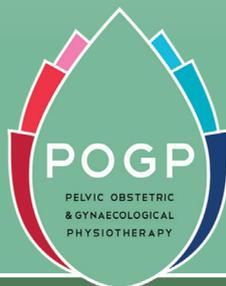


# Pelvic Floor Muscle Exercises and Advice

A guide for trans women, trans feminine and non-binary people (who were assigned male 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 male 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 and genitals. Throughout the booklet we refer to the penis as the 'erectile tissue' 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 vaginoplasty or orchidectomy 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.

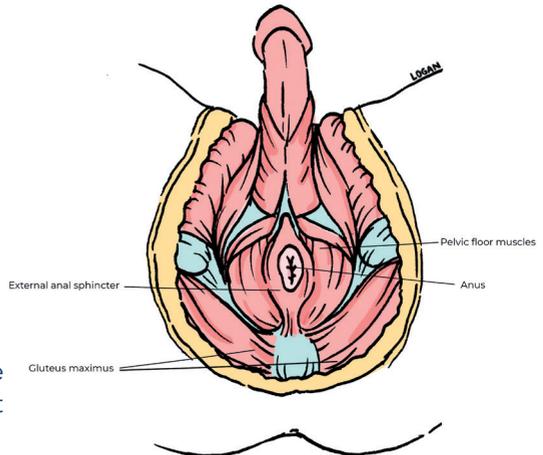
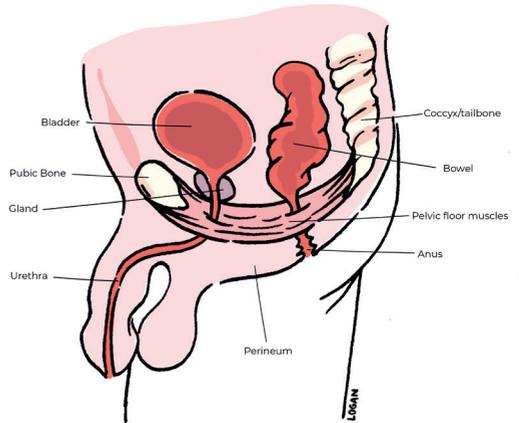
# Introduction

## Why are my pelvic floor muscles important?

Your pelvic floor muscles are important for bladder and bowel control. These muscles help to keep the bladder and bowel openings closed to prevent leakage of urine, faeces or wind. They also relax to allow the passage of urine and faeces out of the body. Your pelvic floor muscles are also important for sexual function as good pelvic floor muscles can help you to maintain an erection. For some, less frequent or less hard erections may be a welcome part of taking oestrogen. However, some trans women and other AMAB people of all ages may wish to retain their erectile function (irrespective of whether they chose to take hormones). Exercising your pelvic floor muscles may help with this, as well as helping to improve bladder and bowel continence.

## Where are my pelvic floor muscles?

The pelvic floor is a sheet of muscle and connective tissue (fascia) that forms the floor of the pelvis. The pelvic floor muscles stretch from the pubic bone at the front to the coccyx/tailbone behind and to the inside walls of the pelvis, forming a broad muscular support across the base of the pelvis. Sphincters/ valves at the base of the bladder and underneath the prostate gland help to prevent urine leakage. The anal sphincter at the base of the back passage maintains bowel control. Importantly, portions of the pelvic floor muscle wrap around these valves to assist them in staying closed.



# Why do pelvic floor muscles become weak or dysfunctional?

**Tucking:** Tucking can result in localized pain and a number of other complications; particularly if tucking for long periods, tucking too tightly or using tape. Some trans feminine people may not feel safe or comfortable using public toilets or may reduce visits to toilet to avoid re-tucking and re-taping. This can lead to reduced frequency of urination and urinary complaints.

**Poor physical fitness** due to a lack of regular exercise or being overweight may lead to poor muscle tone and excess strain on the pelvic floor muscles.

**Smoking** - the vascular system is negatively affected by cigarette smoking or other 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 the success of your surgery.

**Chronic constipation** - Having to strain to empty your bowels on a regular basis can cause overstretching and weakness.

**Prolonged or repeated heavy lifting or high impact exercise** - may increase abdominal pressure which may overload your pelvic floor or put the muscles under strain.

**Other conditions** for example, multiple sclerosis (MS), stroke and diabetes may affect the nerve supply to the muscles.

**Injury to the perineum** (the area from the base of the erectile tissue to the anus) by a direct blow or prolonged pressure e.g. cycling for long periods.

Various surgeries including gender affirming procedures, prostatectomy or TURP (transurethral resection of prostate), may affect the pelvic floor and its delicate nerve supply. Pelvic radiation therapy may have similar effects.

# Symptoms

## Symptoms of a weak pelvic floor may include:

- Erectile dysfunction: not being able to gain or maintain an erection. If you are taking oestrogen-based hormones and/or a GNRH analogue (a 'T blocker') this may also be a result of low testosterone levels.
- Post-micturition dribble: leakage of a few drops of urine after you have finished passing urine.
- Premature ejaculation: ejaculation during sexual activity sooner than you/ your partner would like.
- Stress urinary incontinence: leakage during activities such as coughing, laughing, sneezing or sport.
- Urinary urgency/urinary urge incontinence: a sudden feeling that you need to rush to the toilet that may also result in leakage.
- Bowel/anal incontinence: accidental leakage from the bowel of faeces, or difficulty in controlling wind.

Pelvic floor muscle exercises may be helpful for all of the symptoms listed above. It is useful to get into a good habit of doing them, even if you don't have symptoms. A physiotherapist or other health professional may have already given you pelvic floor muscle exercises; or you can use the following advice to get your pelvic floor muscles working.

## Finding your pelvic floor muscles

It is important that you get the right muscles working in the right way. Sit comfortably with your thighs, buttocks and tummy relaxed. Squeeze and lift from the front by either imagining you are trying to stop yourself from passing urine, or trying to shorten/draw your erectile tissue up and inwards. Now try lifting the muscles from the back as if stopping the escape of wind. When you feel you have the hang of it, try lifting the back and front together. Don't worry if you find it too difficult, after some practice you will find the method that is easiest and most comfortable for you. This is a pelvic floor muscle contraction.

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

- Place your fingers on your perineum. You should feel the perineum lift upwards as you contract your muscles.
- Stand in front of a mirror; when you do a pelvic floor muscle contraction you should see the base of your erectile tissue draw inwards and a lift of your gonads and skin covering it.

Some people may find these activities triggering, so be sure to go at your own pace and do what feels most comfortable:

Try not to hold your breath while you contract your pelvic floor. You are more likely to breathe easily if you lift your pelvic floor on your out-breath. Do not actively clench your buttocks, but don't be concerned if you feel a tightening in your buttocks and/or lower abdomen at the same time. This is normal. If you are unable to feel a definite tightening in the pelvic floor muscles, you should consider seeking professional advice (see p8).

We understand that dysphoria may be a barrier to the above. Make sure you feel relaxed and check in with yourself. If it feels too triggering or stressful, take a break and try again on another day.

## 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 the 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 a 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 becomes an automatic habit. After urinating, tighten your pelvic floor muscles strongly to empty the last drops of urine out. This may help to stop post-micturition dribble.

If you are sexually active and are an active/insertive partner, tighten your pelvic floor muscles during intercourse to maintain the quality of your erection. 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 muscle 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:

- Use coloured stickers or reminder notes around the house or at work.
- Do your exercises after you have emptied your bladder.
- Set a reminder on your phone.
- Try one of the pelvic floor exerciser apps available (e.g. NHS Squeezy). Although there is yet to be a platform aimed at transgender or non-binary people.
- During a regular journey in a car, bus or train
- Take a moment when you go to the gym

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 for 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)
- **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.
- **Riding a bicycle** – especially if you ride for long periods, make sure you raise yourself off the seat at regular intervals to take the pressure off the perineum. Consider wearing padded shorts. Special saddles have also been designed to help avoid this problem and seeking advice from a biking specialist may help.

## 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/tucking-padding/>

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.

**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 women and trans femme people will consist of oestrogen (in the form of gel, patches or tablets) and possibly a GNRH analogue or 'testosterone blocker'.

**Lower surgery:** In the context of trans women and other trans-feminine people, lower surgery most commonly refers to gender-affirming surgeries that remove or restructure the genitals in order create a vulva (vulvoplasty), vagina (vaginoplasty). Some trans people may decide to undergo an orchiectomy (removal of the testes) as a stand-alone procedure.

**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.

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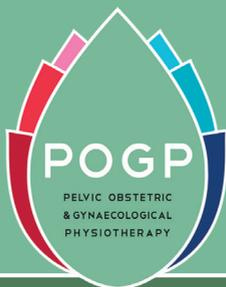
**Trans or transgender:** An umbrella term used to describe any person whose gender identity differs from the sex that was assigned at birth in some way. This is often commonly shortened to 'trans'. E.g. trans women (those with a female identity that was assigned male at birth), or trans men (those with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

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

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

**Tucking:** The process of making the appearance of the genitals less obvious. This can allow for trans women and trans femme people to wear clothes (such as close-fitting trousers) without feeling self-conscious about having a 'visible bulge'. This is commonly achieved by pulling back the erectile tissue and gonads and taping them in position in order to achieve a flatter appearance. Whilst tucking can help people to reduce or manage their anxiety about their appearance it can cause pelvic floor difficulties and damage to skin and soft tissue.

**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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