HEALTH BASICS

Pelvic floor muscle training exercises

Pelvic floor muscle training uses repeated tightening and relaxing to improve pelvic support and bladder or bowel control.

WHAT IT IS
Exercises that contract and relax the pelvic floor muscles

WHERE IT COMES UP
Bladder or bowel leakage, pregnancy, prolapse, and prostate treatment

WHY IT MATTERS
Better pelvic support and bladder or bowel control

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pelvic health physiotherapist, nurse, GP, urologist, or gynaecologist

HOW IT IS CHECKED
Muscle assessment, sometimes with internal examination or biofeedback

Overview

Pelvic floor muscle training is a type of exercise, not a disease or diagnosis. It is sometimes called Kegel exercise or pelvic floor exercise.

The pelvic floor is a group of muscles at the bottom of the pelvis. These muscles support the bladder and bowel. They also support the uterus and vagina in people who have them. Openings for urine and bowel movements pass through the pelvic floor.

Pelvic floor training involves deliberately tightening, lifting, and then fully relaxing these muscles. A programme may include longer squeezes and short, quick squeezes. The right routine depends on your muscle control, health needs, and any recent surgery or childbirth.

People of any sex may use pelvic floor training. It can be part of care for urine or bowel leakage, pelvic organ prolapse, pregnancy and recovery after birth, or bladder control after prostate treatment. Some people need help learning the correct movement before practising on their own.

How it works

Pelvic floor muscles help close the openings that control urine and bowel movements. They also respond when pressure rises inside your abdomen, such as during coughing, lifting, or exercise.

Training aims to improve the muscles' strength, endurance, coordination, and ability to relax. Strength is how firmly a muscle can contract. Endurance is how long it can keep working. Coordination means tightening at the right time and releasing fully afterward.

A pelvic floor contraction should feel like gently stopping wind and drawing the muscles around the urine opening upward. The movement is internal. Your thighs, buttocks, and abdominal muscles should not do most of the work. You should be able to breathe normally.

Relaxation matters as much as squeezing. Muscles that remain tense may become uncomfortable and may not work well when a properly timed contraction is needed.

A typical personalised programme may use:

There is no single routine that is right for everyone. A pelvic health clinician can assess what you can currently do and set the number, length, and frequency of contractions accordingly.

Stopping urine flow can help some people recognise the correct muscles, but it should not become a regular exercise. Repeatedly interrupting urination may interfere with normal bladder emptying.

- Slow contractions to build strength and endurance
- Quick contractions to improve the response to sudden pressure
- Full relaxation between contractions
- Practice in different positions or during relevant activities
- A planned contraction before coughing, sneezing, or lifting

Why it matters for your health

Pelvic floor muscle training is an established part of non-surgical care for several bladder and pelvic floor concerns.

It can reduce stress urinary incontinence, which is urine leakage during coughing, laughing, exercise, or other physical effort. It may also be included in care for mixed urinary incontinence, where stress leakage occurs together with a sudden, difficult-to-delay need to urinate.

After prostate surgery, training may help regain urine control. Timing and technique should be matched to the operation and recovery plan.

During pregnancy or after birth, pelvic floor training may support bladder control and recovery.

Childbirth can affect the muscles and nearby tissues in different ways, so an individual assessment may be useful if leakage, heaviness, pain, or difficulty contracting continues.

Training is also used in the management of pelvic organ prolapse. Prolapse means that one or more pelvic organs have moved downward and may press into the vagina. Exercises do not physically remove an organ or guarantee that prolapse will disappear, but a supervised programme may improve support and day-to-day control.

Pelvic floor exercises can form part of treatment for some types of bowel leakage. Other causes may need different care, including changes to stool consistency, bowel habits, medicines, or further tests.

Benefits usually require correct and regular practice over time. If there is no improvement, that does not necessarily mean you have failed. The muscles may not be contracting correctly, or another condition may need assessment.

What can go wrong

Pelvic floor training is often low risk, but the wrong technique may be ineffective. Common problems include holding your breath, squeezing the buttocks or thighs instead, pushing downward, or failing to relax between contractions.

Doing more is not always better. Excessive or forceful squeezing can contribute to muscle fatigue, tension, or pelvic discomfort. A pelvic floor that is already too tight may need relaxation and coordination work rather than more strengthening. Pelvic pain, pain during sex, difficulty emptying the bladder or bowel, and some chronic pain conditions can be associated with an overactive pelvic floor.

Leakage may also relate to conditions that exercise alone cannot address. Examples include urinary infection, urinary retention, neurological conditions, significant pelvic organ prolapse, prostate problems, or bowel disease. A routine appointment is appropriate if you have ongoing leakage, pelvic pressure, bowel control problems, pain, or trouble identifying the muscles.

Seek urgent medical care if you suddenly cannot pass urine, especially with increasing lower abdominal pain.

Seek emergency care for new loss of bladder or bowel control together with numbness around the genitals or buttocks, severe back pain, or new leg weakness. This combination can indicate serious pressure on the nerves at the base of the spine.

Blood in urine or bowel movements should be medically assessed rather than assumed to be a pelvic floor issue.

What you can do

Start by checking that you are using the intended muscles. Imagine stopping wind while gently lifting around the urine opening. Do not bear down. Keep breathing, and let the muscles release fully after each contraction.

Practical steps include:

An assessment usually starts with questions about bladder, bowel, pelvic, sexual, pregnancy, and surgical history. With your consent, a clinician may offer an internal vaginal or rectal examination to check contraction and relaxation. You can decline or stop an examination.

Some services use ultrasound or biofeedback. Biofeedback uses a sensor or display to show when muscles contract and relax. It can help with awareness, but it is not required for every person.

If you can contract and relax correctly and the exercises are meeting your needs, nothing more may be required beyond continuing the agreed programme. If progress is limited, ask for the technique and the underlying problem to be reviewed rather than simply increasing the exercises.

- Ask for a pelvic floor assessment if you cannot feel a clear lift
- Follow an individual exercise plan rather than repeatedly squeezing at random
- Record when you practise and whether leakage or control changes
- Keep a bladder diary if advised, noting drinks, urination, urgency, and leakage
- Link practice to a regular daily activity so it is easier to remember
- Ask when to begin after childbirth, pelvic surgery, or prostate treatment
- Request review if exercise causes pain or makes emptying more difficult

Common questions

Are these exercises the same as Kegels?

Usually, yes. "Kegel exercises" is a common name for pelvic floor muscle contractions. A complete programme should include full relaxation and may also cover coordination during everyday activities.

Can anyone do pelvic floor exercises?

People of any sex can train these muscles. However, strengthening is not the right starting point for every pelvic floor problem. Pain, persistent tension, difficulty emptying, recent

surgery, or uncertainty about technique are reasons to seek an assessment.

Should I practise while urinating?

Not routinely. Interrupting the urine stream may be used once to help recognise the muscles, but repeated stop-start urination is not recommended as an exercise.

How soon should I notice a difference?

Muscle training generally requires consistent practice over weeks or months. The timing differs according to the condition, starting muscle function, technique, and programme. Arrange follow-up if you cannot perform the contraction, develop pain, or see no change after following the advised plan.

Can pelvic floor training replace other treatment?

Sometimes it is the main treatment, but not always. Bladder training, bowel care, medicines, a vaginal support device called a pessary, surgery, or investigation of another cause may also be appropriate.

Can I do too many contractions?

Yes. Muscles can become tired, and repeatedly tightening without relaxing may increase tension. Follow the planned amount and allow a clear release between contractions.

Sources

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