

National Association for Continence (NAFC) is a non-profit organization dedicated to improving the quality of life of people with incontinence. NAFC is a leading source of education, advocacy, and support to the public and to the health profession about the causes, prevention, diagnosis, treatments, and management alternatives for incontinence.

Always consult your doctor before trying anything recommended in this or any other publication that speaks to general health issues.

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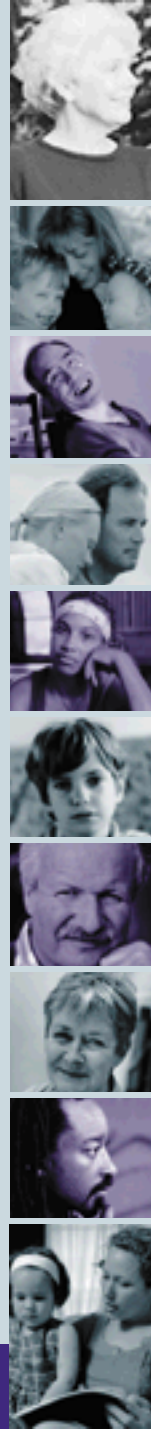
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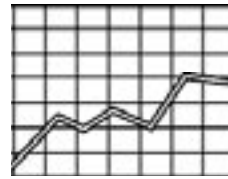
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Pelvic Floor Stimulation

What is it?

How does it work?



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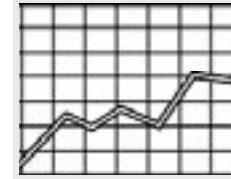
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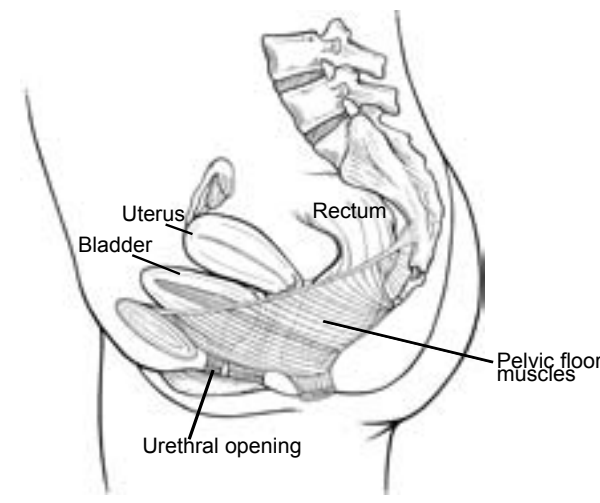


by Kathe Wallace, PT
and Jane Frahm, PT
Comments by
Angela C. Joseph,
MSN, CNS, CURN

Pelvic floor muscle stimulation to treat urinary incontinence (loss of bladder control) has been used for more than 25 years. Pelvic floor stimulation (PFS) is based on the principles of treating nerves which supply the pelvic floor muscles. When a muscle is weak, regular treatment with an external stimulus may make the muscle contract, helping to build both strength and endurance and aiding in bladder control.

Diagram 1

Normal female pelvic floor
seen from the side



What Are The Pelvic Floor Muscles And Where Are They?

The pelvic floor is a group of muscles that stretch from the pubic bone to the tail bone (Diagram 1). These muscles support the bladder, urethra, and other internal organs. The support of these muscles is very important for bladder control.

What Is PFS?

Pelvic floor stimulation (PFS) is the controlled delivery of small amounts of stimulation to the nerves and muscles of the pelvic floor and bladder. The stimulation is generated through a tampon-like sensor that is placed in the vagina or rectum or by surface electrodes that are placed around the anus. The sensor, or electrode, is attached by a cable to a small battery-operated device or a larger clinical device in a doctor or therapist's office. Sometimes pelvic floor stimulation is called electrical stimulation or E-Stim (Diagram 2).

How Does PFS Feel?

Pelvic floor stimulation is not painful. Some people describe a tightening or lifting of the pelvic floor muscles. Others feel nothing or sometimes a light tapping or mild tingling sensation.

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Diagram 2

A sample wireless pelvic muscle trainer



How Does PFS Work?

Pelvic floor stimulation works in two ways for urinary incontinence.

In **stress incontinence** — leakage of urine with coughing, laughing, etc. — it may be difficult for the person to contract the correct muscles because of muscle weakness (See diagram 3). Stimulation may help strengthen the pelvic floor muscles and ensure that the correct muscles are being contracted. Over time, this treatment builds muscle strength for support of the bladder.

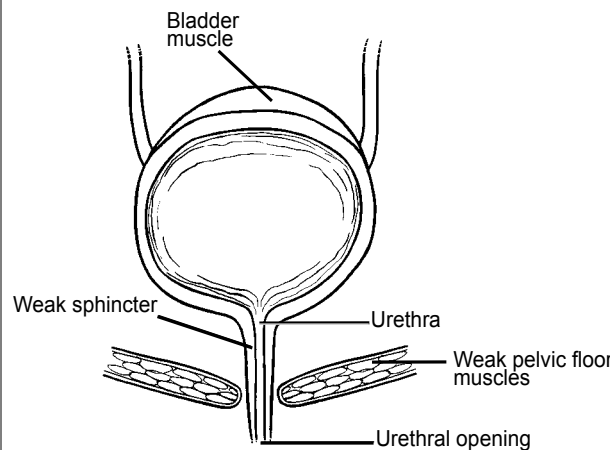
In **urge incontinence** — leakage of urine with a very strong urge to urinate — stimulation is used to stop the urge to urinate by acting on the nerves to the bladder that cause unwanted contractions. Over time, it is believed that stimulation helps relax

the bladder muscle and reduce the urgency and leakage.

Many people have both stress and urge incontinence, also known as **mixed incontinence**. This means that they leak when they cough or sneeze or exert pressure on their abdominal muscles; but they also feel the urgent need to go to the toilet and may not make it in time. Stimulation has been used successfully in this condition too. Pelvic floor stimulation may also help men or women with chronic bladder pain and frequent or uncomfortable urination because of an inability to relax pelvic floor muscles.

Diagram 3

Female pelvic floor with weakened pelvic floor muscles seen from the front



Is Pelvic Floor Stimulation Used with Other Treatments?

Therapy for urinary incontinence may be more successful when combined with some life-style changes including weight loss, decreased caffeine, regular bowel movements, hormone replacement, medications, stopping smoking, and drinking 6-8 glasses of water a day. It may be used with active muscle exercise, hormone replacement therapy in women, medication, biofeedback, or other treatments.

Where Do I Learn More?

Speak to your healthcare professional. If he or she is not familiar with stimulation for bladder control, look for a physical therapist, nurse specialist, or physician who is knowledgeable about urinary incontinence. Treatments are usually combined with clinic and home exercises. An average program is three to six months and varies depending on the person's needs and progress.



Further Information From NAFC:

NAFC Subscription - \$25 annually

An annual subscription entitles you to a **Quality Care** quarterly newsletter subscription. Every issue includes helpful information about causes and treatments for incontinence. With a NAFC subscription, you will also receive **Resource Guide®: Products and Services for Incontinence**, a complete directory of incontinence products and other services; **Discoveries®**, a companion to the Resource Guide®, this publication lists the latest products and innovations for treatment and continence care management; access to NAFC's **Continence Resource Service**, a database of health care professionals who specialize in treating incontinence; **Subscribers Only Website Access**, allowing you access to the newsletter, Resource Guide®, and Discoveries® online, and the ability to download NAFC leaflets free of charge; and **Your Personal Guide to Bladder Health**, a thorough booklet covering a variety of topics from diet and daily habits to pelvic muscle exercises.

Women's Pelvic Muscle Exercises Instruction Kit - \$15.00 postpaid

This kit is most helpful for women with mild to moderate stress incontinence and overactive bladder. It includes a manual with descriptions and detailed drawings, a motivational video and instructional audio recording. Select DVD/CD or VHS/Cassette.