

Are you in control of your bladder and bowel? OR Is your bladder & bowel controlling you?"

Jamie a 32-year-old mum had just given birth to her first baby 6 weeks prior.

During her labour she had a 3rd degree perineal tear and stitches, forceps delivery and a prolonged 2nd stage labour.

Since she was a child, Jamie had suffered with bouts of constipation and straining and when she danced or ran she would occasionally leak urine.

She thought nothing of it originally but with her constipation and most especially after the birth of her first child things got a lot worse.

Jamie would leak urine with coughing, sneezing and even with laughing! She was so embarrassed she couldn't even laugh without crossing her legs and tried her best to apply pressure between her legs to avoid having an accident.

Her bladder was controlling what she could and couldn't do – it became increasingly difficult to hold on whilst she was breastfeeding; so she resorted to breastfeeding her baby whilst sitting on the toilet “just in case” or wearing a pad whenever she went out.

So too, whenever she had a shower or heard running water she would experience an overwhelming desire to rush to go to the toilet and would occasionally miss and wet herself before she arrived.

Jamie noticed after she delivered her baby that her bladder and now her bowel problems worsened; she began passing an excessive amount of wind and when she needed to empty her bowels she could NOT wait.

Her bowels were controlling her and on the odd occasion she didn't make it in time she would soil her underwear.!!!

Jamie, like over 5 million Australians are suffering with bladder and bowel problems. What is described above is a condition known as Stress and Urge Urinary Incontinence, Flatulence, bowel urgency, and faecal incontinence.

At PSMG our Womens Health Physiotherapist has 20 years' experience in Pelvic Floor Rehabilitation.

Pelvic Floor Physiotherapists specialise in addressing bladder, vagina, bowel and Pelvic Floor Muscle weakness or overactivity. They address the contributing factors which have caused the problem originally, ie the constipation and straining had weakened Jamie's pelvic floor muscles and the vaginal delivery and tear would have made the weakness worse.

- Bowel diaries can help Jamie change her food and fluid intake to improve her stools.
- Defaecatory techniques teach her how to empty her bowels effectively without straining (this weakens her pelvic floor muscles further. These strategies help prevent expulsive or misdirected forces which may exacerbate prolapse of their organs further.
- Women's Health Physiotherapists are equipped to assist

with lifestyle changes that exacerbate her problem: anxiety, a prolapsed bowel, high-intensity exercises/sit-ups, reduced peristalsis and motility, or anismus (anal spasms).

- Many clients suffer from Irritable Bowel Syndrome or food intolerances. Nevine can recommend foods that not only help with this (known as FODMAPS) but also suggest dietary changes to prevent the irritability.

Nevine is trained to provide an individualised and progressive Pelvic Floor & Core Rehabilitation program, and in the prescription of pessaries for prolapse (fallen bladder, vagina or bowel). She is also trained in rectal balloon therapy to reduce bowel spasms, pain and improve constipation.

IF you want to **TAKE CONTROL OF YOUR BLADDER, BOWEL &/ PROLAPSE** please ring and ask for **Nevine Eskander**

Written by Nevine Eskander

Bookings:

Ph: 03 9789 5511

Online Bookings: www.psmgroup.com.au