

Urogynecology

Urogynecology treats problems affecting the female pelvic floor – the urologic, gynecologic, and rectal organs which, along with the pelvic floor muscles, occupy the space between the pubic bone and the tail bone.

Why do I need to see a Urogynecologist?

As the name implies, urogynecologists have their expertise in gynecology, urology, and bowel dysfunction in women. Due to the close proximity of the pelvic organs, there is a frequent coexistence of problems in adjacent organs. As such, women with a “dropped” vagina may also have urinary incontinence or experience trouble with bowel movements. It

is estimated that more than 45% of women will at some point have problems with bladder control, 10% have problems with prolapse (dropping) of the pelvic organs, and 10% of women may require surgery for correction of these problems.

What is Urinary Incontinence?

Commonly known as lack of bladder control, urinary incontinence is a common problem in adult women. There are various types of urinary incontinence. Your urogynecologist will evaluate

your bladder function in order to precisely determine what is causing your bladder problem. This will allow him/her to recommend treatments specifically designed for your care. In order to evaluate your bladder function, you may be asked to complete a bladder diary, undergo a full pelvic exam, undergo bladder function testing (urodynamics), or undergo cystoscopy to examine the inside of your bladder.

What is Vaginal/Uterine Prolapse?

Due to weakness of connective tissues, the uterus, vagina, bladder, or rectum can drop into the vaginal canal and even through the vaginal opening. This is termed prolapse. This is analogous to a hernia which can occur along the lower abdomen due to weakness of the tissue in the lower abdominal wall. Prolapse can result in urinary incontinence if the bladder has prolapsed or problems with bowel movements if the rectum has prolapsed. Genital prolapse can range in severity from mild with few to no symptoms to severe where a bulge can actually be seen. Due to the delicate nature of the vaginal skin, any prolapse that extends to or beyond the vaginal opening must be treated. Effective treatment

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options include the use of vaginal devices (pessaries) or surgical reconstruction.

Types of Urinary Incontinence

Urinary Incontinence can have many different causes. Therefore, proper diagnosis is critical. The following are the most common:

Stress - Loss of urine with physical activities such as running, coughing, lifting, etc. due to weakness of bladder support by the pelvic floor muscles.

Urge - Loss of urine associated with bladder overactivity and an urgent desire to void.

Mixed - A combination of stress and urge incontinence.

Intrinsic sphincter deficiency: Lack of urethral sphincter function, leading to near constant urine loss due to an open bladder neck.

Overflow - Loss of urine due to bladder overdistention and a floppy bladder.

Other causes - Include incomplete bladder emptying (urinary retention), urethral spasms, and abnormal urinary channels (fistula).

Incontinence can also be a side effect of some medications.

What treatments are available?

Based on your complete evaluation, your urogynecologist will recommend treatment specifically designed for your case. There will likely be a few options to choose from. The options may include non-surgical treatments such as pelvic floor exercises, oral, patch, or intra-vaginal medications, devices to help elevate vaginal prolapse, or surgical therapy to correct an anatomic defect.

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