Pelvic Floor & Anal Sphincter Exercises

For fecal (bowel) incontinence and leakage

These exercises strengthen the muscles around the anus and pelvic floor and can improve control of gas and stool. Regular practice is important; improvement may take several weeks to months.

1. Find the correct muscles

Sit comfortably with your knees slightly apart. Imagine you are trying to stop yourself from passing gas. Squeeze and **lift** the muscles around the anus. Your buttocks, thighs and abdomen should stay relaxed, and you should continue breathing normally.

2. Slow contractions — build strength and endurance

Squeeze and lift the anal/pelvic-floor muscles. Hold the contraction for about **5 seconds**, then completely relax. Repeat **5 times**. As strength improves, gradually work toward longer holds (up to about 10 seconds).

3. Quick contractions — improve control during urgency

Squeeze and lift the muscles firmly, then release completely. Perform **10 quick squeezes**. These are particularly useful when you suddenly feel the urge to have a bowel movement or feel that leakage may occur.

Suggested routine

Exercise	Starting goal
Slow squeezes	5 contractions, holding ~5 seconds each
Quick squeezes	10 rapid contractions
Frequency	Practice several times each day; build gradually

4. When urgency occurs

Use a gentle, sustained squeeze rather than trying to maintain your strongest possible squeeze. Breathe slowly and calmly. If possible, delay opening your bowels for a short period and gradually increase the time as control improves.

Important technique tips

• Do not hold your breath.
• Do not squeeze your buttocks or thighs.
• Fully relax between contractions.
• If you are unsure that you are using the correct muscles, a pelvic-floor physical therapist can check your technique and may offer biofeedback.

Scan for the detailed exercise guide

Cambridge University Hospitals — Exercises for people with bowel control problems.

This handout is educational and does not replace individualized assessment. Persistent or worsening fecal incontinence should be evaluated by a clinician; pelvic-floor physical therapy can be particularly helpful when technique or muscle coordination is uncertain.