



Wake Forest University Baptist  
**MEDICAL CENTER**<sup>®</sup>

*Urology*

## **Pelvic Floor Dysfunction (PFD)**

The bladder, rectum, and cervix are supported in the pelvis by a complex set of muscles. Proper functioning of these “pelvic floor muscles” is necessary in the process of urination and defecation.

The muscles of the pelvic floor normally relax during urination while the bladder contracts. In some patients these muscles may become “irritated,” often contracting abnormally. The general term given to this problem is “pelvic floor dysfunction” (PFD).”

### Symptoms associated with PFD in the female may include:

- Urinary frequency
- Pelvic pain
- Pain associated with sexual intercourse
- Sensation of incomplete urination
- Lower back pain
- Pain behind the vagina
- Decreased urinary flow
- Constipation

### Symptoms associated with PFD in the male may include:

- Urinary frequency and urgency
- Sensation of incomplete urination
- Lower back pain
- Pain in the testicles and/or penis
- Pain associated with ejaculation
- Decreased urinary flow
- Constipation

## **Diagnosis of PFD**

The diagnosis of PFD is often difficult to make since no specific test exists to identify this problem. The final diagnosis is made on the basis of:

- Typical symptoms
- Objective findings on physical examination such as point tenderness on rectal/pelvic examination and abnormalities in the urine flow
- Absence of other abnormalities such as prostatitis, endometriosis, urinary tract infection, bladder cancer, neurologic disease

## **What is the cause of PFD?**

The cause of PFD is unknown; however, approximately 30 percent of patient's

identify a urinary tract infection as the cause of their symptoms. In these patients, urinary frequency and urgency persist long after their urinary tract infection has been treated successfully.

### **What is the cause of the decrease in urinary flow?**

The normal process of urination involves coordination between the bladder and pelvic floor muscles; the pelvic floor muscles relax while the bladder muscles contract. In most patients, the bladder contracts normally but the urine flow is poor due to the continued tightening of the pelvic floor.

### **What accounts for different symptoms in different patients?**

This is unknown at the present time; however, the differences in symptoms most likely represent abnormal function in different regions of the pelvic floor muscles.

### **What is the cause of urinary frequency and urgency?**

The sensation of urinary frequency and urgency appears, in many cases, to be linked to PFD. The natural tendency for many patients is to strain and push the last drop of urine out so that they can prolong the intervals between bathroom sessions. Unfortunately, pushing and straining appear to further aggravate the pelvic floor muscles and worsen the symptoms. Hence, a vicious cycle develops.

### **What forms of therapy exist for the treatment of PFD?**

Treatment for PFD is rather non-specific and is primarily aimed at relaxation of the muscles which are affected. General treatment measures include:

- Pelvic floor relaxation techniques
- Warm sitz baths two to three times a day
- Avoidance of constipation with stool softener
- Anti-inflammatory agents
- Stress reduction: stressful situation at home or at work, although not the cause of PFD, appear to worsen the symptoms of many patients
- Avoidance of sitting for long periods of time; patients should sit on chairs with very firm, supportive seat cushions.

Approximately 80 percent of patients who undergo conservative management of PFD will achieve relief of their symptoms. Unfortunately, symptoms may take up to three months to improve. Patients who undergo conservative therapy are expected to have “good” and “bad” days but should have an overall trend of improvement. The final outcome of treatment is extremely dependent upon the individual patient’s motivation. Patients who achieve the best results are those who make these treatment measures a part of their daily lives.

### **What happens if conservative therapy fails?**

Other forms of therapy which address specific symptoms may be employed such as:

- Analgesics
- Muscles relaxants
- TENS (transcutaneous electrical nerve stimulation)

- Acupuncture
- Biofeedback

### **Technique of Pelvic Floor Relaxation**

Identification of the pelvic floor muscles is central to the technique. To identify the muscles of the pelvic floor, begin to urinate. When your stream is at its maximum flow rate, attempt to stop the flow suddenly.

Make a mental note of the group of muscles which you have tightened. Dysfunction of these muscles is usually responsible for your symptoms. This maneuver is meant only for identification of your “problem” muscles. It should be performed once or twice. ***Repeated tightening of these muscles may aggravate your symptoms.***

Once your pelvic floor muscles have been identified, it is extremely important to monitor them carefully throughout the day, particularly during urination.

When urinating, these muscles must be in a relaxed state. There should be no straining, even if your bladder doesn't feel completely empty. It is better to come back five minutes later than to strain.

Make sure that you do not become constipated since straining of the bowels may also aggravate your symptoms. Use a stool softener, in necessary.

Pelvic floor relaxation is a fairly easy technique to learn. However, it requires a great deal of practice, patience, and motivation to achieve maximal effect.