LIVING WELL

Your Pelvic Floor Is More Than a Squeeze

Here is what this hidden support system does, what can strain it and how to give it useful attention without overworking it.

The hammock you rarely notice

You cough, laugh or hurry towards a toilet, and a set of muscles you cannot see quietly helps keep things under control. Most days, you probably give your pelvic floor no thought at all. That changes quickly when urine leaks during exercise, gas becomes harder to contain or an unfamiliar heaviness appears in the pelvis.

The pelvic floor is a group of muscles and other tissues stretched across the pelvis like a hammock. It supports the bladder and rectum and, where present, the uterus. That support helps these organs stay in place and work properly. The muscles also help you avoid releasing urine, stool or gas at the wrong time.

This is why "pelvic floor health" covers more than bladder leaks. Trouble can appear as constipation, difficulty controlling gas, stool leakage, urinary urgency or problems starting or completely emptying the bladder. In women, it can also feel like vaginal pressure, pulling or aching, or like something is bulging into or out of the vagina.

A pelvic floor problem is not simply an inevitable price of getting older. Bowel incontinence, for example, affects children and adults and is more common among women and older adults, but it is not a normal part of ageing. These problems deserve to be discussed rather than quietly absorbed into daily life.

Pressure changes the support

Pelvic floor muscles and connective tissues can weaken or be injured. Pregnancy and childbirth are major contributors, particularly vaginal childbirth. Surgery, radiation treatment and ageing can also play a part. Being overweight adds pressure to the pelvis, while severe constipation, chronic coughing and heavy lifting can repeatedly increase strain in the area.

Sometimes that loss of support allows an organ to move from its usual position. In a cystocele, tissues around the bladder and vaginal wall weaken and stretch, letting them bulge into the vaginal canal. Nearly half of women who have given birth are estimated to have some degree of pelvic organ prolapse, although many have no symptoms or never seek care.

When symptoms do occur, they may be louder after coughing, straining, lifting something heavy or standing for a long time. Pressure or a bulging sensation may improve when you lie down. Urinary leakage, a slow stream, frequent or urgent urination and the feeling that you still need to go after finishing can also occur.

These signs are not a cue to diagnose yourself or simply squeeze harder. Difficulty emptying your bladder, repeated urinary tract infections, pain while urinating, bowel leakage or a vaginal bulge takes this beyond general self-care. A health professional can assess your history, examine the pelvis and arrange tests when necessary.

The useful plan is not the most punishing one; it is the one matched to your needs and performed with the correct muscles.

Strength helps, but technique matters

Kegel exercises, also called pelvic floor muscle training (PFMT), involve squeezing, holding and fully relaxing the pelvic floor muscles. They are used to strengthen the muscles supporting the bladder, rectum and uterus. Stronger muscles can improve bladder and bowel control, and they help support pelvic organs.

The evidence is most developed for urinary leakage. A 2022 systematic review included 15 randomised controlled trials involving 2,441 non-pregnant women with urinary incontinence. Across the trials, PFMT reduced leakage compared with control groups and improved pelvic floor muscle contraction. The studies covered stress, urge and mixed urinary incontinence, though their methods and outcome measures varied.

The finding is not limited to one kind of life. A 2024 review of young female athletes found that PFMT increased maximum voluntary pelvic floor contraction and reduced urinary leakage. Another 2024 review of 30 trials and 6,691 pregnant women found a lower risk of urinary incontinence and severe perineal tears, but no reduction in episiotomy.

That does not make every pelvic problem a weakness problem, or every exercise plan interchangeable. Some people have difficulty identifying the correct muscles, and pelvic floor training may not be suitable in every case. A doctor, nurse or pelvic floor therapist can check whether you are contracting the intended muscles and create an individual plan.

More effort is not always better

To locate the muscles, you can imagine trying to stop yourself from passing gas. A pulling sensation around the vaginal or rectal area suggests that you have found them. Stopping urine

midstream can also identify the muscles, but it should not become a regular exercise because incomplete bladder emptying may increase the risk of infection.

During a correct contraction, the aim is to squeeze the pelvic floor rather than tighten the stomach, thighs or other muscles. Contracting the wrong areas can place more pressure on the bladder and make urine leakage easier. Relaxation matters too: the basic action includes both the squeeze and a full release.

It is tempting to respond to worry by doing more. That can backfire. Overdoing pelvic floor exercises may lead to straining while urinating or having a bowel movement. The useful plan is not the most punishing one; it is the one matched to your needs and performed with the correct muscles.

Nor is exercise the only consideration. Maintaining a healthy weight can reduce pressure on the pelvis. Preventing and treating constipation may also reduce repeated strain; the supported measures include getting enough fibre, drinking plenty of fluids and being physically active. When lifting heavy objects, using the legs rather than the waist or back can lessen pelvic strain.

Start with what is happening

On Monday, resist the urge to launch an ambitious squeezing campaign. First work out what you are actually trying to change. Is it a leak when you cough, urgency on the way to the toilet, difficulty controlling gas, constipation, pelvic pressure or the feeling that your bladder has not emptied? Those details point towards a more useful conversation.

Make a simple symptom log in a plain notebook. Note what happened, what you were doing and whether coughing, exercise, lifting, standing, urination or a bowel movement was involved. A daily journal or exercise log is also a supported way to track pelvic floor practice once a health professional has advised you how to do it.

Bring that record to a doctor, nurse or pelvic floor therapist if symptoms are troubling you, if you cannot identify the right muscles or if you are unsure whether exercises suit you. Ask them to check your contraction and recommend an individual plan. Depending on the problem, care may also involve medicines, a supportive device called a pessary, bowel training or surgery.

The step for this week takes a notebook and a pen, not willpower or guesswork. Write down the moments your pelvic floor interrupts your day. That page turns an easy-to-hide problem into specific information you can act on-and helps ensure that any exercise you begin has a purpose.

Where this comes from

- Pelvic Floor Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/pelvicfloordisorders.html
- Bowel Incontinence

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/bowelincontinence.html
- Cystocele

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/urologic-diseases/cystocele
- Kegel Exercises

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/urologic-diseases/kegel-exercises
- Influence of pelvic floor muscle training alone or as part of a general physical activity program during pregnancy on urinary incontinence, episiotomy and third- or fourth-degree perineal tear: Systematic review and meta-analysis of randomized clinical trials.

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