

Urogynecology and Reconstructive Pelvic Surgery

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Abstract:

Urogynecology is a specialized field of gynecology and obstetrics that deals with female pelvic medicine and plastic surgery. Urogynecologists are doctors who diagnose and treat pelvic floor conditions like weak bladder or pelvic organ prolapse (your organs drop because the muscles are weak). The pelvic floor is that the area of the body that houses your bladder, genital system, and rectum. Urogynecologists complete school of medicine and a residency in Obstetrics and Gynecology or Urology. These doctors are specialists with additional training and knowledge within the evaluation and treatment of conditions that affect the feminine pelvic organs, and therefore the muscles and animal tissue that support the organs. Many, though not all, complete formal fellowships (additional training after residency) that specialize in the surgical and non-surgical treatment of non-cancerous gynecologic problems. A number of the common problems treated by a urogynecologist include enuresis or leakage, pelvic organ prolapse (dropping of the vagina, uterus, cystocele, rectocele), and overactive bladder. Our urogynecology specialists have experience treating all conditions of the feminine urinary and reproductive tract. Additionally to four years of general obstetrics and gynecology training, they need three years of subspecialty training in female pelvic health and pelvic plastic surgery. Your doctor works with a treatment team that has a NP, a physician assistant and a physiotherapist. This extra capability provides even better anatomic detail of the tract and its surrounding structures and allows helical CT to accurately characterize intrinsic and extrinsic causes of ureteral obstruction.

Biography:

Due to its ionization radiation, the length of your time it takes to image pelvic organs, and its limited ability to contrast soft tissues, CT has not been used extensively to review pelvic floor disorders. It remains effective in imaging abdominal and pelvic masses and is a superb technique to review suspected postoperative pelvic hematomas and abscesses. The most focus of this special issue is on new and existing diagnostic and treatment methods for pelvic floor disorders. The articles summarize current approaches to the treatment of those disorders and appearance into the longer term by discussing possible novel interventions for the treatment of pelvic floor dysfunction. The primary paper of this issue, published by a gaggle of clinicians from Netherlands, explores the association of POP severity and subjective pelvic floor symptoms.