HEALTH BASICS

Kegel exercises

Kegel exercises are repeated contractions that strengthen and improve control of the pelvic floor muscles.

WHAT IT IS
Exercises that contract and relax the pelvic floor muscles

WHERE IT COMES UP
Bladder leakage, bowel control, childbirth, pelvic surgery, or prolapse care

WHY IT MATTERS
May improve bladder and bowel control and pelvic support

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pelvic health physiotherapist, primary care clinician, or continence service

HOW IT IS CHECKED
Pelvic floor muscle assessment by a trained clinician

Overview

Kegel exercises are exercises for the pelvic floor. The pelvic floor is a group of muscles and supporting tissues at the bottom of the pelvis. These muscles help support the bladder and bowel. They also help control the release of urine, stool, and gas.

Kegels are also called pelvic floor muscle exercises or pelvic floor muscle training. They can be useful for people of any sex. They may be suggested during or after pregnancy, for bladder or bowel leakage, or around some types of pelvic or prostate surgery.

Kegel exercises are not a disease, diagnosis, medical test, or medicine. They are one possible form of exercise. They are not right for every pelvic problem, because some people have pelvic floor muscles that are too tense rather than weak.

Learning the correct movement matters. A pelvic health physiotherapist or another trained clinician can check whether you are contracting the intended muscles and fully relaxing them afterward.

How it works

The pelvic floor muscles form a supportive layer inside the pelvis. They tighten when you hold back urine, stool, or gas. They relax when you pass urine or have a bowel movement.

A Kegel contraction should feel like closing the openings around the anus and urethra, then gently lifting them inward. The urethra is the tube that carries urine out of the body. Depending on your anatomy, you may also feel a squeeze around the vagina or a slight lift at the base of the penis.

A basic contraction involves:

Pelvic floor training often includes both sustained contractions and shorter, quicker contractions. Sustained contractions build endurance. Quick contractions can help the muscles respond to sudden pressure, such as coughing or lifting.

There is no single exercise schedule that suits everyone. The number and length of contractions may need to change according to muscle strength, coordination, pain, pregnancy, recent surgery, or other health concerns. Improvement generally requires correct and consistent practice rather than forceful squeezing.

Stopping urine midstream can help some people identify the muscles once. It should not become a regular exercise. Repeatedly interrupting urination may interfere with normal bladder emptying and does not show whether the muscles relax properly.

- Gently tightening and lifting the pelvic floor
- Continuing to breathe normally
- Keeping the buttocks, thighs, and abdomen as relaxed as possible
- Releasing the contraction completely before repeating it

Why it matters for your health

Pelvic floor muscle training can help some people with stress urinary incontinence . This means urine leaks when pressure rises in the abdomen, such as during coughing, laughing, exercise, or lifting. Evidence is strongest when the exercises are taught correctly and followed regularly.

The exercises may also form part of care for other concerns:

Pelvic organ prolapse happens when one or more pelvic organs move downward and press into the vagina. Pelvic floor exercises may improve support and some symptoms, but they do not physically correct every prolapse.

After prostate surgery, pelvic floor training may help with urinary control. The timing and technique should follow advice from the surgical or continence team, especially if a catheter is still in place.

Kegels are sometimes promoted as a way to improve sexual function. Pelvic floor control can be relevant to sexual comfort and function, but results differ. Pain during sex should not be treated by doing more Kegels without an assessment, because tense pelvic muscles may be contributing.

- Urinary leakage during or after pregnancy
- Leakage following prostate treatment or surgery
- Bowel leakage, also called faecal incontinence
- Difficulty controlling gas
- Symptoms linked with pelvic organ prolapse
- Bladder urgency when used with bladder-training techniques

What can go wrong

The most common problem is using the wrong muscles. Holding your breath, tightening the buttocks, pressing the knees together, or straining downward does not train the pelvic floor in the intended way. Straining can increase pressure on the pelvic organs.

Some pelvic floor conditions involve muscles that are overactive or unable to relax. These situations may be associated with pelvic pain, pain during sex, constipation, difficulty starting urination, or a feeling that the bladder or bowel has not emptied. Repeated strengthening without enough relaxation may make these problems worse.

Too many forceful contractions can cause temporary muscle fatigue or discomfort. Pain is not an expected goal of Kegel exercises. Stop and arrange a routine assessment if contractions repeatedly cause pelvic, abdominal, bladder, or rectal pain.

Exercises can also delay appropriate care if they are used as the only response to unexplained leakage or difficulty emptying the bladder or bowel. These problems can have causes that require assessment, such as urinary infection, constipation, medication effects, prostate conditions, prolapse, or nerve disorders.

Arrange routine clinical follow-up if you are unsure that you have found the muscles, cannot relax them, or see no improvement after a period of consistent practice. Also seek assessment for ongoing leakage, a vaginal bulge, painful sex, or trouble passing urine or stool.

Seek prompt medical advice for blood in the urine or stool, fever with urinary symptoms, or a sudden major change in bladder or bowel control.

Get emergency help for new loss of bladder or bowel control together with numbness around

the genitals or buttocks, severe back pain, or new leg weakness. Sudden inability to pass urine with increasing lower abdominal pain also needs urgent assessment.

What you can do

Start by noticing what happens when you gently try to hold back gas and urine. The correct movement should feel like an inward lift, not a downward push. Do not repeatedly test this while urinating.

Practise in a comfortable position where you can breathe normally. Lying down may be easier at first. Sitting or standing adds more work against gravity. Release each contraction fully and rest if the muscles become tired.

Useful actions include:

A bladder diary can record when you drink, urinate, feel urgency, or leak. A bowel diary can record stool consistency, straining, urgency, and leakage. These records may help a clinician choose suitable treatment.

A pelvic floor assessment may involve watching or feeling the muscles contract and relax. With your permission, a trained clinician may suggest an internal vaginal or rectal examination. Some services use biofeedback, which displays muscle activity, or ultrasound to show movement. You can ask what an examination involves and decline or stop it at any time.

If you have no leakage, pelvic discomfort, surgery-related instructions, or other reason to train these muscles, you may not need a formal Kegel programme.

- Ask whether your problem is linked to weak, tense, or poorly coordinated muscles
- Request a pelvic floor assessment if you cannot identify the contraction
- Keep a short record of leakage, urgency, pain, and possible triggers
- Note whether coughing, exercise, lifting, or a full bladder causes leakage
- Ask when to begin exercises if you are pregnant or recovering from surgery

Common questions

How do I know whether I am doing a Kegel correctly?

You should feel a gentle closing and lifting inside the pelvis while continuing to breathe. You should not feel as though you are pushing downward. A pelvic health physiotherapist can confirm the movement if you are uncertain.

Should I do Kegels while urinating?

Not as a regular practice. Briefly stopping the flow may help identify the muscles, but repeatedly interrupting urination can affect bladder emptying.

How quickly do they work?

Changes are usually not immediate. Results depend on the reason for training, the condition of the muscles, technique, and regular practice. If symptoms continue or the exercises cause pain, arrange a routine review rather than simply increasing the number of contractions.

Can Kegels make pelvic pain worse?

They can if the pelvic floor is already too tense or does not relax well. Treatment in that situation may focus on relaxation, breathing, stretching, coordination, or other approaches rather than strengthening alone.

Are Kegel exercise devices necessary?

Usually not. Weights, electrical stimulation, and biofeedback devices may be offered in selected situations, often with professional guidance. A device cannot replace an assessment when there is pain, difficulty emptying, or uncertainty about which muscles to use.

Sources

- Kegel Exercises , National Institute of Diabetes and Digestive and Kidney Diseases
- Urinary incontinence and pelvic organ prolapse in women: management , NICE guideline NG123, 2019
- Lower urinary tract symptoms in men: management , NICE clinical guideline CG97, 2010, updated 2015
- Dumoulin C, Cacciari LP, Hay-Smith EJC. "Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women." Cochrane Database of Systematic Reviews , 2018, Issue 10, CD005654
- Incontinence after Prostate Treatment: AUA/GURS/SUFU Guideline , American Urological Association, 2019, amended 2024