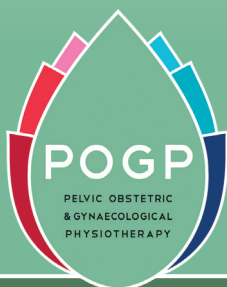


# Pelvic Floor Muscle Exercises and Advice

A guide for trans men, trans masculine and non-binary people (who were assigned female at birth).



EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

This booklet was written with and by trans/non-binary people alongside members of Pelvic Obstetric and Gynaecological Physiotherapy (POGP) a recognised professional network of Chartered Society of Physiotherapy (CSP).

The booklet is for trans/non-binary people who were assigned female at birth, who either are yet to undergo or do not desire gender affirming genital surgery or are awaiting gender affirming/lower/genital surgery.

It will explore aspects of pelvic health, with reference to sex, body parts and pregnancy. Throughout the booklet we refer to the vagina as the 'front-hole' and utilise as little gendered language as possible, whilst maintaining clarity about which parts of the body are being discussed.

## Why is this booklet only for people who haven't had or don't want lower surgery?

Undergoing gender affirming surgeries such as hysterectomy, phalloplasty or metoidioplasty can have a big impact on pelvic health and the pelvic floor plays a significant role in someone's recovery from any of those procedures. However, certain exercises in this booklet may not be recommended for those who are recovering from surgery.

To ensure our resources are as safe and as easy to follow as possible, we have produced a separate resource specifically for those who are preparing for or recovering from gender affirming lower surgeries.

# Introduction

## Why are my pelvic floor muscles important?

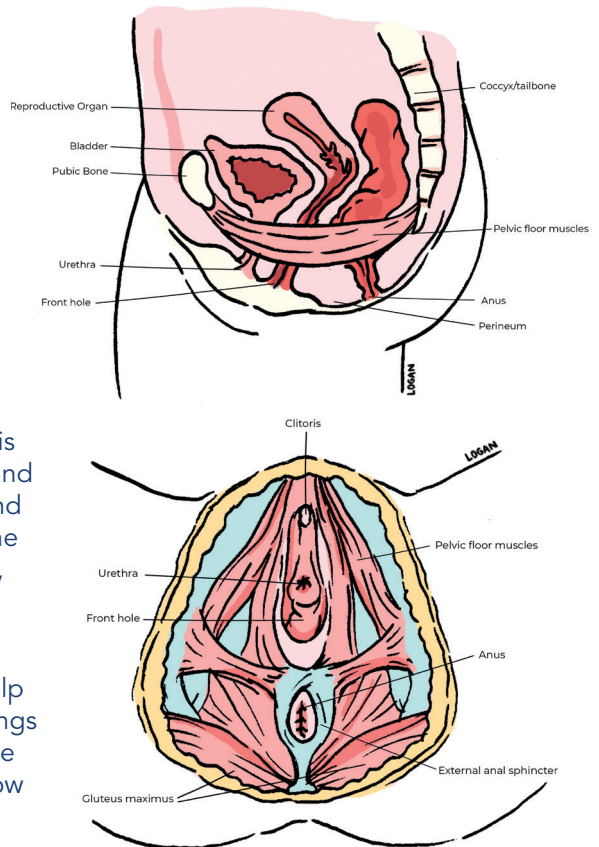
Up to a third of all AFAB people experience a problem with their pelvic floor muscles at some time during their life. The most common problems are leaking with activity, sneezing or coughing (stress urinary incontinence) and pelvic organ prolapse (a feeling of something coming down in the front-hole).

All bladder, bowel and sexual functions require good pelvic floor muscles. Also, for any trans/non-binary who have been (or hope to become) pregnant, effective pelvic floor muscles will reduce the risk of incontinence, and pelvic organ prolapse.

## Where are my pelvic floor muscles?

The pelvic floor muscles lie across the base of your pelvis to help keep the pelvic organs - bladder, uterus and bowel - in the correct position. The muscles are held in place by ligaments that support the organs especially when there is an increase of pressure in the abdomen that occurs with lifting, bending, carrying and straining. This is called intra-abdominal pressure and when it increases the pelvic floor and abdominal muscles brace so that the internal organs such as the bladder, uterus and bowel are not pushed downwards.

The pelvic floor muscles work to help keep the bladder and bowel openings closed to prevent unwanted leakage (incontinence) and they relax to allow easy bladder and bowel emptying.



Good pelvic floor muscles can help with sex by improving the front-hole sensation and your ability to grip.

Your pelvic floor muscles are important in posture and with the abdominal muscles help to support your spine. Not all AFAB people with symptoms have weak pelvic floor muscles, and sometimes they can be tight or non-relaxing. Therefore, they need to learn to use their pelvic floor muscles in the right way and at the right time. Pelvic floor muscles should be kept strong and active just like any other muscle in your body.

## Why do pelvic floor muscles become weak or dysfunctional?

### Causes

The pelvic floor muscles can be weak, overstretched, slow to work, too tight or torn just like the other muscles of your body.

**Menopause or starting testosterone** – Changes to the tissue inside your front-hole after the menopause or after starting testosterone therapy may make your pelvic floor problems worse.

**Front-hole dryness** – Dryness and changes to the internal tissue lining occur due to menopause or testosterone use and may lead to itching or burning. Your GP or specialist sexual health clinic may be able to prescribe topical oestrogen cream or gel. This can improve symptoms and doesn't affect your testosterone levels.

**Using a stand-to-pee (STPs) device** – STPs may cause urinary complaints as standing to pee changes the way your pelvic floor responds compared to sitting to pee especially if you are trying to control the stream or avoid spraying. You might find that you are not emptying your bladder fully when you stand to pee, which may increase your risk of pelvic floor problems and bladder or urinary tract infections (UTIs).

**Avoiding or reducing how much you pee** – Holding onto your urine in order to avoid going to the toilet in public can increase your risk of bladder UTIs and may affect your pelvic floor.

**Smoking** – Might cause a regular cough which may put pressure on the pelvic floor muscles.

Also, the vascular system is negatively affected by cigarette smoking or any nicotine products including vaping, gum, lozenge or the patch. If you do decide to have surgery, the baseline health of your vascular system is important for success of your surgery.

**Respiratory Disorders** – Lung conditions which result in chronic repetitive cough.

**Being very overweight** – May increase the pressure on the pelvic floor muscles.

**Chronic Constipation** – Having to strain to empty your bowels on a regular basis can cause overstretching and weakness. Difficulties with emptying may be due to poor relaxation of the pelvic floor muscles.

**Heavy or repeated lifting** – Causes increases in abdominal pressure which may put your pelvic floor muscles under strain.

**High impact exercise** – heavy weights-based and very vigorous gym activities with jumping can overload your pelvic floor muscles.

**Pregnancy and childbirth** can cause problems for the pelvic floor muscles especially if you have had an assisted front-hole birth (including the use of forceps or ventouse), an episiotomy or significant tear or a very large baby. It is important to do your pelvic floor exercises regularly during pregnancy.

**Other conditions** which affect the muscles may have an effect on the pelvic floor muscles e.g. if you have had a hysterectomy or gender affirming surgeries, neurological conditions, diabetes.

## Symptoms

**You may have more than one of the following symptoms**

### **Bladder:**

- leakage with coughing, sneezing and activity which may include sexual intercourse (stress urinary incontinence)
- urgency - a sudden need to go to the toilet that may include leakage (urge urinary incontinence)
- going to the toilet too often (frequency)
- getting up at night to go to the toilet (nocturia)

### **Bowel:**

- leakage with activity or urge (anal incontinence)
- difficulty getting clean after bowel movements
- leakage of wind (flatal incontinence)

### **Front-hole:**

- a feeling of something coming down, or heaviness (maybe pelvic organ prolapse)
- pain which can be in and around your front hole or sometimes more abdominal
- lack of sensation during sex

# Finding your pelvic floor muscles

It is important to get the right muscles working in the right way. In a comfortable lying or sitting position imagine that you are trying to stop yourself from passing wind and urine at the same time; drawing the pelvic floor muscles upwards and forwards from the anus towards the bladder. You may feel a lifting up and tightening as your muscles contract. Try not to hold your breath; breathe in through your nose, drawing air to the bottom of your lungs and letting your tummy relax, then breathe out through your mouth. You could also try counting out loud to encourage normal breathing. Your lower tummy may tighten, which is normal, but keep your buttocks and legs relaxed. Let your pelvic floor muscles relax fully after every contraction.

## To check that your pelvic floor muscles are working correctly:

There are 3 main ways to check if you are contracting your pelvic floor muscles correctly. Some people may find these activities triggering, so be sure to go at your own pace and do what feels most comfortable:

1. Using a mirror, the area between your front-hole and anus (perineum) should move up and inwards away from the mirror when you contract your pelvic floor muscles. If you see any bulging - STOP, you may make your pelvic floor muscle problem worse. If this happens, you should try to get help from a specialist physiotherapist.
2. Feel inside your front-hole with your thumb or index finger. Tighten your pelvic floor muscles. You should feel the muscles tightening around your thumb or finger.
3. If you are sexually active and have receptive, front-hole sex, you could try to squeeze your muscles during sex. Ask if your partner(s) can feel the squeeze.

If you experience pain when exercising the pelvic floor muscles, or if you have abdominal or pelvic pain after doing the exercises, you should seek specialist advice from a physiotherapist experienced in treating people with pelvic floor problems (see p8).

# Your pelvic floor muscle exercise programme

## You will need to do some long and short lifts

- Lift your pelvic floor muscles in, and count how many seconds you can comfortably hold on for. Now see how many times you can repeat this length of lift. This is the starting point for your exercises (e.g. if you can hold on for 5 seconds and can repeat this 6 times before your muscles tire, start your programme by doing 6 lifts held for 5 seconds each). To allow the muscles to recover, rest for at least 5 seconds between contractions before doing the next one.
- Now count how many short rhythmic lifts you can do before the muscles start to tire (e.g. if you can do 8, then your exercise programme will be 8 fast lifts **after** each set of long lifts).
- You should do your long and short contractions at least 3 times each day. You may find it easier to start your exercise programme when you are sitting or lying down. As your muscles improve, aim to do your exercises in other positions such as standing up.
- Make sure that you let your muscles fully relax after each long or short contraction, before repeating the squeeze up.

## Progressing your pelvic floor muscles

Gradually increase the length and number of repetitions over the next few weeks. Most people need to aim for up to 12 long squeezes, held for up to 12 seconds each, followed by up to 12 short squeezes. For some, this will be too easy; for others this may be too difficult. Start with what you feel is comfortable length of time for you to squeeze. Tighten your pelvic floor muscles before and during any activity that makes you leak (e.g. coughing, sneezing, lifting or rising from sitting), so that this become automatic habit.

Pelvic floor exercises are not a 'quick fix'. It is important that you continue with your exercises even if they do not seem to be helping. If you practice your pelvic floor muscles exercises as above, you should notice an improvement in 3-6 months.

Further advice is available from a specialist physiotherapist.

## Remembering to exercise

It is easy to forget to do your pelvic floor muscle exercises, particularly when your symptoms start to improve. Make them part of your daily routine and try the following suggestions to help you remember:

- Put a reminder on your phone
- Try one of the pelvic floor exerciser apps available (although there is yet to be a platform aimed at trans men, trans masc and non-binary people).
- After emptying your bladder, whilst sitting on the toilet (but don't practise by stopping your urine flow)
- Take a moment to do them when you go to the gym
- During a regular journey in the car, bus or train

Ideally you will be able to improve your pelvic floor muscles with these exercises. Some people like to use gadgets or smart phone apps to help them remember. There are many available to buy, but they don't always suit everyone and are often designed and marketed with cisgender women in mind. It is best to seek advice from a specialist physiotherapist about what might help if you are finding it difficult to do these exercises.

## Other ways to help

- **Smoking** – try to give up if you can. Your doctor might be able to refer you to a smoking cessation adviser or group, provide nicotine replacement products or medication to reduce cravings. For more information on quitting smoking see [www.NHS.uk/smokefree](http://www.NHS.uk/smokefree)
- **The Knack** – tighten your pelvic floor muscles before any activity which involves a rise in intra-abdominal pressure - coughing, sneezing, lifting, carrying, bending - even laughing sometimes! If you have to lift in your job or daily routine, get advice about safe lifting.
- **Constipation** – get help from your doctor if you tend to strain on the toilet. Make sure that your diet has enough fibre, and that you drink at least 1.5 litres of fluid per day.
- **Bladder problems** – don't reduce your fluid intake to try and reduce frequency; it may make your urine stronger which might cause more irritation



of the bladder. Avoid fizzy and caffeinated drinks. To help with the urgency of needing to go to the toilet, sit down if you can, use your pelvic floor muscles to help the bladder relax and wait until the strong urge passes.

- **Toileting position** – using a step or stool under your feet while on the toilet helps create a squatting position which will reduce pressure into your rectum when passing a stool. This will reduce pressure on the ligaments and muscles in this area. It is also important to ensure you always sit and relax on the toilet and not get in a habit of hovering as this does not allow your pelvic floor to relax completely while you empty your bladder.
- **Relaxation** – it is just as important to have pelvic floor muscles that can relax as it is for them to be strong. Increased stress can cause changes to your posture and breathing and this can put more tension in all our muscles, our pelvic floor included. Practising some mindfulness techniques can help to improving our breathing techniques as well as relax our muscles. There are many apps available online that can help with this. You can also find out more about simple relaxation methods in our booklet on the 'Mitchell Method of Relaxation'.
- **Weight** – if you are overweight, it can help to try to lose weight. Even quite small changes in weight can help with your symptoms. Seek help from your doctor if you have tried but not succeeded with weight loss.
- **Exercise** – if you find that you have stress urinary incontinence with exercise, try a low impact activity such as pilates/walking/swimming. You might need to avoid very high impact exercises which involve jumping, heavy weights or prolonged increases in intra-abdominal pressure e.g. double leg lifts.

## Getting help

If your ability to follow advice in this booklet is affected by any health problems, or if you have any difficulty with the exercises in this booklet and find that your symptoms are not improving; ask your GP to be referred to a physiotherapist with experience in treating people with pelvic floor muscle problems.

In some regions you may be able to refer yourself to an NHS pelvic floor specialist physiotherapist.

To find your nearest physiotherapist with specialist training visit:

<https://pogp.csp.org.uk/public-patient/find-physiotherapist/physio2u>

or contact:

<https://thepogp.co.uk/patients/physiotherapists>

Other relevant booklets are available from:

<https://thepogp.co.uk/resources/booklets/>

## Other websites which you could look at are:

[www.bladderandbowel.org](http://www.bladderandbowel.org)

[www.ageuk.org.uk](http://www.ageuk.org.uk)

[www.nhs.uk/conditions](http://www.nhs.uk/conditions)

[WeAreTransPlus.co.uk](http://WeAreTransPlus.co.uk)

<https://www.transactual.org.uk/> <https://genderedintelligence.co.uk/>

<https://lgbt.foundation/>

<https://imaanlondon.wordpress.com>

<https://wearetransplus.co.uk/help-and-advice/binding-and-packing/>

This booklet is endorsed by the CSP LGBTQIA+ network



# Glossary

**Gender Affirmation:** A process, or series of processes that affirm a person's gender. This could include social changes (like switching from 'he' pronouns to 'she' pronouns) or clinical interventions such as speech & language therapy, hormone therapy, or surgical interventions.

**Front-hole:** This resource uses the term 'front-hole' to refer to the vagina/vaginal opening. We have used this term in acknowledgement that some trans/non-binary people can find certain medical terms triggering or distressing.

**Gender identity:** This refers to person's internal sense of self and whether they are male, female, neither male nor female, or a combination of the two.

**Hormone therapy:** Most commonly, hormone therapy for trans men, trans masc and other AFAB non-binary people will consist of testosterone in the form of gel or injections; though not all trans people will choose to undergo hormone therapy.

**Lower surgery:** In the context of trans men and other trans-masculine people, lower surgery most commonly refers to gender-affirming surgeries that restructure the genitals in order to create a penis (through procedures called metoidioplasty or phalloplasty) and/or testicles. Some trans people may decide to undergo a hysterectomy (removal of the uterus) either as a stand-alone procedure or as part of metoidioplasty or phalloplasty surgeries.

**Non-binary:** A trans person who identifies their gender as being neither male nor female. This could be a combination of the two or something else entirely. Non-binary identities can be static (i.e. always the same) or fluid (i.e. may change over time or context)

**Sex assigned at birth:** The sex noted on a person's birth certificate, based on the appearance of their genitals at birth.

**STP/Stand-to-Pee devices:** These are devices which aid the user to stand up to urinate into a urinal or toilet. They may be a discrete device with a tube and funnel that fits to the body when in use, or they could be concealed within a prosthetic which creates the appearance of a penis (often referred to as a 'packer').

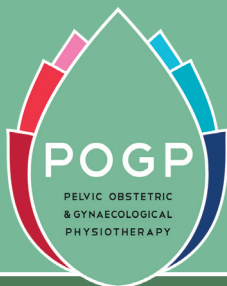
**Trans or transgender:** An umbrella term used to describe any person whose gender identity differs from the sex that was assigned at birth in some way. This is often commonly shortened to 'trans'. E.g. trans men (those with a male identity that were assigned female at birth), or trans women (those with a female identity who were assigned male at birth).

**Trans masc:** A trans person (most commonly someone who was assigned female at birth) whose identity falls at the masculine end of the spectrum.

**Trans man:** A man who was assigned female at birth. A trans man's identity is separate from his gender presentation and his identity is not dependent on or defined by access to clinical interventions.

**Testosterone therapy:** Taking testosterone impacts the body in a number of ways. As well as causing vocal changes, and increasing body and facial hair, testosterone (or 'T') is commonly associated with clitoromegaly (i.e., enlargement of clitoris, which creates the appearance of a small penis) as well as vaginal atrophy (a thinning of tissue inside the front-hole) comparable to that of menopausal women.

**Triggering:** Certain words, phrases or experiences might 'trigger' feelings of anxiety, panic or dysphoria for trans/non-binary people. Approaches to pelvic health are often very gendered with regards to language and some words for body parts, as well as some exercises that focus on the genitals could trigger negative feelings or distress.



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