



PELVIC FLOOR HEALTH & MANAGEMENT

An interview with Fiona Morgan

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Statistics suggest that 1 in 5 Americans suffer from some type of pelvic floor dysfunction at some stage during their lives. An estimated 25 million+ Americans experience urinary incontinence.

It isn't a great leap of the imagination to suppose that the South African population is equally afflicted.



Suffering in silence...

A taboo topic, pelvic health is not generally openly spoken of, and remains a secret often kept from intimate partners, medical practitioners and indeed, from physiotherapists. The afflicted suffer in silence, often feeling alone in their experience.

A few minutes with Fiona makes one realize how passionate she is about this aspect of her profession. As a student of physiotherapy at Stellenbosch University she elected to take a course on "Women's Health" during her final year. She soon realized not only that the term "women's health" may be misleading, as pelvic issues do not discriminate by gender, but also just how much need there is for a greater understanding of these issues, and not least of all, that she had a particular interest in making this her focus.

During a year spent working in a mostly French physiotherapy practice in the heart of London, Fiona was exposed to the very progressive views of the French: pelvic health is openly discussed, prioritized, and indeed, rehabilitation of the pelvic region post-birthing is mandated into national healthcare – and has been since 1986.

Fiona returned to South Africa with this experience and has brought it with her to Physiodynamix. Her sensitivity in approaching the topic is evident, and her understanding and empathy of the related emotional upset can accompany symptoms such as incontinence or erectile dysfunction displays a maturity well beyond her years.

Fiona's desire is to see the suffering end. Especially the suffering in silence. She mentions a case such as endometriosis. While physiotherapy is not necessarily going to remove the root cause, there is ample evidence to suggest that venous flow can be enhanced via physio treatment, which in turn can reduce the symptoms experienced. Scarring that has resulted from any surgery related to cysts, PCOS or even caesarean sections can cause pelvic floor failure and discomfort and here again, non-invasive external physiotherapy can improve the symptoms.

Too afraid to jump on the trampoline with your children for fear of leaking?

All too common. And yet we don't talk about it. Fiona brings out her neatly laminated diagrams to explain that leaking can be the result of an overly

tight pelvic floor rather than – as is so often presumed – a weak or loose musculature in need of kegels.

Prostatectomies are not a rare procedure, nor is radiation treatment for cancerous cells in the prostate, or cutting out a section of the gland. The ignominy of having to endure such treatment is only magnified when, post-procedure, the patient experiences urine leaking, or erectile dysfunction. Fiona is pragmatic: anatomy determines these problems and the location of the prostate – almost ‘hugging’ the urethra – means that the removal thereof can change the way the organs and soft tissue in that area function, and problems arise. This is not a life sentence! There are techniques that can improve these symptoms, improving the patient’s quality of life tremendously.



Do you sit on the loo correctly?

Taken aback at the question? Never had to think about that question? Not surprising! Did you know that most constipation related problems arise from an incorrect posture when the bowels are moving? How easily one could solve an uncomfortable, annoying and ultimately dangerous problem. An incorrect posture on the loo can – in the long term – cause prolapses or tears in the rectal wall, causing further concerns.

Children are prone to constipation and Fiona cites cases where she has assisted desperate mothers with constipated

children through careful work on loo seat posture.

So, what IS the correct posture?

With a twinkle in her eye, Fiona warmly invites anyone who suffers from difficulty passing bowel movements to come in and have a chat 😊.

It is very important to teach children the correct posture from the word go, so if you’re just potty training – now would be an ideal chance to come in and chat!

How much liquid can a bladder hold?

Women can hold 550 -600ml, men slightly more. The bladder is a muscle, and stretches accordingly to accommodate liquid. A very common problem is having an ‘overactive bladder’ – needing to pass urine more than 10 times per day. Fiona mentions that the average number of times a ‘normal’ bladder should pass urine is 3-5 times daily. An overactive bladder can be caused by many things such as urinary tract infections, increased caffeine or alcohol intake or simply a high intake of fluid. While the cause must be dealt with separately, the symptom – the overactivity due to a small bladder can be remediated by physiotherapy treatment.

Is waking at night to pass urine normal?

Yes, says Fiona, but only once or twice. Any more than that is entering territory that should be considered ‘abnormal’. But if it is a phase, such as during an extremely stressful period at work, this may be a stress response. If it goes on for longer than a few days, take the time to have this checked out.

Preparing to give birth naturally?

Upwards of 90% of ‘failed’ natural births can be due to pelvic floor muscles that are too tight. Fiona speaks with emotion about the effect not being able to give birth naturally has on mothers. “There is insufficient preparation for natural birth”, she says. Physiotherapy can assist you to relax those muscles that will need to relax completely to allow the baby to

pass through the birth canal. It is very unlikely that the pelvis itself is “too small” – and if natural birth is the option you would choose, then adequate preparation is mandatory. It is not the role of Gynaecologists or GPs to assist in this kind of training – so it is unlikely that you would receive this kind of advice from your medical practitioner: you are more likely to be adequately prepared if you’re working together with a midwife or a doula – but your physiotherapist who is a specialist in this kind of preparation is an ideal option.



Pelvic health must be approached holistically.

The diaphragm is the upper and “mirror” organ to the pelvic floor, ensuring that our viscera and organs are supported from above while the pelvic floor provides the opposing support from below. There is a connection, and any muscle imbalance from above or below can cause discomfort... there is truth to the idea that the body is chain-linked.

Book an appointment:

Where: Physiodynamix, Cramerview Village Centre, corner of Curzon and Main Roads, Bryanston, Johannesburg.

Open from: 7am to 5.30pm

Telephone: 011 706 7433