

# How the Menopause Affects Your Pelvic Health

The menopause is when your body's ovaries slowly stop producing the hormones oestrogen and progesterone and your menstrual cycle comes to a stop. It is common for women to develop pelvic problems at this time in their life as oestrogen is an important hormone for pelvic health.

Before going further, you've probably heard of your pelvic floor but do you really know what and where it is and what its function is? Your pelvic floor is a sling of muscles and ligaments that stretch from your pubic bone (beneath your pubic hair) at the front, to your coccyx (tail bone) at the back. Your pelvis is shaped like a bowl and contains your pelvic organs, ie. your bladder, bowel and womb (or uterus). The pelvic floor, therefore, is the bottom or base of the bowl. The muscles and ligaments of the pelvic floor work together to hold your organs in place and control bladder and bowel function. If the muscles are weak or the ligaments are stretched then the organs can sag down (a prolapse) or you find you leak urine when you cough, sneeze, jog, jump or lift something heavy (stress urinary incontinence).

The most common reason for weakening of the pelvic floor is childbirth. Simply being pregnant can increase the risk of pelvic floor problems, and having a caesarean section doesn't always help matters. Constipation is a big risk factor, as is being overweight, over-doing your aerobics or stomach crunches or repeated heavy lifting. Even smoking can make your pelvic floor tissues weaker.

The menopause is the next significant problem for the pelvic floor. Oestrogen plays an important role in keeping the pelvic floor ligaments strong and elastic. Many women develop pelvic floor problems for the first time after the menopause.

Oestrogen also has a direct effect on your urethra, the tube that carries urine from your bladder to the outside world. When hormone levels drop, it becomes harder for a close, tight seal to be formed at the opening to your bladder. Around 50% of all menopausal women suffer from either a prolapse or some form of leakage, or often both.

## Prolapse

A prolapse is when one of the three organs in your pelvis has moved down into the vagina.

- A cystocele is when the bladder has prolapsed down and is pressing on the front wall of your vagina.
- A rectocele is when the bowel has prolapsed down and is pressing on the back wall of your vagina.
- A uterine prolapse is when the womb has moved down into the vagina.

It is possible to have more than one type of prolapse at the same time. These prolapses can be mild, where many women are not even aware of them, or more severe when you may see a ball shape or bulge at the entrance to, or just outside your vagina. These organs can't 'fall out' altogether! They are still attached internally in other ways. However, it can be very uncomfortable and embarrassing if they are protruding past your vagina.

If you feel a dragging sensation or an actual feeling that something may 'drop out' or even low back pain, this may be a sign of a prolapse. Even if you have had a hysterectomy (removal of your womb) you could still develop a bladder or bowel prolapse, particularly if you didn't strengthen your pelvic floor post-surgery. In some severe cases surgery may be required; however, usually a prolapse can be corrected by rehabilitating your pelvic

floor through exercise therapy and the help of specialised women's health physical therapists.

### Leakage

After the menopause there are two types of bladder leakage that can happen:

1. Stress urinary incontinence (SUI). This happens when the ligaments and muscles of your pelvic floor become stretched or weakened. When you cough, sneeze, laugh, jog or jump, pressure is applied to your bladder. If the ligaments and muscles supporting it are weak, then urine escapes.
2. Overactive bladder. This type of leakage happens when you are desperate to go to the loo and can't hold on. The lower levels of oestrogen during the menopause can alter the sensitivity of the bladder lining and affect your control over it.

Specific pelvic floor exercises, like Kegel exercises, can help strengthen this area and reduce your risk of any embarrassing leakage.

### Other Pelvic Health Problems Caused by the Menopause

The skin of your vagina and vulva area can be affected by lower levels of oestrogen. Skin conditions such as redness, itching or irritation are more common after the menopause. Women commonly feel dryer and need some form of lubrication during sexual intercourse. Changes in your vaginal discharge are also often reported. Skin in the pelvic area is normally quite acidic but it becomes less acidic as oestrogen levels drop. This can make it easier for bacteria to grow, and you may find you begin to develop bladder or vaginal infections more often. It is important to discuss this with your doctor so that it can be treated.

### PELVIC FLOOR EXERCISES

Before the menopause, your ligaments and muscles are often able to cope with some level of weakness, but after

oestrogen levels drop the weakness can suddenly become much pronounced. Specific exercises to compensate for this will help you avoid symptoms. Muscles naturally become weaker and lose mass with age and the menopause. You have to actively work these muscles in order to keep them fit and strong. The good news is that there are lots of things you can do to strengthen, protect and treat your pelvic floor. Physical therapy can offer specific treatments to rehabilitate your pelvic floor muscles and teach you exercises for continued home care.

### Kegel Exercises

These should be as important a part of your daily routine as brushing your teeth. Pelvic floor exercises don't take a huge amount of physical effort or time and you don't even have to get down onto the floor to do them.

Before you begin to exercise your pelvic floor, you need to think about the position you are in and how you are breathing. If you are in a slumped posture, then it is harder for the muscles to contract effectively. Some people can feel more happening when they are sitting down, whereas others prefer to begin lying down with their knees bent or on all fours (hands and knees). The easiest position to start with is sitting.

Sit in an upright position (without slumping your back), relax your shoulders down and let your tummy muscles relax too. Place one hand on your tummy and the other on your upper chest. Try to make sure that your upper chest is not moving, just your tummy rising (when you breathe in) and falling (when you breathe out).

As you breathe out, pull your pelvic floor (the vaginal area you are sitting on) up and in; as though you are trying to stop yourself passing wind or having a wee. You should feel a lifting and tightening sensation in or around your vagina or anus. Try to hold that contraction for a count of 5 while you breathe normally. Then relax your pelvic floor for a count of 10.

Some people feel more happening at the front, whereas others feel more at the back. As long as you can feel something

happening between the front and back, that is fine.

As you tighten, avoid clenching your buttocks and holding your breath. You may feel your lower tummy muscles tighten, which is fine as your core muscles work with your pelvic floor.

There are two types of Kegel exercises:

#### 1. Slow (endurance)

- Tighten, pulling up and in
- Hold tight for as long as you can (up to 10 seconds)
- Rest for 4 seconds
- Repeat the exercise, up to 10 times.

#### 2. Fast

- Tighten as before, as quickly as you can, hold for 1 second and relax
- Repeat the exercise up to 10 times.

Repeat both exercises at least 4 times a day. This sounds like a lot but if you consciously plan to build the sets into your daily routine it can be done easily – for example do a set each time you are standing waiting for the kettle to boil, brushing your teeth, waiting at the bus stop, sitting on the train or at a red traffic light. Be patient, it can take up to 3 months for you to regain your strength and see an improvement in your symptoms.

Kegel exercises alone are not always enough. Strengthening the muscles around the entire pelvic area and core has shown to aid the contraction of the pelvic floor muscles. Your physical therapist can help with these exercises. Other treatments by physical therapists can also include the use of vaginal cones and electrical stimulation to improve muscle tone in the pelvic floor. Pilates is another excellent exercise therapy that will work your core abdominal muscles, pelvis, lower back and pelvic floor and improve bladder control.

Don't let this be a sensitive or embarrassing health issue, affecting your social and personal life, as well as your ability to participate in sports. The sooner you act, the better the outcome.

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