



Pelvic Floor Disorders



70% of incontinence cases will improve with physiotherapy alone.¹



2 in 10 women report fecal incontinence one year after delivery.²



Up to 3 in 10 women will experience some degree of prolapse during their lifetime.³

What is the pelvic floor?

The pelvic floor is a group of muscles at the base of your pelvis or 'hip bones' that form a hammock. These muscles, along with surrounding tissues support the pelvic organs by holding everything in place. In women assigned female at birth, the pelvic organs include the bladder, intestines, rectum and uterus.

Pelvic floor disorders

Pelvic floor disorders (PFDs) are a group of conditions that occur when a women's pelvic muscles and ligaments weaken and stretch. This can result in pelvic organs dropping out of their normal position often known as 'prolapse'. Weakening of your pelvic floor muscles and ligaments can also cause bladder or bowel control problems where you have accidental leakage of urine and/or stools.

1 Pelvic organ prolapse

2 Bladder control problems

3 Bowel control problems

Diagnosis

Diagnosis of PFDs will begin with a physical examination. In some cases, your care provider will see or feel a bulge during a pelvic exam that suggest a prolapse. Your care provider may recommend further testing depending on the findings of the exam and the severity of symptoms. These specialized investigations often include camera tests, such as cystoscopy, colonoscopy or sigmoidoscopy and other measures of bladder or bowel function.

Stigma associated with PFDs

Nearly one quarter of Canadian women experience pelvic floor disorders¹, so why do we rarely hear about them? Women are often made to feel stigmatized by PFDs and its often deemed too embarrassing or even shameful to talk about incontinence. Discouraged to seek care, many women suffer in silence as their condition worsens. Encourage yourself to engage in open, judgement-free conversations about PFDs to help erase the stigma and promote early diagnosis.

What causes PFDs?

Childbirth	Vaginal delivery is a significant risk factor for PFDs both during post-partum and later in life.
Getting older	The pelvic floor muscles can weaken as women age and progress through menopause.
Having weaker tissues	Some women are born with genetic conditions that affect the strength of connective tissue making them more likely to develop PFDs.
Surgery	Previous hysterectomy (surgical removal of the uterus) is associated with a higher risk of PFDs.
Other	Being overweight, heavy lifting and chronic constipation can put added pressure on the pelvic floor and thus increase the risk of PFDs.

Symptoms

PFD symptoms vary based on which pelvic organs are most affected. Every woman's experience will be unique and sometimes symptoms of different PFDs can overlap.

Prolapse

- Heaviness, pulling or aching in the vagina that gets worse by the end of the day
- Seeing or feeling a "bulge" or "something coming out" of the vagina
- Difficulty starting to urinate or emptying the bladder completely

Bladder control problems

- Leaking of urine when coughing, laughing or exercising
- Feeling an urgent or frequent need to urinate
- Pain while passing urine

Bowel control problems

- Leaking of stool or having difficulty controlling gas
- Constipation
- Difficulty making it to the bathroom in time

Treatment

Lifestyle changes

Limit foods and drinks that stimulate the bladder

- ie: caffeinated, carbonated or alcoholic beverages and artificial sweeteners

Eat a high-fibre diet

- Focus on including fruits, vegetables, legumes (such as beans, peas and lentils) and whole grains

Maintain a healthy weight

- Excess weight can place added pressure on the pelvic organs

Surgical treatment

Surgical options are usually reserved for cases that do not improve with other treatment. There are many minimally invasive options that vary in approach based on the pelvic organs most affected.

Non-surgical treatment

Bladder training

- Use the bathroom on a set schedule to regain bladder control and overcome the inappropriate urge to urinate

Pelvic floor muscle training (PFMT) or 'Kegels'

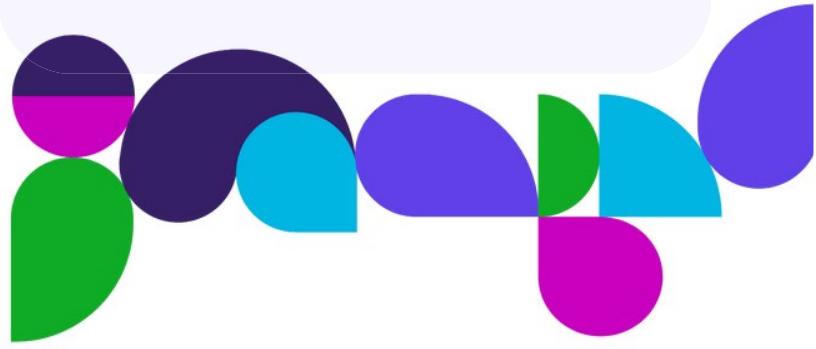
- Routinely squeezing and relaxing the pelvic floor muscles can help improve urinary incontinence and prolapse (see next page)

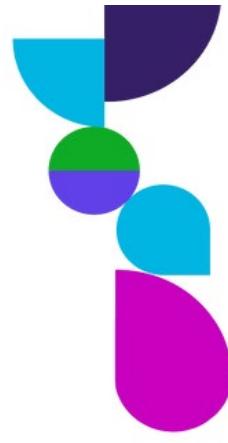
Medication

- Different medications can be used to treat certain bladder or bowel control PFDs

Vaginal pessary

- This plastic device inserts into the vagina to help support the pelvic organs in women with prolapse





Kegels step-by-step

Aim for at least three sets of 10 repetitions per day.

1

Identify the correct muscles by stopping urination midstream.
If you succeed, you've identified your pelvic floor muscles.

2

Squeeze and lift your pelvic floor muscles,
holding the contraction for five seconds.

3

Release, and then relax
for five seconds.

4

Repeat 5 to 10 times.

How can Teladoc Health help?

If you feel you have started to experience symptoms of pelvic floor disorders and are looking for more information on diagnosis or treatment options, our Find a Doctor services can help you locate a gynecologist.

If you are looking for a second opinion to further discuss treatment options, our Expert Medical Opinion service can offer an evaluation of your diagnosis and treatment plan, which are reviewed by carefully selected medical experts.

If you would like further resources on supportive life-style changes, our Personal Health Navigator service will help locate resources including dieticians and physiotherapists, based on your concerns.

If your symptoms have started to take a toll on your mental wellbeing, our Mental Health Navigator service can provide support in navigating the healthcare system, assessing and diagnosing a mental health concern, or reviewing an existing diagnosis or treatment plan that may not be working or improving your condition.

This guide is not meant to provide medical advice or service and should not be construed as the professional advice of Teladoc Health. As such, Teladoc Health does not guarantee or assume responsibility for the correctness of the information or its applicability regarding any specific factual situation. Personal health problems should be brought to the attention of physicians and appropriate health care professionals.

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1. "Nearly a Quarter of Canadian Women Experience Pelvic Floor Disorders. Why Don't We Talk about Them?" Women's Health Collective Canada, 12 Nov. 2023, whcc.ca/all-articles/lets-talk-about-womens-mental-health/.
2. Geoffrion, Roxana, et al. "Pelvic Floor Health Index." The College of Family Physicians of Canada, The College of Family Physicians of Canada, 1 Nov. 2023, www.cfp.ca/content/69/11/e229.
3. "Vaginal Prolapse: Causes, Symptoms, Diagnosis & Treatment." Cleveland Clinic, Cleveland Clinic, my.clevelandclinic.org/health/diseases/17597-vaginal-prolapse. Accessed 5 Jan. 2024.
4. "Pelvic Floor Disorders." Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, www.nichd.nih.gov/health/topics/factsheets/pelvicfloor. Accessed 5 Jan. 2024.
5. "Step-by-Step Guide to Performing Kegel Exercises." Harvard Health, Harvard Medical School, 2 Feb. 2022, www.health.harvard.edu/bladder-and-bowel/step-by-step-guide-to-performing-kegel-exercises.

Learn more at [TeladocHealth.ca](https://www.TeladocHealth.ca)

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