Pelvic Floor Spasm: Hidden Cause of Many Woes

Did you know that a large number of seemingly diverse female ailments can be traced to one common problem – pelvic floor spasm? Maladies such as chronic pelvic, bladder, or genital pain, pain with sex, bladder control problems, bowel dysfunction, and even low back/hip pain are often related to over-tense pelvic floor muscles, and the sufferer is unaware of this being the root cause of her problems. Millions of women suffer a lifetime of ills and poor quality of life because of this “hidden” disorder. The good news is this problem can be easily diagnosed and treated without side-effect producing medications or surgery.

Conditions Commonly Associated with Pelvic Floor Spasm

<table>
<thead>
<tr>
<th>Overactive Bladder</th>
<th>Bowel Emptying Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Incontinence</td>
<td>Constipation</td>
</tr>
<tr>
<td>Urinary Frequency</td>
<td>Pain with Intercourse</td>
</tr>
<tr>
<td>Bladder or Urethral Pain</td>
<td>Vaginismus</td>
</tr>
<tr>
<td>Interstitial Cystitis</td>
<td>Burning Pain of Genitals</td>
</tr>
<tr>
<td>Painful Bladder Syndrome</td>
<td>Vulvodynia</td>
</tr>
</tbody>
</table>

What is the Pelvic Floor?
The pelvic floor is a group of muscles that attach to the front, back, and sides of the pelvic bone and sacrum. Like a hammock, these muscles support organs of the pelvis, including the bladder, uterus, and rectum. These muscles also wrap around the urethra, vagina, and rectum. Contracting and relaxing pelvic floor muscles helps to control bowel and bladder function, and these muscles must relax during sexual intercourse. Abnormal tension or spasm of the pelvic floor can cause urinary or bowel symptoms, external genital or vaginal pain, or pain with intercourse.

What is Pelvic Floor Spasm?
Pelvic floor spasm is involuntary contractions of the pelvic floor muscles, which may occur continuously or intermittently. Because of complex workings in the central nervous system and pelvis, a woman does not have awareness that her “pelvic floor” is in spasm. She is only aware of the manifestations: pain in her pelvis, pain in her lower body or genitals, bladder dysfunction (incontinence or frequency/urgency), or bowel dysfunction (constipation, urgency, fecal incontinence). Pelvic floor spasm may be triggered initially by a bladder or vaginal infection, vaginal injury (such as childbirth), pelvic surgery, endometriosis, irritable bowel syndrome, colitis, or other inflammatory condition. The problem can also be related to a history of childhood urinary tract infections, pelvic trauma or sexual abuse.

The Perpetual Nature of the Problem
Some pelvic pain and dysfunction problems are caused by pelvic floor spasm, while other problems result in pelvic floor spasm. A combination of these factors can produce a vicious cycle that makes for one very unhappy pelvis. To better understand, consider the following illustration. Endometriosis is a chronic inflammatory condition that causes pain inside the pelvis when uterine lining tissue abnormally exists as implants in the pelvic cavity outside of the uterus (on ovaries or inner pelvic walls). Because of the close proximity of the pelvic floor, nerve pain signals can also be transmitted there, causing pelvic floor muscles to spasm. In turn, this spasm may lead to additional pelvic problems, generated by additional abnormal nerve signals, leading to some of the diverse problems listed above. Removal of the uterus and ovaries (considered curative treatment for endometriosis) takes away the primary insult, but the pelvic floor is still in spasm because of the abnormal nerve signals, thus perpetuating pain and dysfunction. Only when the pelvic floor spasm is addressed can the problems finally be conquered and health restored.
Pelvic pain, bladder and/or bowel dysfunction. The pain can extend beyond the abdomen. However, if painful sex is characterized by pelvic floor muscle spasm or pain. Two very different diagnoses may be made by the adult, but may have set up chronic pelvic floor spasm resulting various pelvic problems later in life.

Since the phenomenon described here is caused by a “confused” nervous system, surgery can’t fix it. Pharmaceuticals can dampen pain or muscle spasm, but they bring a host of side effects, including addiction in some cases. No one wants to be dependent on these medications for a lifetime. Fortunately there are therapies to re-train and rehabilitate the pelvic floor nerves and muscles, so they will again behave normally.

**How Do You Know If You Have Pelvic Floor Spasm?**
Several common conditions are often associated with pelvic floor spasm. Scrolling down, you may find specific symptoms you recognize. *These are problems that may point to pelvic floor spasm as a cause or perpetuating factor:*

- **Overactive Bladder, Incontinence, and Frequency**
  Overactive Bladder is characterized by unexpected contractions of the bladder muscle that can lead to leakage, called urge incontinence. There is often a strong need to go to the bathroom but an inability to get there in time. Sufferers often lose urine when they hear running water, change position, or put their key in the door. Whether leaking is present or not, overactive bladder often causes urinary frequency throughout the day and during the night. This is an example where the nervous system needs some reprogramming.

- **Bladder Pain, Urethral Pain, and Interstitial Cystitis**
  Painful Bladder Syndrome, (a variant of which is called Interstitial Cystitis) is a disorder of the bladder characterized by urinary frequency, frequent nighttime voiding, and bladder pain. Sufferers may feel as if they have a constant urge to void, and bladder pain. The problem sometimes involves changes in the bladder wall that make it stiff, unable to hold normal volumes of urine without producing pain. Symptoms may be worse during menstruation, and women may experience pain with intercourse. Sometimes bladder or urethral pain is not from interstitial cystitis, but due to a chronic low-grade infection, or perhaps due to pelvic floor spasm resulting from some other pelvic disorder. Formal bladder testing can give us more information, elucidating the cause, and directing us toward a cure. Women with painful bladder syndrome often go from doctor to doctor, left frustrated with no real solutions to their problem. When it is finally recognized that pelvic floor spasm is the central problem, it can be effectively treated.

- **Bowel and Bladder Emptying Problems, Constipation, Urgency**
  When the pelvic floor has been in chronic spasm, one can lose control of bowel emptying, and have either constipation or fecal incontinence. There may be a sense of urgency when it’s time to empty the bowel, but difficulty making it to the bathroom in time. A common condition called irritable bowel syndrome may be related to pelvic floor spasm, and therefore can be treated with rehabilitation of those pelvic floor muscles.

- **Pain with Intercourse, Vaginismus, and Vulvodynia**
  Pain with intercourse can often be treated as simply as using a good quality lubricant. However, if painful sex is related to pelvic floor spasm, it is more complicated. To have a pleasurable sexual experience, a woman must be able to relax the pelvic floor muscles. This is impossible if one has pelvic floor muscle spasm or pain. Two very different pain conditions can be related to pelvic floor spasm. Vaginismus is involuntary contraction of the vaginal muscles, preventing vaginal penetration and/or causing pain during penetration. Vulvodynia is characterized by burning pain of the external genital skin. In this condition, hyperactivity of pain receptors (confused nervous system) causes even soft touch to feel painful. Pain might be constant, or only present when the area receives pressure or rubbing. It is debilitating in some cases. These conditions are often associated with pelvic floor spasm and can be remedied with treatments that re-train the nerves and muscles of the pelvic floor.
Confidential Evaluation and Treatment for Intimate Physical Issues

Pelvic floor muscle spasm and pain can be improved or eliminated with non-invasive treatments offered at Women’s Wellness Center by compassionate professionals who understand the sensitive and personal nature of these issues. Treatment can be life changing for women who suffer these problems.

A Pelvic Health Consultation involves a specialized brief pelvic examination to determine if pelvic floor spasm is present. This is not the usual exam done for your annual pap and wellness exam, but don’t worry – it is nothing to fear. The doctor will be looking for trigger points of your pain by gently pressing on tissues around the vaginal opening. The pelvic floor muscles themselves can be examined through a vaginal exam, with the doctor applying gentle pressure to detect “banding” or tenderness of pelvic floor muscles, which indicates spasm is present. Vaginal and urine cultures may be done, and pelvic ultrasound will be performed to determine if anatomic abnormality of a pelvic structure is contributing to the problem. If significant bladder problems are present, a specialized evaluation will be performed to carefully assess bladder function. Once the scope of the problem is understood, a plan of care is recommended.

Therapy is Multi-faceted

Depending on your personal and health history, physical condition, anatomical findings, and pelvic floor muscle evaluation, a plan of care will be developed specifically for you. Your plan may include any of the following; each one offered through our office as part of a multi-disciplinary approach.

- **Pelvic Floor Therapy (PFT)** is the chief strategy that works best to relieve problems associated with pelvic floor spasm. This typically involves a 9-week course of treatment with weekly sessions for 3 weeks, then three visits at 2 week intervals. Some patients, especially those who have had longstanding pain problems, may need additional sessions to experience full benefit. Many patients require additional therapies (listed below), to completely address their problems and experience optimal relief and healing. Pelvic Floor Therapy sessions are comprised of the following components:

  - **Pelvic Floor Rehabilitation Through Biofeedback.** Sophisticated instrumentation is used to measure muscle contractions and determine if the correct muscle is being contracted during exercises. Using this information, an exercise plan is developed with specific muscle strengthening instruction. This gives you the ability to regain control of your pelvic floor.

  - **Pelvic Floor Stimulation.** Mild electrical stimulation of muscles aids in muscle re-education and strengthening for a variety of conditions. Depending on the condition, therapy is aimed to assist in rehabilitating weak pelvic floor muscles for urinary or fecal incontinence. Stimulation may also be used to calm involuntary bladder muscle contraction in the case of overactive bladder. Or, if you suffer pelvic floor dysfunction/pain from muscle spasm, therapy is directed to reduce muscle spasm. Many of our patients suffer both a spastic or over-tense pelvic floor, causing pain or overactive bladder, and weakness of the urethral sphincter muscle, causing incontinence. All of this can be treated simultaneously with pelvic floor therapy.

- **Neuromodulation (PTNS – Percutaneous Tibial Nerve Stimulation).** Bladder function and sensation is regulated by a group of nerves at the base of the spine called the sacral nerve plexus. By stimulating these nerves through gentle electrical impulses delivered via a hair thin needle inserted close to the tibial nerve in the ankle, involuntary bladder contractions or bladder pain can be reduced. This is a non-invasive, painless treatment for urge incontinence, overactive bladder, painful bladder syndrome, vulvodynia, or other pelvic pain conditions. PTNS is sometimes prescribed as the sole treatment for an ailment; sometimes it is prescribed in conjunction with pelvic floor therapy.

- **Bladder Retraining.** Once pelvic floor strength and neurologic response is improved, the bladder can be “retrained” to hold a larger volume of urine so bathroom visits are not as frequent during the day or night.

- **Dietary Changes.** Symptoms of some pelvic floor disorders can be improved with simple dietary modifications. All of our patients receive education on these conservative self-directed strategies.
• **Treatment for Constipation.** Many women who suffer pelvic floor dysfunction also have constipation issues. During treatment of any pelvic floor spasm condition, it is important to eliminate constipation, as it can interfere with success of therapy. We have recommendations for effective natural remedies to improve regularity and quality of life.

• **Acupuncture.** This ancient method of healing can be used to interrupt and relax muscle spasm. In our center, you can meet with our board certified acupuncture specialist to discuss how this modality might help you.

• **Massage Therapy.** Regularly scheduled massage for the pelvis or for overall body relaxation can augment your healing program. When prescribed for specific ailments, specialized massage is often covered by health insurance.

• **Medication.** There are some effective medications for treating pelvic floor disorders. These are non-addicting medications that work to dampen pathologic neurologic pathways or to reduce muscle spasm. Though side effects can sometimes be problematic, there are cases where medications are helpful as a primary or adjunct treatment.

• **Vaginal Estrogen.** The vagina and bladder both need estrogen to be happy. For women with low estrogen levels, such as those in mid-life, or younger ones experiencing breast-feeding related hormonal changes, it is often necessary to prescribe a low dose vaginal estrogen treatment. These products localize estrogen to the vagina and adjacent bladder. Systemic absorption is negligible. This is a safe and necessary component of treatment for many cases of pelvic floor or bladder dysfunction.

• **Counseling.** It is not uncommon for sufferers of pelvic floor spasm and pain to have emotional scars from a history of physical, sexual, or psychological trauma, which can interfere with treatment success if not dealt with. To work through these obstacles, professional mental health counseling is sometimes recommended in addition to one or more of the above treatment strategies.

### Identify and Address Perpetuating Factors
In addition to the specific treatments noted above, anyone who has pelvic floor spasm must look carefully to see if any habits or treatable disorders may be exacerbating the problem.

• **Systemic Perpetuating Factors.** If not properly addressed, sleep disorders, hypothyroidism, and malnutrition (especially Vitamin D and B complex deficiency) can interfere with treatment of pelvic floor spasm. Our goal is to identify and correct these problems to optimize treatment success.

• **Mechanical Perpetuating Factors.** Occupational factors such as holding urine for long periods, or postural factors such as prolonged sitting, immobility, or long distance driving can exacerbate pelvic floor spasm.

• **Emotional Perpetuating Factors.** Chronic stress or anxiety can interfere with a good treatment outcome. Elimination of stress and anxiety is not always possible, but women can often modify their lifestyle to reduce these problems, once they understand the impact on their health and wellness.

### Periodic Tune Ups
Given the correct treatments over a few weeks of time, pelvic floor spasm problems can be improved greatly or even totally eliminated. However, this type of problem has often been longstanding, and may have a tendency to flare up periodically. It is sometimes recommended to schedule maintenance therapy at certain intervals, depending on the individual circumstances. This keeps the problem in check so the pelvis stays in good condition.

### What We Do Best
At Women’s Wellness Center, we focus on integrative, compassionate, and thorough care in a supportive environment, providing education and non-invasive therapies that have shown good success in treating these diverse conditions.

### What We Don’t Do
We do not prescribe narcotics, sleeping pills, muscle relaxants, or anti-anxiety pills, all of which can be highly addicting, and act to mask symptoms without treating the root cause. We aim for a cure.