

# SUE CROFT

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Books: Available at [www.pelvicfloorrecovery.com](http://www.pelvicfloorrecovery.com)

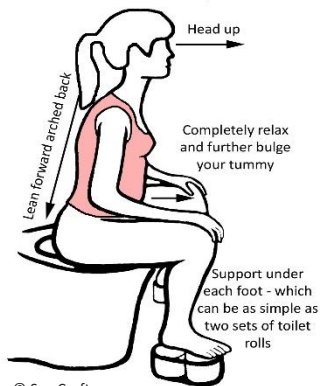
Blog: <https://suecroftphysiotherapistblog.com/>

## Lori Forner Podcast

### Pelvic Floor Recovery Book Series

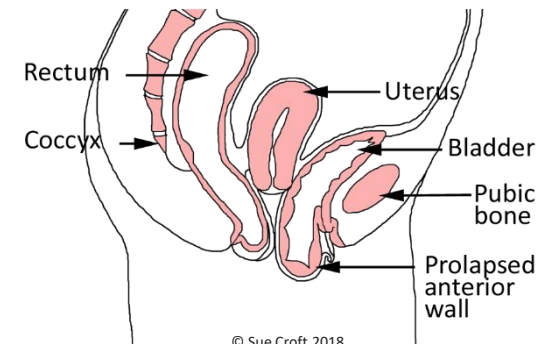
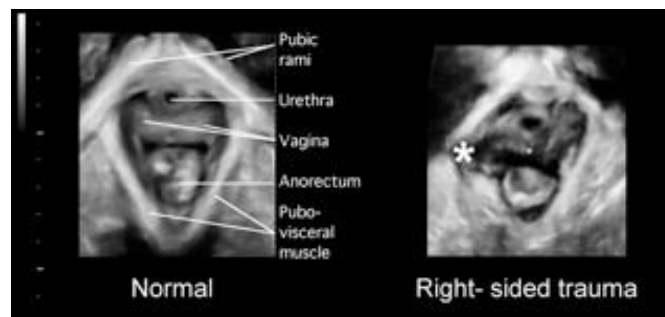
*Pelvic Floor Recovery: Physiotherapy for Gynaecological and Colorectal Repair Surgery*

*Pelvic Floor Essentials*



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Fig 21. Correct posture for emptying bowels



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Fig 15. Anterior wall prolapse (Cystocele)



What physios do each day  
in clinic - give HOPE

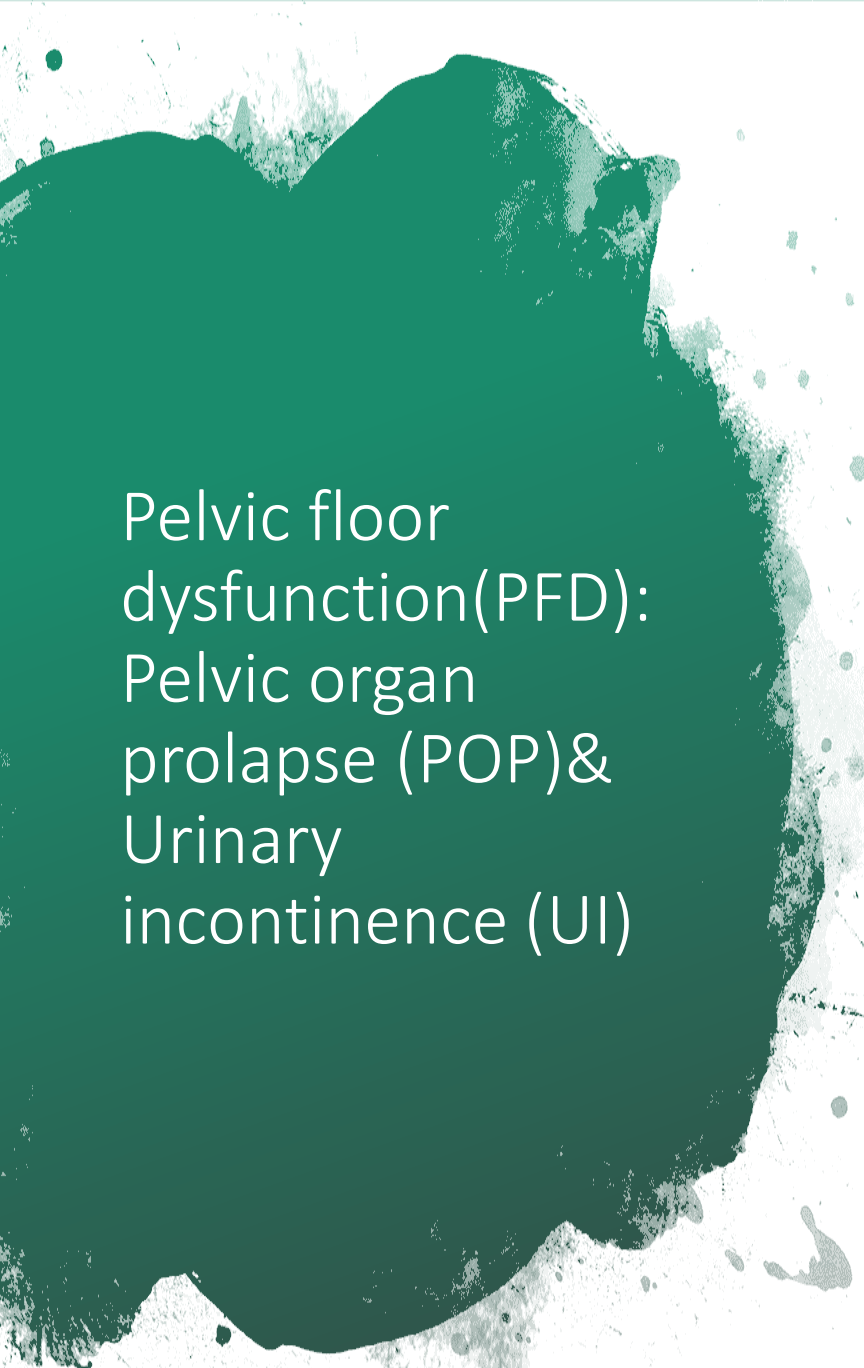
# HOPE

- H Health Focused
- O Optimistic
- P Physiotherapeutic
- E Empowering Experience

*Pelvic health physiotherapy: It's  
science-based but it's not  
rocket science*







Pelvic floor  
dysfunction(PFD):  
Pelvic organ  
prolapse (POP)&  
Urinary  
incontinence (UI)

- Pelvic floor disorders are associated with decreased activities of daily living, social isolation, decreased self-esteem, increased depression with avoidance of out-of-home activity, helplessness and sexual dysfunction.(Parker-Autry CY 2013)





The SILENCE  
around PFD is  
deafening

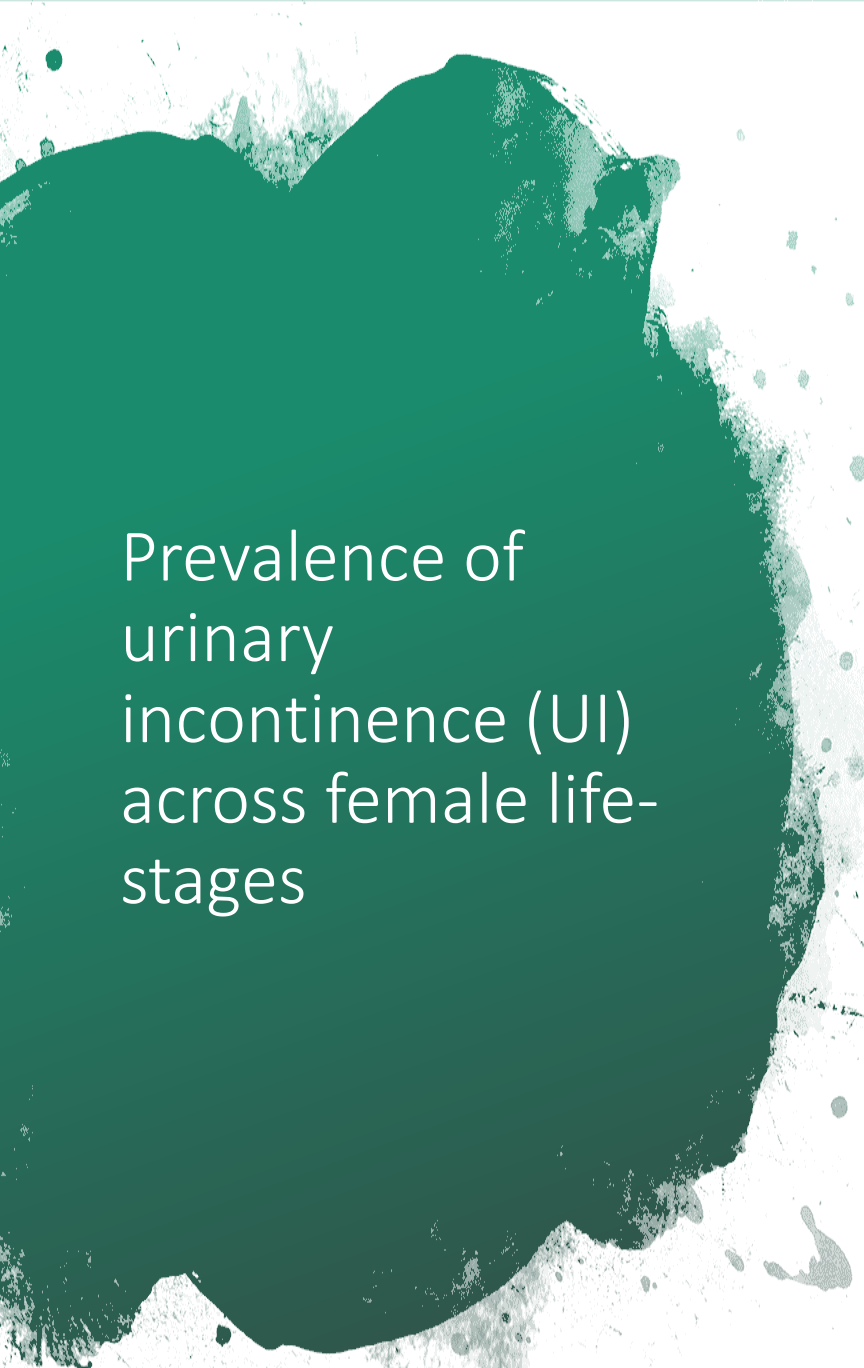
- 57% of people in a doctor's waiting room had moderately severe urinary incontinence and yet only 29% of patients had ever raised it with their doctor. (Byles et al 2005)



# Prevalence of urinary incontinence and prolapse

- One in three women will suffer with urinary incontinence in their lifetime (Deloitte Access Economics Report on the Economic Impact of Incontinence in Australia 2011)
- Pelvic organ prolapse (POPPY) trial conducted in 2014 (447 patients) (Hagen et al 2014)
  - 40% of women over 50 years old have some form of prolapse
    - What number does that actually equate to? In Australia, UK, USA- it's huge!
    - But many are asymptomatic with only 15% being symptomatic at 20 years post vaginal delivery
  - Increasing age and family history of prolapse are common causes but obesity, heavy lifting and constipation may also contribute
- Why are UI and prolapse figures so important?
  - 64% attendees at gyms are women where things can worsen if women are unaware about their pelvic floor (2009 CFA Stakeholders Pelvic Floor First conference)
- 20% undergo surgery, up to 30% can fail, 10% undergo repeat surgery (ICS Brubaker et al, Wu et al 2014) up to 80% can fail if bilateral levator avulsion (Dietz)






## Prevalence of urinary incontinence (UI) across female life-stages

- Nulliparous elite athletes: 51.9%  
Gymnastics main culprit 56%  
Aerobics 40% (Thyssen2014)  
Trampolinist 85% (Nygaard et al1994)
- Pregnancy related;
  - Last trimester:
    - primips 48%
    - multips 85% (Morkved & Bo 2003)
- Age related (Herschom et al 2003)
  - 18-40: 25%
  - 48-54: 46% (Mishra et al 2010)
  - Over 65: 55%





Let's hope your *first* op,  
is your *best* op and your  
*last* op



# Australian Commission on Safety and Quality in Health Care

- Treatment options for Stress Incontinence
- <https://www.safetyandquality.gov.au/wp-content/uploads/2017/02/FINAL-Patient-information-resource-transvaginal-TV-mesh-Stress-Urina....pdf>
- Treatment options for pelvic organ prolapse
- <https://www.safetyandquality.gov.au/wp-content/uploads/2017/02/FINAL-Patient-information-resource-transvaginal-TV-mesh-Pelvic-Organ...-1.pdf>
- Advice regarding transvaginal mesh
- <https://www.safetyandquality.gov.au/our-work/transvaginal-mesh/resources/>
- Operation descriptions thanks to UGSA
- <http://www.ugsa.org.au/pages/patient-information.html>

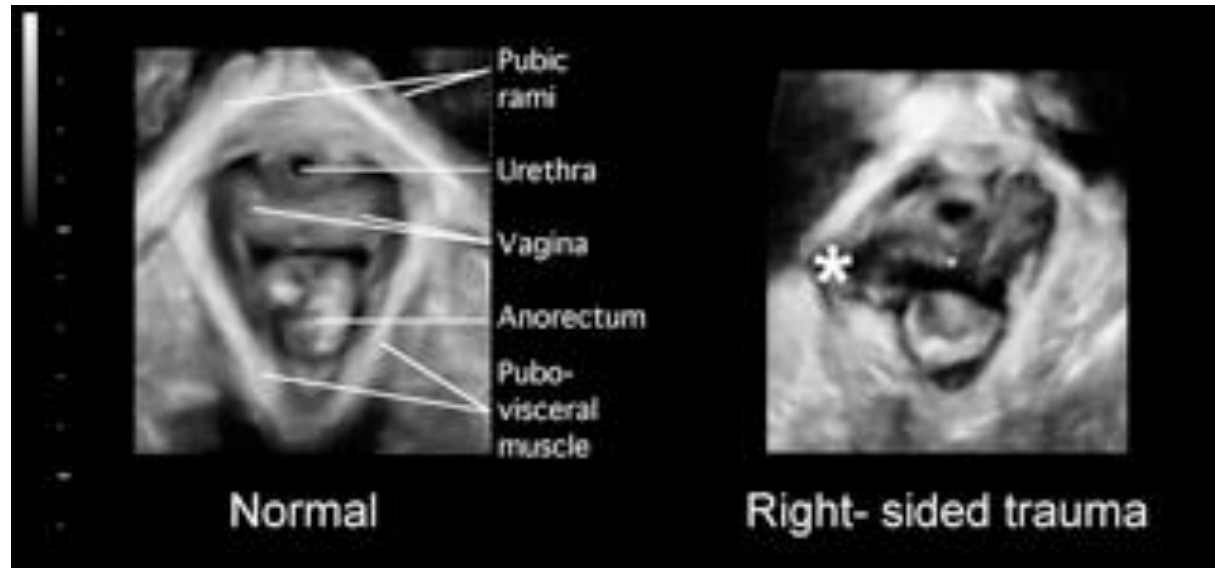


## Myth: Pelvic Floor Physios only teach Kegels?



- Assessment of problem
- PFMT/TrAb strengthening
- The 'Knack' (bracing) with increased IAP
- Education about straining with defaecation worsening prolapse
- Teach defaecation posture & dynamics
- Dietary and product advice for a soft,formed easy-to-pass stool
- Education about using a pessary to support prolapse
- General exercise advice
- Advice re sexual dysfunction/impact
- Psychological support, empathy, understanding
- Restore confidence





What is Levator Avulsion



# #KEY POINTS FOR MANAGING PROLAPSE AND IMPENDING SURGERY

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#early pre-op assessment & treatment with a pelvic health physiotherapist

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#assess pelvic floor for correct activation, strength, appropriate relaxation

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#assess extent of prolapse, degree of bother, reassure that it may not progress

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#pessaries, program of PFMT, bracing with increased intra-abdominal pressure

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#talk about watchful waiting but if surgery required prepare well for 3 months

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#moving (start moving, keep moving), healthy eating & refer if weight an issue

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#plan & prepare, shopping, cooking, cleaning by others early on

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#very effective bowel management before and after surgery

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#mindfulness (live in the moment), belly breathe regularly, body scan, don't catastrophise.

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#exercise regularly and appropriate to the strength of your pelvic floor





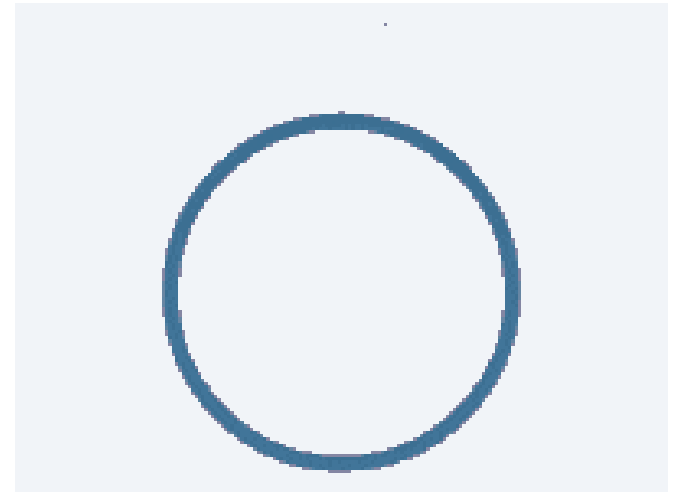
AND WHAT 4 THINGS ARE  
LIKELY TO MAKE AN  
IMMEDIATE DIFFERENCE?



Practise regularly

# 1. Belly Breathing

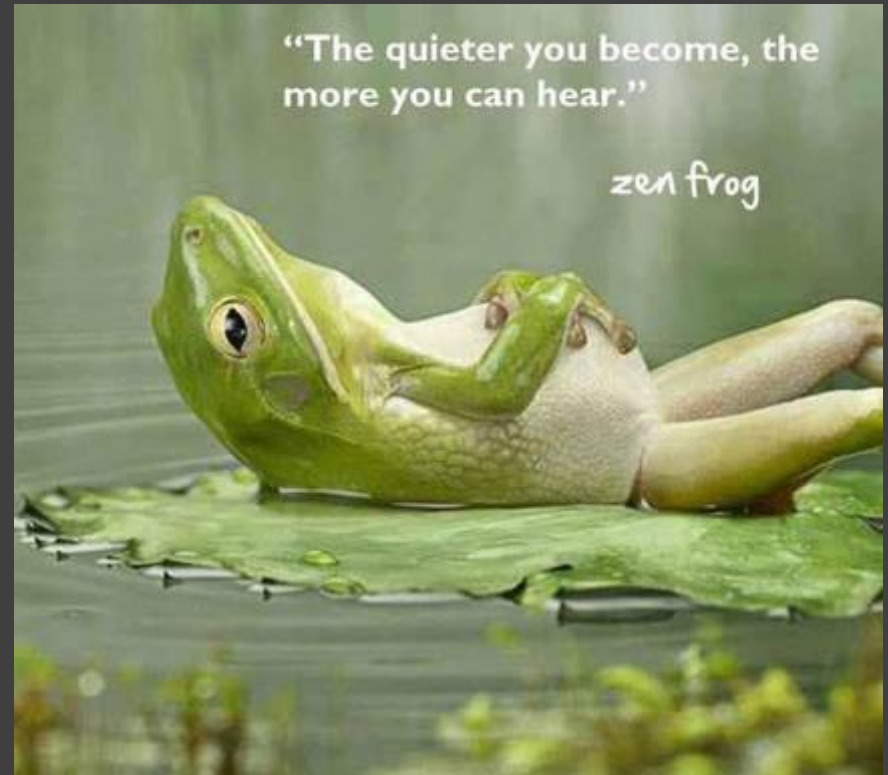
to manage the anxiety associated with prolapse diagnosis and the prospect of surgery in conjunction with a regular body scan –see next slide.






# BODY SCAN

- Relax your scalp
- No frowning
- Slightly open your mouth
- Drop your shoulders
- Belly breathing
- Let your tummy go floppy
- Relax your pelvic floor
- Let your inner thighs go





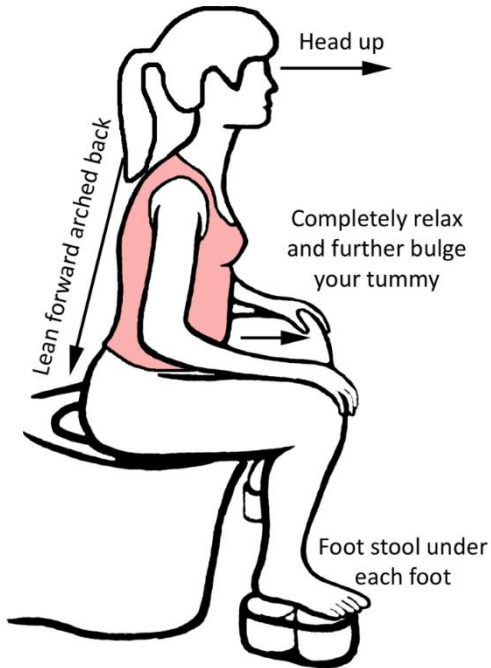


## 2. PFMT and the knack

- Throughout your lifetime do regular PF exercises
- Engage prior to increased intra-abdominal pressure to counteract the downward forces



# 3. Bowel emptying: Defaecation Dynamics



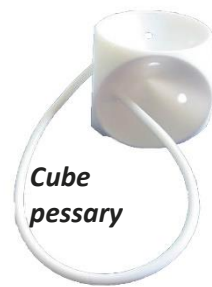
Correct posture for emptying bowels

- Respond to first urge, don't defer.
- Use correct posture
- Relax your tummy.
- Gently further bulge your abdominal wall.
- This action opens and relaxes the anal sphincter.
- NEVER STRAIN



## 4. Pessaries

- Seek someone who can give you advice about pessaries as a short-term, medium term and even long term option



*Cube  
pessary*



*Ring with  
platform*



*Ring pessary*



*Gelhorn  
pessary*



# *Pelvic Floor Recovery Series by Sue Croft Physiotherapist*



- Education regarding correct activation of the pelvic floor muscles.
- Extensive bladder and bowel advice.
- Persistent pain information
- Prolapse management
- Books 1: For Gynae and Colorectal Repair Surgery -What to do and not do in hospital and during the three month recovery period and forever.
- Book 2- Bladder, bowel and pelvic health information (especially useful to rehabilitate after childbirth) includes paediatrics, pregnancy and post-partum.
- Sex, travel and return to work advice.