Health Queensland Wide publishes a very comprehensive factsheet on **genital prolapse**. You should also discuss your options with a women's health service, or a women's health physiotherapist. You will find links to these services and to the Australian Physiotherapy Association on **our links page**. You'll see from the genital prolapse leaflet that pelvic floor exercises have been generally considered only appropriate for cases of mild prolapse. However, a recent research review (Bo 2006) suggests that the opposite is true, and that the evidence shows that pelvic floor muscle training is useful in cases of severe prolapse, yet not mild prolapse. However it is generally accepted practice that regular pelvic floor exercises are beneficial to those with a prolapse, particularly when done in a functional manner as part of your *core muscular system*. It is important to retrain the brain to activate these muscles, when needed (lifting, coughing etc) to support your pelvic organs and prevent further prolapse.

### **If I use an exerciser can I avoid doing exercises myself?**

Sorry – no ! You still need to learn how to do a pelvic floor contraction voluntarily (in other words, by yourself). An exerciser, feedback device or stimulator is designed to help you learn how to contract your pelvic floor and to help strengthen it (like using weights at the gym) but you must also train yourself to use this strengthened contraction when it is needed – like when you cough, sneeze or lift the washing basket to prevent yourself from leaking and to support the pelvic organs against the downwards forces created within the tummy during these activities. There are many good books and DVDs available through the Pelvic Floor Exercise website which help to teach you how to do this.

### **I have been doing my exercises and my leaking has stopped except when I run and go to the gym when I still have to wear a pad.**

This indicates that your pelvic floor has improved significantly – well done! However the activities that still cause you to leak are too strenuous for your pelvic floor if you need a pad to do them. You may need to see a specialist pelvic floor physio for further help. Some women find that a product such as Contiform to support the bladder neck during activity is all that is needed. However modifying your activities is also important. You don't need to do crunches to get great abs - there are many much more appropriate exercises.

Please **contact us** or a specialist health care provider if you have a question not answered here.

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