

Menopause and Your Pelvic Floor

Pelvic floor-based conditions you are at increased risk of experiencing during menopause:

- Urinary incontinence (stress, urge, mixed), including potential for overactive bladder
- Fecal incontinence or constipation
- Pelvic organ prolapse
- Sexual pain or dysfunction

****Seek an evaluation from a formally trained pelvic floor physical therapist to best address your individual causes of these conditions (it is not a “one size fits all” approach)**

Healthy Bladder Habits:

- No “just in case” pees: only use the bathroom when you have a true urge to go
- Don’t hover while you pee: urinating should be a passive process, hovering activates your pelvic floor muscles and leads to dyscoordination
- Do not push or strain to empty your bladder
- Drink plenty of water, even if you’re worried about leaking! Withholding water can irritate the lining of your bladder and worsen urgency and frequency symptoms
- Constipation may be contributing to urinary symptoms, so try to clear up any constipation!

Constipation Management Techniques:

- Drink plenty of water! About half your body weight in ounces, 1/3 of which should be water
- Use a squatty potty (or equivalent) that will elevate knees above hips for elimination of stool with less straining – exhale during any pushing while having a bowel movement
- Increase your fiber: about 25-35 grams of fiber per day (may need to increase this slowly)
- Try a magnesium supplement: the most effective for constipation is magnesium citrate
- Eat (and chew!) your breakfast: this stimulates a natural reflex to kickstart digestion
- Walk, particularly in the morning if possible (assists the natural reflex with eating breakfast to start digestion)

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