



An Introduction to Urogynaecology

Antonio Simone Laganà*

University of Messina, Italy

*Corresponding Author: Laganà AS, University of Messina, Italy, E-mail: Antonio_simol@gmail.com

Received date: 15 April, 2021; Accepted date: 29 April, 2021;

Published Date: 06 May, 2021

Introduction

Urogynecology, sometimes known as urogynaecology, is a surgical subspecialty of urology and gynaecology. Urogynecology is a subspecialty of Gynecology that is also known as Female Pelvic Medicine and Reconstructive Surgery in some countries. A urogynecologist treats clinical issues related to pelvic floor and bladder dysfunction. The bladder, reproductive organs, and intestines are all affected by pelvic floor diseases. Urinary incontinence, pelvic organ prolapse, and faecal incontinence are all examples of common pelvic floor diseases. Urogynecologists are increasingly responsible for the management of women who have suffered perineum damage after delivery. There is some overlap with the Female Urology specialisation-these specialists are urologists who have extra training to handle female urine incontinence, pelvic organ prolapse, and interstitial cystitis/PBS. Furthermore, there are colorectal surgeons who specialise in anal incontinence and pelvic floor dysfunction as it relates to rectal function. Urogynecological practise now promotes interdisciplinary teams to care for patients, including input from urogynecologists, urologists, colorectal surgeons, senior care specialists, and physiotherapists.

This is especially essential in the management of patients with complicated issues, such as those who have had prior surgery or who have incontinence and prolapse, or urine and bowel difficulties. Multidisciplinary team meetings are an

essential component of these women's managerial career. Urogynaecologists treat women who have urine incontinence or pelvic floor dysfunction. Stress incontinence, overactive bladder, voiding difficulties, bladder discomfort, urethral pain, vaginal or uterine prolapse, blocked defecation, anal incontinence, and perineal damage are some of the clinical problems that a urogynecologist may observe. With specific training and in collaboration with other specialities, they may provide care for women with vesicovaginal or rectovaginal fistulae. A bladder diary is frequently used to assess an individual's fluid consumption, number of voids each day and night, and the volume of urine the bladder can retain on a daily basis. Urodynamics or a cystoscopy may be required in the future. Conservative treatments, such as pelvic floor muscle training, hydration and diet management, or bladder training, are typically used to begin treatment.

For overactive bladder, pharmacological treatments such as antimuscarinic medications or beta 3 receptor agonists can be utilised; both of these assist to decrease the urgency that is a fundamental component of overactive bladder. If medicines fail, more intrusive alternatives for symptom alleviation include injections of botulinum toxin into the bladder muscle or neuromodulation. If pelvic floor muscle training fails, surgical therapies for stress incontinence and/or uterovaginal prolapse can be provided. Urogynecological issues are rarely life-threatening, but they do have a significant influence on the quality of life of those who suffer from them. Urogynecologists often utilise quality of life enhancement as a therapeutic objective, and there is a strong emphasis on symptom management using conservative methods before pursuing more invasive therapies. The International Urogynecological Association (IUGA) is a global organisation for professionals involved in urogynecology, female pelvic medicine, and reconstructive surgery. By maintaining and publishing a database of fellowship programmes, IUGA supports training for physicians from countries that do not have established training programmes.

The International Continence Society (ICS) is another global organisation that works to enhance the quality of life for persons who have urinary, bowel, or pelvic floor problems via teaching and research.

Citation: Laganà AS (2021) An Introduction to Urogynaecology. J Genit Syst Disord 10:3.