KEGEL EXERCISES

INTRODUCTION • The pelvic muscles work to control the release of urine. Like other muscles, they can become weakened over time as a result of childbirth, surgery, and aging. People with bladder control problems can improve urinary control through pelvic muscle exercises (also called Kegel exercises).

WHO SHOULD USE PELVIC MUSCLE EXERCISES? • Pelvic muscle exercises are best for people with mild to moderate stress urinary incontinence (leaking urine with coughing, laughing, sneezing) or urge incontinence (leaking after a sudden urge to void).

These exercises may be less helpful for people with severe stress incontinence, and not helpful at all for people with other types of urinary incontinence, including overflow incontinence (when the bladder cannot empty completely and leaks when it becomes overly full). (See "Patient information: Urinary incontinence").

People who want to use pelvic muscle exercises should speak to their healthcare provider to determine if the exercises would be helpful, and also to receive instructions about how to perform the exercises correctly.

PELVIC MUSCLE EXERCISE TECHNIQUE

The first step is to identify the correct muscles to contract. Women can do this by placing a finger in the vagina and squeezing the vaginal muscles around their finger. The muscles of the buttocks, abdomen, and thighs should not be used.

Another way is for a woman to imagine that she is sitting on a marble. Imagine using the vaginal muscles to gently lift the marble off the chair.

Some clinicians teach this exercise by having the patient stop the urine stream during urinating, but this is NOT recommended.

Second, hold the pelvic muscle contraction approximately 8 to 10 seconds, and then relax the muscles; adequate relaxation is as important as contraction. In the beginning, it may not be possible to hold the contraction for more than one second.

Perform 8 to 12 contractions followed by relaxation three times. Try to do this every day, but no less than three or four times a week The exercise regimen should be continued for at least 15 to 20 weeks.

Over time, try to hold the contraction harder and for a longer time. These exercises need to be continued indefinitely to have a lasting effect, similar to other forms of exercise.

In patients whose muscles are weak, the exercises should initially be done while lying down. As the muscles become stronger, the exercises may be done while sitting or standing.

Contract these muscles during activities that can cause urine leakage, such as during physical exercise, lifting, coughing or sneezing.

Some patients benefit from working with a physical therapist or nurse to receive more detailed instructions and to ensure that the correct technique is used. In addition, these providers may use biofeedback to improve exercise technique and strength; this provides a visual demonstration of how well the muscles contract and relax. A computer monitor shows as the muscles contract and relax, and also indicates if the wrong muscles are used.

RESULTS • Studies have shown that, if done correctly, pelvic muscle exercises can be effective in people with stress incontinence because the exercises improve muscle strength. This strength can also be used to stop a sudden urge to void that may result in urine leakage. If there is a sudden sense of urgency that may cause urine leakage, patients are advised to sit or stand still and contract the pelvic muscles. After the urge diminishes, the patient can then proceed to the toilet.

Most people notice an improvement after three to four months. It is important to continue the exercises in order to maintain bladder control. Patients with mild fecal leakage (leakage of stool) may have improvement in the amount and frequency of fecal leakage as well.

If these exercises are not helpful, please speak with a healthcare provider. Other muscle training and rehabilitation techniques, medical treatments, and surgical treatments are available and may be recommended.

WHERE TO GET MORE INFORMATION • Your healthcare provider is the best source of information for questions and concerns related to your medical problem. Because no two patients are exactly alike and recommendations can vary from one person to another, it is important to seek guidance from a provider who is familiar with your individual situation.

This discussion will be updated as needed every four months on our web site (www.patients.uptodate.com). Additional topics as well as selected discussions written for healthcare professionals are also available for those who would like more detailed information.

A number of web sites have information about medical problems and treatments, although it can be difficult to know which sites are reputable. Information provided by the National Institutes of Health, national medical societies and some other well-established organizations are often reliable sources of information, although the frequency with which they are updated is variable.

National Library of Medicine (www.nlm.nih.gov/medlineplus/healthtopics.html)

Mayo Clinic (www.mayoclinic.com)

American Academy of Family Physicians (www.familydoctor.org)

The National Institute of Diabetes and Digestive and Kidney Diseases (www.kidney.niddk.nih.gov/kudiseases/pubs/exercise_ez/)

National Association for Continence 1-800-BLADDER (www.nafc.org)