

## INFORMATION SHEET 13: INCONTINENCE AND THE PELVIC FLOOR

### Urinary incontinence: stress, urge and other types

Incontinence is more common than many realise, with about one woman in three over the age of 45 experiencing it. More surprisingly still, one in eight 18-23 year olds also report incontinence. Only one third of these women seek professional help. In later life, incontinence is a major contributing factor in the decisions of elderly Australians to seek residential care.

Urinary stress incontinence (leaking small amounts of urine when sneezing, coughing, exercising or otherwise putting the pelvic floor under stress) is the commonest form of incontinence amongst Australian women.

Many women believe that it is a natural part of ageing but this is not true; it is not normal and no woman needs to tolerate it. There are options for treatment, the first and most important of which is pelvic floor exercising.

The other common type of incontinence is called urge incontinence, and some women experience a combination of both stress and urge incontinence. A stronger pelvic floor muscle has an important role to play in urge incontinence too.

In addition to stress incontinence and urge incontinence, there are several other types of incontinence, and many excellent sources of information about incontinence generally. To view these, visit the Links page on our website, and follow some of the links in the incontinence section. One of the most important sources of help and information in Australia is the National Continence Helpline on 1800 33 00 66.

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### Can pelvic floor exercises help with stress incontinence?

Research confirms the outstanding value of a sustained and regular program of pelvic floor exercise for women suffering from stress incontinence.

Any woman seeking professional help for stress incontinence will usually be recommended to try an exercise program first before resorting to other more invasive treatments or surgery. For many women, pelvic floor exercise - undertaken in a sustained and regular program - can largely, or even entirely, overcome the symptoms of stress incontinence.

*The results show that pelvic floor exercises are an effective and low cost treatment for stress urinary incontinence rehabilitation. (Moreno and others 2004)*

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### Is exercising with pelvic floor devices even better?

Although pelvic floor exercise works, research confirms that for many women exercising with a exerciser device is even better. For more information on why you can achieve much better results with exercise devices, read our **Information Sheet 14: Why use a pelvic floor exerciser.**

Studies have looked at vaginal weights and balls :

*Two groups - some just unassisted exercise and some with vaginal balls... Both groups showed improvement after 4 months, but the reduction of urinary leakage after four months of exercise in the group with vaginal balls was significantly better than the results in the group with pelvic floor muscle exercises alone. The study found the weighted vaginal balls to be a good alternative for training pelvic floor muscles in women with stress urinary incontinence. (Arvonen and others 2001)*

*In a pilot study 6 women with stress urinary incontinence were treated with Geisha balls while performing pelvic floor muscle exercises at home half an hour a day for 12 weeks. Subjectively 4 patients were cured and 2 had improved. Before the treatment the 24-hour pad test was a mean 48 g and after the treatment a mean 10 g. There were no adverse effects.(Glavind 2001)*

*Home-based PFMEs and training with a (vaginal ball) proved to be equally effective as once-a-week supervised therapy (Parkkinen and others 2004)*

*The .. vaginal cone (weight)is relatively easy to use at home and aids in pelvic floor muscle exercises.. Consequently, the cone could be used as an alternative non-surgical treatment in female stress urinary incontinence. (Seo and others 2004)*

Bio-feedback devices have also allowed women to achieve greater improvements.

*BF therapy resulted in a better subjective outcome and higher contraction pressures of the pelvic floor muscles. (Pager and others 2002)*

*PFM exercises are effective for the treatment of USI; the biofeedback method revealed better PFM strength results with respect to digital palpation. (Aksac B and others 2003)*

*This randomized controlled trial suggests that the home biofeedback method in PFT has a good success rate of 68.8%. (Aukee and others 2004)*

*These data suggest that self-selected healthy women with symptoms of urge, stress, and mixed incontinence can improve their symptoms and lower their severity index with a minimal intervention, comprehensive, self-directed home biofeedback continence system. (Smith DB and others 2000)*

And electronic muscle stimulators have demonstrated positive outcomes for women suffering from stress and urge incontinence:

*Transvaginal pelvic floor electrical stimulation was found to be a safe and effective therapy for genuine stress incontinence. (Sand PK and others 1995)*

*Although nearly all studies of ES have been uncontrolled, a substantial body of "soft" data attests to the efficacy and safety of this technique. (Apell RA 1998)*

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### **What about other types of incontinence?**

Pelvic floor exercises are useful for all women, and everyone can benefit from strengthening the pelvic floor. A stronger pelvic floor is a factor in overcoming urge incontinence too, and products such as electronic muscle stimulators in particular, have also been shown to be very useful for women with urge incontinence. However successful treatment of urge and other types of incontinence require more than an exercise program. Women suffering from urge incontinence or combined urge and stress incontinence are advised to seek professional help from a GP or women's health physiotherapist.

If you are not sure what type of incontinence you have, or are not sure where to start, talk to your health practitioner, see a [women's health physiotherapist](#) or call the National Continence Helpline on 1800 33 00 66 for assistance.

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### **Which pelvic floor exercisers are most effective in overcoming stress incontinence?**

All of our exercisers can help, so it is a question of choosing the type of product that suits you most.

Are you already able to locate your pelvic floor muscle, and now want to build strength? Or do you need help to locate the muscle and know if you are squeezing correctly? Do you want a product you can use while you move around? Or are you able and willing to allocate the time each day to laying still while you exercise your pelvic floor?

Ask yourself these questions, read our **Information Sheet 15: Choosing An Exerciser**, then visit our online shop at [www.pelvicfloorexercise.com.au/shop.htm](http://www.pelvicfloorexercise.com.au/shop.htm) or phone for a product brochure. To learn more about the benefits of each exerciser, read the more detailed information provided on each exerciser's own page on our website or ask us to send printed info about the products that interest you.

Or seek advice for your specific needs from a health professional such as your GP, a [women's health physiotherapist](#), or the National Continence Helpline on 1300 33 00 66.

<p>The material presented in this information sheet is intended as an information source only. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and are advised to verify all relevant representations, statements and information. The information should not be considered complete and should not be used in place of the advice of a health care provider. Pelvic Floor Exercise does not accept liability to any person for the information or advice provided in this sheet, or for loss or damages incurred as a result of reliance upon the material contained herein.</p>
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