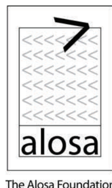
Pelvic floor muscle training

This can be an effective treatment for women with stress and mixed incontinence,[1,2] and may also be effective in combination with bladder training in treating urge incontinence.[2] The goal is to build strength, endurance, and coordination of the pelvic floor muscles.

In the office, tell the patient to maximally contract the pelvic muscles as if trying to hold in urine. At home, s/he then does 8-12 contractions, each sustained for 6-8 seconds. This is repeated three times daily.[3,4] Continue training for 3-4 months before assessing outcomes.[3-5]

1.American College of Obstetricians and Gynecologists. Urinary Incontinence in women. ACOG Practice Bulletin 63: Clinical Management Guidelines. Obstetrics and Gynecology 2005;105:1533-45. **2.** Scottish Intercollegiate Guidelines Network 2005. Management of urinary incontinence in primary care: a national guidleine. Available at: http://www.sign.ac.uk/pdf/sign79.pdf. **3.** National Collaborating Centre for Women's and Children's Health; Urinary incontinence: The management of urinary incontinence in women. Commissioned by the National Institute for Health and Clinical Excellence. Available at: http://www.nice.org.uk/nicemedia/pdf/CG40fullguideline.pdf. 2006. **4.** Santiagu SK, Arianayagam M, Wang A, Rashid P. Urinary incontinence-pathophysiology and management outline. Australian Family Physician 2008;37:106-10. **5.** Dumoulin C, Hay-Smith J. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005654. DOI:10.1002/14651858.CD005654.pub2.



These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.

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Bladder training

Bladder training aims to increase the time interval between voiding and works best in patients who are physically and cognitively unimpaired. The approach is most commonly used for the treatment of urge incontinence, but may also improve symptoms of stress and mixed incontinence.[1]

- Determine the initial voiding interval based on how frequently the patient is currently voiding while awake.
- Have the patient try and increase the duration between voids by 15–30 minutes per week until s/he achieve an interval of 2–3 hours between voidings.[4]
- Use a bladder diary to monitor the number and amount of urine leaks each day, and for the week.
- Increase the interval between voids when the patient is leak-free for more than 75% of the time between voids.

A trial of bladder training should be conducted for at least 6 weeks.[3] For most elderly patients, reducing bathroom visits every 2 to 3 hours is a good result.

Advise the patient to do the following when the urge to urinate occurs:

- ◊ Stand still and take slow, relaxed breaths.
- ◊ Contract the pelvic floor muscles repeatedly.
- ◊ Concentrate on making the urge go away. Use mental imagery and self-talk to help suppress the urge.
- ◊ Use mental distraction to reduce awareness of the urge .
- ◊ When the urge subsides, do not use the toilet until the next scheduled void.

Also, advise the patient to:

- ◊ Use a watch or timer to remind of the next bathroom visit.
- ◊ Avoid caffeine and alcohol, but do not restrict fluids.
- ◊ Keep the bladder diary with him/her to record bathroom visits and urine leaks.