

Pain and the pelvic floor



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Some women need help to release their pelvic floor muscles, not strengthen them

PELVIC floor disorders are prevalent among women, particularly those who have given birth vaginally.

Treatment by a pelvic floor physiotherapist aims to improve quality of life and reduce symptoms – yet it is estimated that only 25% of affected women seek help.

At least 50% of the patients I see have weak pelvic floor muscles and the other

50% have over-active pelvic floor muscles (OPFMs).

This is a common condition in adult women of all ages, both parous and nulliparous. The triggers can vary from recurrent UTIs to overtraining of core muscles at the gym; postural changes; hip, pelvic joint and lumbar spine disorders; surgery and fear of incontinence.

Traumatic experiences such as sexual abuse must also be considered.

Often women who experience persistent pelvic pain, such as with endometriosis, will engage the pelvic floor muscles in response.

Careful history-taking will provide clues to aetiology and inform appropriate management.

GPs can keep OPFMs in mind when women present with dyspareunia, or report pain during a Pap test, digital examination or insertion of a tampon.

The condition is common in women who report incomplete bowel evacuation, proctalgia, anal fissures, generalised vulvodynia, bladder pain syndrome, low back pain, IBS, recurrent vaginal infections, interstitial cystitis and

provoked vestibulodynia. Postmenopausal dyspareunia caused by atrophic changes is also a causative factor.

MANAGEMENT

If OPFMs are suspected, refer the patient to a pelvic floor physiotherapist. The physio will teach pelvic floor relaxation techniques and educate the patient about causative factors, explaining that OPFMs are a defence mechanism to pain but can also result from overtraining. It might not be appropriate for the physio to perform a vaginal examination initially if the patient's anxiety levels are high.

This type of rehabilitation puts the focus on teaching women how to release their pelvic floor muscles, not strengthen them. However, once down-training is complete, strengthening may also be appropriate.

Techniques used by pelvic floor physiotherapists include:

- Desensitisation – touching, massage and guided insertion of vaginal trainers/dilators;
- Generalised body relaxation and breathing techniques;
- Myofascial release, trigger-point therapy and use of biofeedback;
- Down-training of central nervous system and pelvic floor muscles and modification of gym programs ;
- Clearing other joints such as the hip, sacroiliac or lumbar spine, as well as postural re-education;
- Teaching bowel evacuation and voiding techniques.

In cases of dyspareunia, patient and partner may need referral to a sex therapist and discuss taking the emphasis away from penetrative sex to focus on arousal, desire and relationship issues. ■

Resources:

Finding a pelvic floor physiotherapist:

Nationally - <http://physiotherapy.asn.au/>

Victoria - <https://cfaphysios.com.au/>

Health professional resources:

<https://jeanhailes.org.au/health-professionals/webinar-library/>

dyspareunia-the-physiotherapists-perspective

Patient resources:

<http://www.pelvicfloorfirst.org.au>

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