IC-Related Pelvic Floor Dysfunction

Many people with IC have problems with the group of muscles in the lower pelvic area and develop a condition called pelvic floor dysfunction (PFD). If you have IC and a poor urine stream, feel the need to push or bear down to urinate, and have painful intercourse, you may have PFD.

Treating PFD may be very helpful in reducing symptoms and pain for some IC patients—most patients see improvement after several weeks of therapy.

What is the pelvic floor?
The “pelvic floor” refers to a group of muscles that attach to the front, back, and sides of the pelvic bone and sacrum (the large fused bone at the bottom of your spine, just above the tailbone). Like a sling or hammock, these muscles support the organs in the pelvis, including the bladder, uterus or prostate, and rectum. They also wrap around your urethra, rectum, and vagina (in women).

Coordinated contracting and relaxing of these muscles controls bowel and bladder functions—the pelvic floor must relax to allow for urination, bowel movements, and, in women, sexual intercourse.

What is pelvic floor dysfunction?
In IC patients, PFD is usually related to too much tension (or high-tone), the opposite of the too-relaxed state (or low-tone) that contributes to incontinence. There may also be pain-triggering spots or knots in the muscles called “trigger points”, myofascial restrictions, and/or sacroiliac (SI) joint (where your sacrum and upper hipbones meet) misalignments in IC patients with PFD.

What are the symptoms of PFD?
Symptoms of PFD include:

- Urinary urgency, frequency, hesitancy, stopping and starting of urine stream, painful urination, or incomplete emptying
- Constipation, straining, pain with bowel movements
- Unexplained pain in your low back, pelvic region, genital area, or rectum
- Pain during or after intercourse, orgasm, or sexual stimulation
- Uncoordinated muscle contractions causing the pelvic floor muscles to spasm

Tricyclic antidepressants (amitriptyline, imipramine, and others) commonly used to treat IC may have side effects similar to the symptoms of PFD, such as constipation and difficult urination. Ask your healthcare provider if your medicines may be contributing to your symptoms.

How is PFD diagnosed?
A healthcare provider that is specially trained in treating PFD will diagnose the condition during physical examination. Using external and internal “hands-on” or manual techniques to evaluate the function of the pelvic floor muscles, they can assess your ability to contract and relax these muscles.

Bones and muscles of your lower back, hips, and sacroiliac joint can stress your pelvic floor muscles. Your healthcare provider will first check externally and internally for problems such as muscle spasms, trigger points, or SI joint misalignment.

If an internal examination is too uncomfortable for you, your healthcare provider may use externally placed electrodes, placed on the perineum (area

Kegel exercises, frequently used to treat incontinence, may make PFD symptoms worsen.
between the vagina and rectum in women/testicles and rectum in men) and/or sacrum (a triangular bone at the base of your spine) to measure whether you are able to effectively contract and relax your pelvic floor muscles.

Another way to measure pelvic floor contractions is with a perineometer, a small, tampon-like sensing device placed into the vagina or rectum.

**How do I know if I have PFD, IC, or both?**
Currently there is no surefire way to distinguish PFD from IC, and oftentimes patients have both conditions. Some healthcare providers examine pelvic floor muscles externally and internally to gauge their tightness (tightness indicates IC-related PFD). Other IC and PFD experts, like ICA Medical Advisory Board member, Robert Moldwin, MD, perform a lidocaine challenge. By instilling lidocaine into the bladder, Dr. Moldwin determines if your pain is coming from your bladder, which would indicate IC.

**How is PFD treated?**
The goal of PFD therapy for IC patients is to relax these muscles and avoid stressing them. Treatment usually combines self-care, medicines, physical therapy, and home exercise.

**Self-Care.** Avoid pushing or straining when urinating and ask your healthcare provider about how to treat constipation. Relaxing the muscles in the pelvic floor area overall is important. Using methods such as warm baths at least twice a day is helpful.

**Medicines.** Low doses of muscle relaxants such as diazepam (Valium), 2 mg three times a day, may be helpful. Good posture to keep pressure off your bladder and pelvic organs and stretching or other techniques, such as yoga, to avoid tightening and spasms in the other pelvic muscles also help to make PFD therapy successful.

**Physical therapy.** A physical therapist specially trained in pelvic floor rehabilitation may take the following steps to help you to get relief from your PFD:

- External and internal evaluation of your pelvis
- External and internal manual therapy
- Application of various devices to help relax your pelvic floor
- Home exercise and therapy

For more information on physical therapy for PFD and IC, go to www.ichelp.org/physicaltherapy

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**Conquering IC. Changing Lives.**

The Interstitial Cystitis Association (ICA) is the only non-profit health association dedicated to improving the quality of healthcare and lives of people living with interstitial cystitis (IC).

The ICA provides advocacy, research funding, and education to ensure early diagnosis and optimal care with dignity for people affected by IC.

Your donation dollars also enable the ICA to continue to fund new IC research projects, as well as work closely with Congress to ensure ongoing IC-specific research funding at the federal level.

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