

Hello. My name is Cinny Cusack, and I am the Physiotherapy Manager at the Rotunda Hospital in Dublin, Ireland. Part of my role is to help women know how to keep themselves and their pelvic floors fit and healthy during pregnancy, after childbirth, into the menopause and beyond.

We know that urinary incontinence, or leaking from the bladder when you don't mean to, can affect 1 in 3 women at different stages in their lives. The amount you leak may vary from a few drops to complete loss of bladder control. It can be of minor inconvenience, or you might find it has a significant impact on your life, your daily activities, and prevents you doing the things and the exercises that you enjoy.

It can be difficult in some jobs if you keep having to go to the toilet, and you may find you know all the toilets in the area where you live. It can impact on travel, and it may impact on your sexual relationships or the way you feel about yourself.

One of the most rewarding parts of my job is to see women using their pelvic floor exercises and the different strategies and tips to regain control over their bladders, and to be able to return to the activities or exercises that they really enjoy doing. In this video, we're going to explore some of the science behind urinary incontinence, and how your bladder and pelvic floor work. And you will be able to understand more about the different types of incontinence that you might be experiencing.

So what is urinary incontinence? To understand how urinary incontinence happens, it will help you to know a little bit more about how the bladder and the pelvic floor muscles work together. Urinary incontinence can be caused by a weakness in the pelvic floor muscles, or there may be a change in the way your bladder behaves.

So the pelvic floor muscles are a group of muscles that are attached to the underneath of your bony pelvis, and they make the floor of your pelvis. They are connected at the back to the coccyx, or the tailbone. You come around the sides of the openings in the pelvic floor, where your urethra, the tube to your bladder, the vagina, and the bowel are.

They attach at the front to the inside of the pubic bone. Most of the time, the muscles are working to support your bladder, the womb, and the bowels up inside your pelvis. They work automatically, and you don't have to think about them, even when you're asleep. And they change their tension when you go from sitting to standing, or doing more activities.

They work together with your abdominal muscles, and they stabilise and support your lower back when you're doing various activities, such as lifting your baby. They also coordinate their tension with your breathing. So when

you take a deep breath in and your diaphragm descends, your pelvic floor also comes down. And when you breathe out, your pelvic floor comes back. And the pelvic floor moves up and down all day, along with your breathing.

The pelvic floor also play a part in sexual relationships. They improve the sensations and the sexual arousal that you might have. You may only become more aware of your pelvic floor muscles when you need them to control the bladder, such as when you're in a queue for the toilet, or if you're going to cough and sneeze or do other physical activities.

But as the bladder fills, you become more aware of the sensations of fullness, and it's the pelvic floor muscles that give the bladder a signal to hold on until it's time to go to the toilet, and they help you to reach the toilet on time without any leaking. When you sit on the toilet, your pelvic floor muscles relax, and that sends a message to your bladder that now is the time to empty.

Once you've finished going to the toilet, pelvic floor muscles tighten and close the urethra, or the tube from your bladder. That gives the bladder a signal it's time to store urine again. By the time you've washed your hands and left the bathroom, the bladder will begin to fill again, so it never really stays completely empty for long.

When you squeeze those pelvic floor muscles, you should feel them tighten around the back passage as if you were stopping yourself passing wind. Then as you bring the feeling forward, you close around the vagina, as if holding on a tampon, and further forward around the entrance of the bladder as if you were stopping yourself passing urine.

So how does the bladder work? The kidneys make urine, which trickles into the bladder throughout the day, and more slowly at night. A normal bladder will empty between around four and eight times per day, and getting up once a night is common.

It can hold between 400 and 600 millilitres, which is about the same size as a small bottle of water. For good bladder health, you should drink around six to eight glasses of fluid per day so that you pass around 1,800 mills of pale, straw-coloured urine in around 24 hours. If you drink significantly more than this, it can overload the bladder and make it harder to control.

But drinking too little can make the urine very concentrated, irritates the bladder, and makes you want to go to the toilet more urgently. It's also important to sit on the toilet seat, rather than hover over it. This lets the pelvic floor muscles relax so the bladder can empty more fully, and you don't have to strain to empty it. You are more likely to get a bladder infection from not emptying the bladder fully than sitting on a toilet seat.