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Kegel Exercises

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Approximately $5.2 to $5.5 BILLION is spent on adult diapers per year in this country and almost 12 million adults, mostly women over the age of 50, suffer from urinary (or fecal) incontinence.
Don't laugh. You might wet yourself, or worse.

Postpartum women also might suffer this embarrassing condition after childbirth as a result of a traumatic birth, multiple births, directed pushing during the second stage of labor, perineal swelling, episiotomies or the use of forceps during delivery.

For the majority of women over 50, menopause causes the skin in the vagina or urethra to lose tone, thin and dry out, creating weakened pelvic floor muscles. Constipation and build-up of stool in the intestines, certain medicines, urinary tract infections, diabetes or high calcium levels and immobility are other possible causes. For men, add an enlarged prostate, tumor or prostate surgery to the mix.

Normal urination involves two phases: the filling and storage phase and the emptying phase. During the filling and storage phase, waste from the kidneys fills the bladder that stretches to accommodate the rising amounts of urine. When the bladder is filled with about 200 ml of urine, the first sensations to urinate occur. The average person can hold 350-550 ml of urine. The ability to fill and store urine properly necessitates a functional sphincter and detrusor muscle (bladder wall muscle).

Emptying the bladder requires the contraction of the detrusor muscle to force the urine out of the bladder and simultaneous relaxation of the sphincter muscle to let the urine pass. Incontinence is the inability to control urine, resulting in either occasional leakage or complete lack of bladder control. Medical literature describes four types of incontinence:

1. Stress incontinence is caused by sudden pressure on the lower abdominal muscles, such as when a person laughs, coughs, sneezes, stands, lifts something or exercises. It happens when the pelvic floor muscles are weakened. Childbirth or surgery can contribute to stress incontinence that is most prevalent in women.
2. Urge incontinence occurs when the need to urinate becomes overwhelming and comes on too fast. The elderly suffer from urge incontinence that also might be a sign of a kidney or bladder infection.
3. Overflow incontinence is a constant leaking or dripping of urine. It's caused by an over-filled bladder and people feel they can't empty their bladder completely or they have to strain while urinating. Men suffer from overflow incontinence which can be caused by something blocking urinary flow such as an enlarged prostate or tumor. Overflow incontinence also is caused by diabetes or certain medications.
4. Functional incontinence implies normal bladder control but difficulty getting to the toilet on time due to other infirmities, such as arthritis or other conditions that make moving around difficult. The elderly often are plagued by functional incontinence.

There are certain medicines, such as oxybutynin (Ditropan) that can relieve urge incontinence and too-frequent urination. Estrogen creams inserted in the vagina are used to treat mild stress incontinence. Surgery is another option to treat incontinence. This procedure attempts to return the bladder and urethra to its normal position in the pelvis. It is performed transabdominally or transvaginally requiring either general anesthesia or a local or regional (spinal) anesthesia.

While surgery can be helpful for some people with stress continence, one of the most effective methods of treating incontinence, and avoiding invasive surgery, is strengthening the muscles of the pelvic floor by using Kegel exercises. These exercises were developed in 1948 by Dr. Arnold Kegel to treat postpartum incontinence by restoring functional integrity to the pelvic floor and improving urethral and rectal sphincter function.

Over a third of women begin Kegels by tightening the wrong muscles and have to be taught to identify the correct muscles. The abdominal, back, buttock and thigh muscles have to remain relaxed and only the pelvic floor muscles should be involved in this process. One way to identify the correct muscles is to have the woman stop urinating while on the toilet. Let the muscles relax and tighten again until she can identify the muscles she has to use. Another way is for the woman to place her finger in her vagina and try to tighten around it.

Biofeedback can help a woman (or a man) identify the pelvic floor muscles or electrical stimulation involving a low-voltage electric current can stimulate the correct group of muscles. Physical therapy also might be very useful.

The exercises should be performed three or four times a day, with 10 to 20 repetitions each time.

1. Empty the bladder.
2. Tighten the pelvic floor muscles and hold for a count of 10 to 20.
3. Relax the muscles completely for a count of 10.
4. Do this three to four times a day.

It might take several weeks before most people notice a difference, but it's well worth the effort. When done correctly, Kegel exercises are 50% to 80% effective in improving urinary incontinence. That sure beats the alternatives.

Resources

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Click here for more information about Elaine Stillerman, LMT.