
Lancashire
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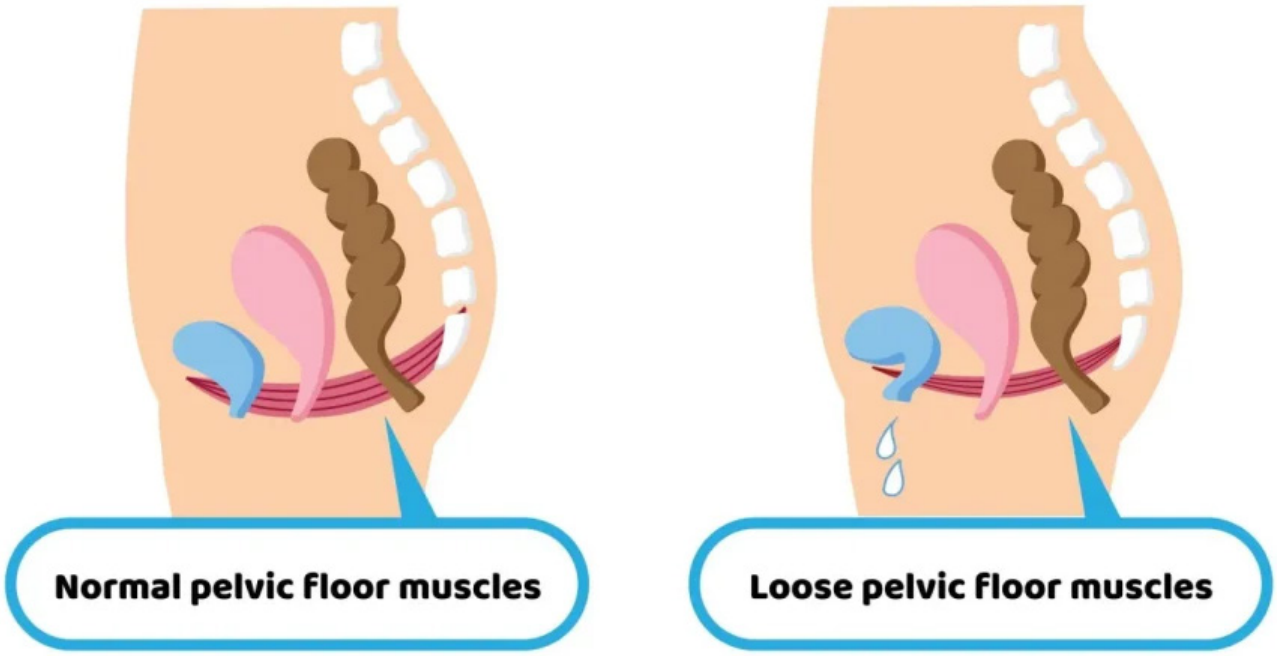
Obesity, the Pelvic Floor
and Surgery Risk

Obesity, the pelvic floor and surgery risk: What every woman should know

Obesity can affect the pelvic floor in important ways. The pelvic floor is made up of muscles and connective tissue that support the bladder, vagina/uterus and bowel. When pressure inside the abdomen is higher for long periods of time, that pressure can be transmitted downward onto the pelvic floor, increasing strain.

This article explains how that strain can contribute to pelvic floor problems and how weight can influence surgical risk so you can understand what's happening and make confident decisions about care.



How obesity can affect the pelvic floor

The pelvic floor works every day, not just during exercise. It helps control urine and bowel function, supports pelvic organs and stabilises the body during coughing, lifting, bending and exertion.

With obesity, abdominal pressure can be increased. Over time, this may lead to:

- Excess load on the pelvic floor muscles and their supporting tissues
- More frequent "pressure events" from coughing, constipation/straining and physical effort
- Fatigue or reduced coordination of pelvic floor muscle function

It's also common for pelvic floor symptoms to overlap. For example, a person may experience both leakage and urgency, or heaviness and bowel symptoms. This doesn't mean the problem is "one thing only", it often reflects how several factors are interacting.

Does weight always determine symptoms?

Not always. Obesity can increase the risk of pelvic floor problems, but symptoms don't depend on weight alone. Pelvic floor function is also shaped by factors such as pregnancy and childbirth history, menopause status, age-related tissue changes, constipation, chronic cough and overall pelvic muscle coordination.

That's why two people with similar weight can have different levels of symptoms and different responses to treatment.

Symptoms that may suggest pelvic floor strain

If pelvic floor strain is contributing, symptoms may include urinary leakage (for example with cough, sneeze or exercise), urgency or frequency, or waking at night to pass urine.

Other common signs include a sensation of heaviness, dragging, or pressure in the vagina, discomfort during sex, or seeing/feeling a bulge. Bowel symptoms, particularly constipation and straining, can also play a role, and they may worsen urinary symptoms by increasing pressure.

If symptoms are affecting day-to-day life, it's worth getting specialist assessment. The goal isn't to "cope", but to identify what type of pelvic floor issue is present and treat it effectively.

Obesity and risk for pelvic surgery

Surgery can be life-changing for the right diagnosis and the right patient. But it's also true that obesity can increase certain risks and influence recovery. This can include higher chances of complications such as wound healing problems or infection, and an increased need for careful management around anaesthesia.

Surgical risk is not determined by weight alone. It depends on overall health and other factors that often travel alongside obesity, such as diabetes, smoking, sleep apnoea, and heart or lung conditions. That's why your individual risk assessment matters.

Importantly, a higher risk profile doesn't automatically mean surgery is unsuitable. It usually means the safest plan is one that includes honest discussion of benefits and risks, careful choice of procedure and pre-operative optimisation.

What can help before surgery (and sometimes avoids it)

Many people improve with conservative treatment first, especially when symptoms are driven by pelvic floor dysfunction and pressure.

Pelvic floor physiotherapy is often a strong starting point. The focus is not just "Kegels", it's assessment and training tailored to the problem. Some symptoms respond better to strength and coordination work; others improve with relaxation, bladder strategies, and bowel management.

Reducing pressure triggers can also make a real difference. This may involve treating constipation proactively, reducing chronic cough if present, and adjusting high-impact activities while symptoms are being addressed. Even small improvements can lower the load on the pelvic floor.

Weight management support can be part of the plan too. Even modest weight loss can reduce abdominal pressure, which may improve symptoms and improve safety if surgery becomes necessary.

If surgery is planned, optimising health before the operation can help reduce risk. This might include managing blood sugar, addressing smoking, checking for sleep apnoea where relevant and ensuring recovery support is in place.

As obesity can significantly increase the risk of surgery complications, we are able to prescribe Oral Wegovy to our private patients. This may help by supporting weight loss and potentially improving overall metabolic health and lowering some surgical risk factors when used as part of a clinician-led plan.

When to seek specialist advice

Consider seeking urogynaecology or specialist assessment if symptoms are persistent, worsening, or limiting work, exercise, or daily comfort. Also seek help if there is heaviness or bulging, repeated leakage that affects confidence, or constipation that's becoming harder to control despite lifestyle changes.

The most helpful care plan is the one tailored to your symptoms, your pelvic floor findings, and your personal risk factors.

A reassuring takeaway

Obesity can increase pelvic floor strain and may increase surgical risk but it doesn't mean you're out of options. With the right assessment, targeted treatment, and thoughtful pre-operative planning where needed, many women can improve symptoms safely and effectively.

For non-invasive treatments you can consider the Emsella Chair and the Perifit Care+ device. You can find information for both of these on this website.

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The Lancashire Gynaecologist

Mr Eric Mutema is a highly experienced and respected Consultant Obstetrician and Gynaecologist. He founded his private practice, the Lancashire Gynaecologist, to provide a service to women in Lancashire and beyond and respond to the shortage of specialist gynaecological services available to women missing out on individualised care and treatment. The Lancashire Gynaecologist offers patients individual attention, an empathetic, compassionate approach and patient-centred care. His patients will receive a full consultation that takes their overall health into account and subsequent treatments will be tailored to meet the needs of the individual woman. So please don't wait and put off seeking treatment; we're available, convenient and we can help you.

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