

# SQUEEZE AND LIFT!

MANY WOMEN SUFFER FROM STRESS URINARY INCONTINENCE (SUI), BUT FEW DISCUSS IT. LISA JACKSON SHOWS YOU HOW, THROUGH THE RIGHT TREATMENT AND WITH REGULAR DAILY PRACTISE, YOU CAN STRENGTHEN YOUR PELVIC FLOOR AND BECOME A STRONGER, MORE CONFIDENT RUNNER

When my aunt and I used to train for marathons in central London our route wasn't based on the sights we were likely to see, but on the availability of places to pee. Having never experienced stress urinary incontinence (SUI) myself, I didn't realise back then just how common it is. An estimated 30 per cent of women worldwide have SUI and many feel so embarrassed about the condition that they avoid exercising altogether, despite the fact that about 45 per cent of elite athletes, including runners and triathletes, accidentally leak urine during sporting activities. "Two thirds of the women suffering from SUI are undiagnosed," says Steve Foley, consultant urologist at the Royal Berkshire NHS Trust, Reading

"This is a real shame as the condition can have a significant impact on daily life, relationships and emotional wellbeing."

SUI is caused by having a weak pelvic floor, which prevents your urethra from closing fully when sudden pressure is put on your bladder. This can allow urine to leak out when you cough, laugh, exercise, walk or run. While women are

more likely to be affected by SUI than men, men can still experience SUI if they are having prostate problems.

"The most common causes of stress incontinence among women are pregnancy and childbirth, because both stretch and weaken their bladder's sphincter muscles and their pelvic-floor muscles," says Foley.

"Women who've given birth vaginally are most at risk of

SUI due to the strain on their bladder and urethra. Women who've had a forceps delivery may also have a greater risk, along with women who've had a hysterectomy or experienced a condition that causes a chronic cough. Being older, smoking and being overweight are also risk factors."

#### PREVENTION BETTER THAN CURE

All the experts I spoke to agreed the key to preventing SUI is doing pelvic-floor exercises. "Our pelvic-floor muscles support our pelvic organs and prevent us leaking urine, faeces and wind," says women's health physiotherapist Emma Brockwell ([physiomum.co.uk](http://physiomum.co.uk); [roar.org/pelvicroar.org](http://roar.org/pelvicroar.org)). "Like any muscle, for them to work optimally they need to be exercised daily. The earlier these exercises are taught and routinely carried out, the better."

Women's Running GP Juliet McGrattan, the author of *Sorted: The Active Woman's Guide to Health* (Bloomsbury, £16.99), agrees: "Don't just start trying to strengthen your pelvic floor when problems arise. All women should get into good daily habits regardless of their age or whether they're pregnant or not."



Not the TARDIS



## “THE KEY TO PREVENTING SUI IS DOING PELVIC-FLOOR EXERCISES”



It's best to start practising pelvic-floor exercises while sitting or lying down, progressing to standing as these get easier, advises Brockwell. “To do them, squeeze and lift the muscles around your back and front passage and try to hold this contraction for 10 seconds before relaxing them for three to four seconds (this rest period is vital).

“Repeat this ‘squeeze and lift’ up to 10 times. Next, perform up to 10 fast reps, squeezing your front and back passage quickly, slowly releasing, waiting three or four seconds and then repeating. Aim to do a set of 10 10-second reps and 10 fast reps three times a day.”

Apps such as Squeezy and gadgets such as the Elvie and Kegel8 (available online) are also useful tools that can help improve your pelvic-floor strength.

### FINDING A SOLUTION

If you're experiencing SUI it's really important to seek advice, ideally from a women's health physiotherapist, before considering surgical intervention. “He or

she will assess your pelvic floor and other core muscles as these all need to be strong, co-ordinated and in optimum alignment for them to work well and prevent SUI,” says Brockwell. “They will look at your alignment and joint movement, and some will analyse your running to see if your form is affecting this effective interaction. They'll teach you the appropriate pelvic-floor exercises, other core exercises and techniques that may improve your running form.”

Something else you may want to try is supportive sportswear. “High-impact activities such as running create strong downward forces on the pelvic organs,” says Yvonne Brady, founder of the activewear company EVB Sport (evbsport.com). “EVB Sport shorts provide support to your pelvic floor and core muscles and act like a really good sports bra for them, thereby reducing impact and preventing long-term damage.”

### RUNNERS AND SUI

“Most runners with SUI instinctively try to drink less water to avoid having to go to the

loo,” says Mr Foley. “However, dehydration concentrates your urine which irritates the sensitive lining of your bladder, and sugary sports drinks can worsen the problem. Hence you should keep hydrated but don't overdo it: drinking every 10 to 20 minutes is often enough. Too much water will fill your bladder quickly, resulting in a sudden need to urinate.”

Impact can weaken an already weak pelvic floor, so for some it may be a good idea to reduce the amount of running you're doing while rehabilitating your pelvic floor, advises Brockwell.

Running on trails when suffering with SUI can unfortunately make matters worse: “Women who have SUI are more likely to leak during trail runs, due to the unexpected jolts resulting from running on uneven surfaces or going downhill,” says Dr McGrattan. “But once your SUI has been treated, you'll be able to push yourself with sprint sessions and hills without fear of leaking and so may see improvements in your running. You won't feel restricted in your choice of running tights and you'll feel happy hydrating before a race without constantly checking the portalo queue!”

Not only that, says Brockwell, but strengthening your pelvic floor might mean that you can run faster than before, because your core is stronger. 



## “KEEP HYDRATED BUT DON'T OVERDO IT: DRINKING EVERY 20 MINUTES IS OFTEN ENOUGH”

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## “WE'VE HAD SUI”

a 13.5cm ovarian cyst squeezing the life out of my bladder! My message is to make sure you listen to your body.”

“SUI has been a part of my life since having children, now 18 and 17,” says Emma Donnelly, 44. “When they were younger, I couldn't jump on a trampoline or skip with a rope as I'd leak. As time went on, sneezing and coughing also started to cause leakage. My worst experience was having a sneezing fit in the supermarket and ending up with a little trickle down my leg. Luckily, I was wearing a floaty dark skirt. Since I started running three years ago I've found that whenever I try to sprint or do intervals I feel like I have no control, so I tend not to do them, which hinders my improvement. I know someone who had an operation to fix her problem and she said it was the best thing she ever did, so it's something I'm thinking about.”



“I started running this year,” says Natalie Poole, 40, “and soon noticed I was suffering from SUI. It was uncomfortable and a bit embarrassing so I went to see my GP who referred me to a consultant. He talked me through all the options, after which we both agreed I should have the Bulkamid bladder bulking procedure. The treatment took about 15 minutes and I was back home later that day. Since my treatment, I haven't experienced another leak and I'd go so far as to say it's changed my life – certainly my life as a keen runner.”

“I've completed two half marathons and a marathon while struggling with SUI,” says Cat Bradshaw, 43. “I'm currently having physio following a failed bulking injection of the bladder neck. I thought this procedure would be a quick fix but it wasn't and I'm now back to square one. However, I'm determined to keep searching for a solution as I don't want to give up on this wonderful sport just yet!”



“I experience stress urinary incontinence after drinking coffee,” says Bella Khan, 27. “I've learnt to wait to have my coffee until after I've run. Or if I can't, and I'm racing, I always use a pad, and take some wipes and a quick change of clothes for afterwards. Oh, and I make sure I don't wear grey shorts!”

“I've had four kids so my pelvic floor isn't 100 per cent,” says Lauren Davies, 48. “I wear an incontinence liner for running. I don't need it, but it gives me reassurance.”

“My SUI got worse, despite my doing pelvic-floor exercises after giving birth,” says Nicky Swaine, 32. “It turns out I had

### SEVERAL SURGICAL TREATMENTS ARE AVAILABLE, SAYS UROLOGIST MIKE FOLEY:

- **Urethral bulking agents**  
“We inject Bulkamid (bulkamid.com), a water-based gel, into the urethral wall to assist the bladder neck in closing. It has an 80 per cent success rate.”
- **Tape procedures**  
“We insert a strip of plastic tape behind the urethra to prevent accidental urine leaks. However, this has been suspended while extra safety measures are put into place.”
- **Sling procedures**  
“These resemble tape procedures but your own tissue is used instead of surgical tape.”
- **Colposuspension**  
“An incision is made in your lower abdomen so the neck of your bladder can be lifted up and stitched into place.”
- **Medical devices**  
“An inserted vaginal device (tampons, pessaries) may help to prevent leaks by pressing against the wall of your vagina and urethra.”
- **Electrical stimulation**  
“A small probe is inserted into your vagina and an electrical current is run through it to help strengthen your pelvic-floor muscles.”