

The Role of Urogynecology In Women's Pelvic Floor Disorders

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Pelvic floor disorders (PFD) include urinary incontinence (UI), fecal/ anal incontinence (AI), and pelvic organ prolapse (POP). An estimated one third of women will experience at least one of these disorders in her lifetime. A prevalence rate of all PFD combined is not available, but estimates of each of these dysfunctions have been reported in epidemiologic studies. UI is the 8th most prevalent chronic medical condition. It affects approximately 13 million Americans: 50% of nursing home residents, and 15-30% of the community elderly. POP is a common condition amongst women. The exact prevalence rate of the condition is not known, but a study by Hendrix et al of 16,616 women with a uterus found the rate of uterine prolapse to be 14.2%; the rate of cystocele 34.3%, and the rate of rectocele 18.6%. In the same study 10,727 women who had undergone hysterectomy had similar rates of prolapse, the prevalence of cystocele was 32.9% and of rectocele was 18.3%.¹ Olsen et al found that American women have an 11% lifetime risk of undergoing surgery before the age of 80 for either urinary incontinence or prolapse with 30% of women undergoing repeat surgery.² AI may have the most devastating effects on quality of life, self-image, and social functioning of all pelvic floor disorders. It is defined by the International Consultation on Incontinence as the involuntary loss of gas, liquid, or solid stool that causes a social or hygienic problem. Women are twice as likely to report AI as

men. Symptoms are highly associated with anal sphincter injury following vaginal delivery. A recent multi-center survey study by Boreham, et al found that up to 28% of women presenting for routine gynecologic care reported AI in the preceding year.³

The US Census Bureau projects that by the year 2030, the population over age 65 will double to over 70 million in the US, and over 1 billion worldwide. With the increase in the aging population, the prevalence of pelvic floor disorders will likely increase. Over these next 30 years, growth in demand for services to treat female pelvic floor disorders will increase at *twice* the rate of growth of the same population. These findings have broad implications for those responsible for administering programs that care for women, allocating research funds in women's health and geriatrics, and training physicians to meet this escalating demand.⁴

A urogynecologist is an obstetrician/gynecologist who has specialized in the care of women with pelvic floor disorders. Urogynecologic training is achieved through three-year fellowship programs in **Female Pelvic Medicine and Reconstructive Surgery (FPM&RS)**, under the auspices of both the **American Board of Obstetrics and Gynecology (ABOG)** and the **American Board of Urology (ABU)**. There are currently 32 accredited fellowship programs within the United States. Urogynecology fellowships provide comprehensive training in pelvic floor disorders for women; trainees are needed to meet future clinical, research, and educational demands. The

urogynecologist provides overall care of the pelvic floor through a complete approach and one that is often multi-disciplinary. The urogynecologist does not work alone since many pelvic floor disorders are affected by other conditions. Sensory and emptying abnormalities of the lower urinary tract and bowel, pelvic and abdominal pain, musculo-skeletal dysfunction of the pelvic muscles/ ligaments, and constipation and diarrheal states all affect PFD. Therefore, urogynecologists work in conjunction with physical therapists, gastroenterologists, urologists and colorectal specialists. The urogynecologist is best positioned to diagnose and provide a comprehensive treatment plan for this group of women.

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