

Pelvic Floor Exercises

Our Survivorship Program will provide education and recovery pathways for all prostatectomy patients. Strengthening pelvic floor muscles before and after surgery is an essential component to urinary control.

-Dr. Kadee Thompson, Sexual and Urinary Specialist

Urinary incontinence is common after prostatectomy but with the proper awareness and exercise regimen you can improve your quality of life and decrease leakage. The pelvic floor muscles (PFM) consist of multiple layers that support the bladder by forming a sling from the pubic bone to the tailbone. You must know how to correctly perform a pelvic floor or Kegel contraction to improve bladder function. Evidence suggests that patients who begin to strengthen their pelvic floor weeks gain urinary control in a shorter amount of time post-prostatectomy.

What does a Kegel feel like?

- Below is a list of visualizations that can be helpful in describing a correct PFM contraction.
 - Stopping urine flow
 - Holding gas in
 - Elevator (closing the openings and lifting the entire floor)
 - Pulling underwear in

Kegel Exercise Tips

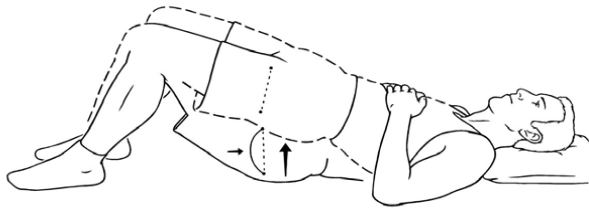
- Do not bear down, push or hold your breath. The lower abdominal muscles should not push out.
- Try to minimize surrounding hip and lower leg muscles from overly engaging. The goal is to isolate the pelvic contraction.
- Exercises should be performed until muscle fatigue occurs but try not to push past fatigue.
- Exercises need to be continued on a maintenance program.

Results – Time Expectations

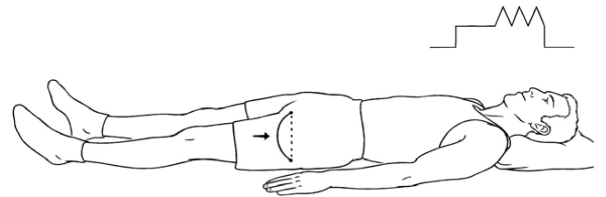
- It can take 12 weeks to build new muscle fibers and thicken the muscles. Some individuals will begin to see results after a few weeks of consistent exercises. It can also take longer (5+ months) to see significant results depending on the initial strength of the muscles and the extent of the symptoms.
- After surgery, it can take up to a 1 year to see results from the exercises.

Other Considerations

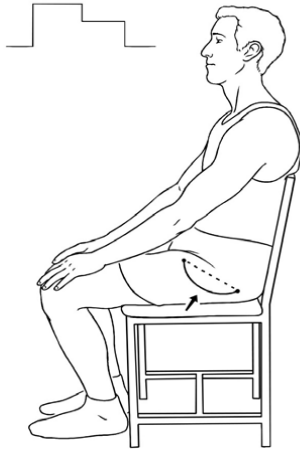
- Try to avoid constipation as that creates undue pressure through the pelvic region
- Proper fluid intake should be continued even if incontinence is being experienced.
- The surgeon may place lifting restrictions after surgery. Make sure to follow these guidelines.
- Ask your surgeon for a referral to pelvic floor physical therapy if you are unsure how to engage the pelvic floor muscles and/or if you are not able to control the urinary leakage.



Tighten pelvic floor and abdominals and hold. Lift bottom. Lower and relax. Repeat 10 times. Do 1 times a day. *Begin after the catheter is removed*



Tighten pelvic floor and Hold for 8-10 seconds. Release pelvic floor muscles completely, do 3 quick flicks. Relax. Repeat 5-7 times, once daily. Progress this exercise to sitting and standing as able. *Begin after the catheter is removed*

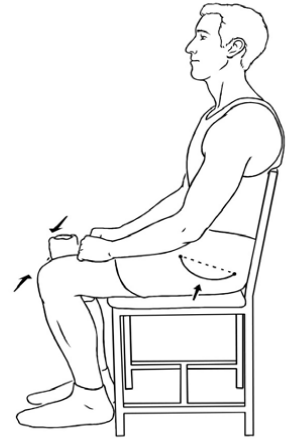


Tighten pelvic floor and Hold for 5 seconds. Release contraction by half and hold for 5 seconds. Relax.

Repeat 5-7 times. Do 1 time a day. *Begin 2-3 weeks after surgery*

Sit with towel roll or small ball between knees. Squeeze pelvic floor while pushing knees together. Hold for 3 seconds. Rest for 5 seconds.

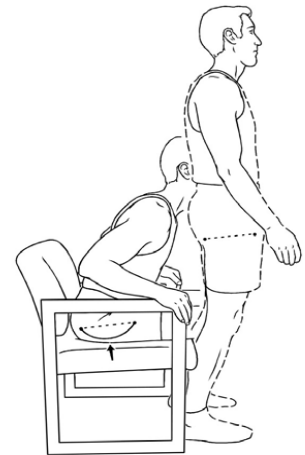
Repeat 15 times. Do 1 times a day. *Begin 2-3 weeks after surgery*



Squeeze pelvic floor and hold while transitioning from lying down to sitting. Breathe the entire time. Relax. Repeat when you get in and out of bed. *Begin after catheter is removed*

Engage pelvic floor as you stand and sit throughout the day. Relax.

Repeat when you bend over, lift, push, pull, cough, sneeze, laugh. *Begin after catheter is removed*



Slowly squeeze pelvic floor for 10 seconds. Rest for 10 seconds. Progress to squeezing up to 15 seconds.

Repeat 5-7 times. Do 1 times a day. *Begin 3-4 weeks after



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If you have any questions or concerns, please contact our our Urology offices.