

## GP Fact sheets:

**Title: Men's Pelvic Floor Health: Pelvic Floor Muscle Dysfunction in Men**

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### What is Men's Pelvic Floor Health?

Male Pelvic Floor Health is related to bladder and bowel continence, posture, core strength and the sexual functions of erection and ejaculation in men. Pelvic Floor Dysfunction can be treated with a range of physiotherapy options, such as pelvic floor exercises and should be seen as the first line approach to treatment when more serious diagnoses have been ruled out.

The pelvic floor muscles act like a hammock at the base of the body, positioned between the pubic bone and coccyx to support organs, control continence and assist in sexual function. Any problems such as involuntary leakage, pain or a change in any of these functions may indicate a range of disorders treatable by a Physiotherapist. Determining if a muscle is weak (hypotonic) or tight (hypertonic) is one of the first goals of assessment and helps determine a baseline for treatment.

Anatomically, there are three layers of pelvic floor muscles (PFM) including the superficial layer (pouch) consisting of the bulbocavernosus, External Anal Sphincter (EAS), superficial transverse perineal and the ischiocavernosus muscles. The second layer, the Urogenital Diaphragm, is made up of the Perineal Membrane, External Urethral Sphincter (SUS) and the deep transverse perineal muscles, whilst the third layer, the Pelvic Diaphragm, is the deepest layer of muscles consisting of the Levator Ani (pubococcygeus, iliococcygeus, puborectalis) and coccygeus muscles. In addition, a large network of fascia, ligaments and connective tissue bind the muscles of the pelvic floor to the hips, spine, sacrum and coccyx to help maintain tone and stability of the pelvis.

As the pelvic floor is innervated by Pudendal Nerve S2-4, referred pain via pathways from the thoraco-lumbar spinal nerves, sacroiliac joints, hip and coccyx can also impact on pelvic floor presentation and Physiotherapists are skilled in the assessment and treatment of each of these areas.

### What causes it?

**Pelvic Floor Dysfunction in men usually occurs as a consequence of a range of physical factors:**

- Benign Prostatic Hyperplasia (BPH) is possibly the most common contributor to changes in urinary flow and PFM function, as enlargement with the normal consequence of aging leads to reduced urine stream and decreased bladder capacity. This can lead to less efficient bladder emptying and an impact on normal PFM function to control urinary continence.
- Bio-mechanical imbalances of the musculo-skeletal system such as poor core strength, osteoarthritis of the hip, sacroiliac joint immobility or wedge compression of lumbar vertebrae can cause weakness, contraction or shortening of PFMs which may impact on bowel/bladder health and erectile function.
- In surgery such as radical prostatectomy, where removal of the prostate and disruption of the internal urethral sphincter at the bladder neck affect urinary continence, the PFM must quickly adapt from an automatic to a manual system of control, and this causes fatigue and stress urinary incontinence during the period of rehabilitation. The increased workload on the PFM necessitates increased strengthening.
- Direct or indirect trauma such as sports injuries, motor vehicle accidents, falls, surgeries of the bowel, bladder and pelvis and over-use syndromes such as osteitis pubis, can cause PFMs to be stretched, weakened or torn and extensive PFM re-education may be necessary.
- Anxiety and stress may also contribute to PFM dysfunction in conditions such as Chronic Pelvic Pain Syndrome/ Prostatitis, whereby hypertonic muscles that are constantly in a contracted state, can cause perineal, penile, bladder, urethral, rectal and/or testicular pain for which no other cause can be found.
- Lifestyle factors such as increased weight/obesity, a chronic cough such as in smokers, chronic constipation associated with poor diet and fluid intake, a lack of exercise and a sedentary lifestyle- all of which can weaken the PFMs and contribute to dysfunction.

## What are the implications of Male Pelvic Floor Dysfunction?

More than 4.8 million Australians experience bladder or bowel problems and 40% of men report erectile problems. As the PFMs are integral to bladder, bowel and sexual health, each of these are worthwhile discussing individually, although in some conditions such as Chronic Pelvic Pain (CPP) all three may co-exist with varying levels of dysfunction.

**Bladder Health:** Bladder dysfunction in men this usually presents as over-activity, urgency, frequency (or a mix of both), urinary incontinence, incomplete bladder emptying, urinary tract infections, dysuria, post-void dribble, climacturia or urinary retention. This may lead to a reduction in quality of life, ill-health, social isolation, depression and anxiety in some and a cost factor for individuals for continence aids such as pads and mattress protectors or corrective surgeries.

**Bowel Health:** Issues of the bowel include constipation, diarrhea, soiling, fecal incontinence, anal pain, prolapse, anal fissures, hemorrhoids and rectoceles. The PFMs can be strained with frequent defecation or constipation leading to a range of conditions that can worsen over time, potentially leading to surgery. The cost to individuals is similar to that outlined for bladder health, however the impact of bowel dysfunction may cause even more significant distress with the potential for social isolation and avoidance of normal activities such as work, exercise and outings.

**Sexual Health:** PFM Dysfunction in men can cause a range of erectile issues including premature (PE) or delayed ejaculation (DE), erectile dysfunction (ED), post-ejaculatory pain, retrograde ejaculation, anorgasmia and in some cases infertility, due to the lack of ejaculate fluid. PFMs that are weak or tight can negatively impact on the penile tumescence, possibly leading to the inability to have sexual intercourse (SI) or SI that is unsatisfactory. All of these conditions may greatly impact on male self-esteem, relationships and the mental health of the individual.

**Symptoms: PFM Dysfunction can cause a range of symptoms affecting the bowel, bladder and sexual function**

**Bladder symptoms- weak or tight PFMs may contribute to:**

**Frequency** -the need to empty the bladder frequently (normal /day is 4-65 bladder empties, 1/ night), inability to hold longer than 2 hours between voids

**Urgency**- constant bladder irritation and a feeling of needing to urinate often.

**Stress Incontinence**- involuntary leakage of urine especially during activity, cough, sneeze, laughter or passing wind

**Incomplete Emptying**- feeling the need to strain to pass urine or awareness that the bladder is not empty after voiding

**Post-void dribble**- the loss of urine at the end of bladder void, or unexpected dribble after emptying.

**Bowel symptoms- weak or tight PFMs may contribute to:**

**Frequency**- more than 3 bowel motions/day or less than 1 bowel motion every 3 days

**Urgency**- constant pressure in the rectum or a feeling of need to defecate often

**Fecal Incontinence**- any involuntary loss of feces including soiling or whole bowel motions

**Incomplete Emptying**- feeling the need to strain excessively or awareness that bowel is still full

**Sexual Health- weak or tight muscles may contribute to:**

**Erectile dysfunction** including reduced quality, endurance or rigidity of erections

**Reduced, delayed or absent** ejaculation and emission

**Pain or reduced sensation** in penis, testes, perineum during orgasm or after sexual activity

## What treatments are there for Pelvic Floor Muscle Health?

Physiotherapists are trained in the diagnosis and treatment of PFM Dysfunction and will provide a thorough subjective and objective assessment before designing a rehabilitation plan. PFM exercises are designed appropriate to a patient's individual presentation and include down training for relaxation of tight muscles or strength training for weak muscles. External and internal massage of trigger points, muscle stretches, spinal and SIJ mobilisation, biomechanical correction and home-based activities such as bladder diaries may be part of treatment. More functional exercise prescription such as Pilates or Yoga may also be prescribed for relaxation, core stability, whole body training and postural improvement.

## Managing Pelvic Floor Muscle Dysfunction in Men

PFM health in males can be best managed by men having an awareness of this region of their bodies and to know when to seek help for changes or problems occurring here. Usually, PFM training and various physiotherapy approaches combine to improve or cure pelvic conditions, however working in tandem with GPs, Urologists, Sexual Health Physicians and Psychologists may also be necessary to completely address the needs of men with PFM dysfunction. Once health PFM improves, performing 3 sets of PFM exercises/day will usually maintain function.