



Welcome to the Urogynecologist!

Our team is excited that you have chosen Columbia for your health care needs. We are uniquely trained to provide specialty consultation and management of the full spectrum of Female Pelvic Floor Disorders including pelvic organ prolapse, urinary incontinence, overactive bladder, incomplete bladder emptying, difficult defecation, accidental bowel leakage, painful bladder syndrome, recurrent urinary tract infections, urethral diverticulum, and fistulas. Your Urogynecologist will fully evaluate you and offer you a wide spectrum of treatment options tailored to your specific problem.

What is a Urogynecologist?

After medical school and a four-year residency in Obstetrics and Gynecology, most have completed 3 years of additional training in Female Pelvic Medicine and Reconstructive Surgery focused solely on providing both surgical and non-surgical treatment of Female Pelvic Floor Disorders.

Although your primary care physician or OB/GYN may have knowledge about these problems, a Urogynecologist can offer additional expertise. You should see (or be referred to) a Urogynecologist when you have symptoms of a Pelvic Floor Disorder and/or when your primary doctor recommends consultation or the need for special expertise in vaginal and minimally invasive surgery.

What are Pelvic Floor Disorders?

The pelvic floor is the muscles, ligaments, connective tissue and nerves that help support and control the bladder, uterus, vagina, and rectum. The pelvic floor can be damaged or weakened by childbirth, repeated heavy lifting, chronic disease or surgery. Types of Pelvic Floor Disorders and their symptoms are:

- Pelvic Organ Prolapse - a bulge and/or pressure in the vagina, “dropped uterus, bladder, vagina or rectum”, also called “cystocele, rectocele, uterine prolapse or vaginal vault prolapse”
- Urinary Incontinence – loss of bladder control and leakage of urine
 - Stress Incontinence – leaking with coughing, sneezing, laughing, or increases in abdominal pressure
 - Urge Incontinence – leaking associated with an urge to go to the bathroom
- Overactive Bladder - frequent need to void, urgency, urgency incontinence or difficulty holding back a full bladder
- Incomplete Bladder Emptying –difficulty emptying your bladder
- Difficult Defecation – difficulty emptying bowels, straining with defecation, feeling of incomplete evacuation, the need to use fingers in/on the vagina, perineum or anus to defecate
- Accidental Bowel Leakage – loss of bowel control and leakage of stool
- Painful Bladder Syndrome/Interstitial Cystitis - discomfort, burning or other uncomfortable pelvic symptoms, including bladder or urethral pain

- Recurrent Urinary Tract Infections – 2 or more bladder infections per year
- Urethral diverticulum
- Fistulas

What treatments will my Urogynecologist offer me?

After your evaluation, your Urogynecologist can offer you **a wide range of treatment options tailored to your specific problem ranging from conservative to medical or surgical management**. She may advise conservative (non-surgical) or surgical therapy depending on your wishes, the severity of your condition and your general health. Conservative options can include behavioral and/or dietary modifications, pelvic exercises/biofeedback, or vaginal devices (also called pessaries). Sometimes medications, tibial or sacral nerve stimulation, or bladder or urethral injections may be recommended. Further, there are many effective surgical procedures via a vaginal, laparoscopic, robotic, or traditional approach that your Urogynecologist can discuss with you in order to choose the right treatment for your condition.

What should I expect at my visit?

While every patient is unique, there are several standard assessments and tests that are performed on the day of your first visit. Depending on your symptoms these may include:

- Standing “cough stress test” with a **FULL BLADDER** to look for leakage
- Urinary flow study – you will be asked to empty your bladder on a special toilet that measures the pattern, flow rate and amount of urine
- Urine analysis and urine culture – to screen for infection
- Pelvic examination (like a pap smear) – to evaluate for pelvic support, nerve function, and strength
- Post void residual measurement – a small plastic tube is placed in the bladder to collect urine for the lab and to determine if the bladder is emptying appropriately.

Before your appointment

Enclosed is a questionnaire that will help us in your evaluation and treatment. It is very important that you complete this form **BEFORE** your scheduled appointment. If you are unable to do so at home, please plan to arrive 30 minutes before your scheduled visit to complete the information. Additionally, if you have any urinary symptoms such as incontinence, urgency or frequency it is very helpful to complete the voiding diary a day or two before your appointment. Doing so may help minimize the number of visits you will need and will help your doctors counsel you on treatment options. **REMINDER: PLEASE COME IN WITH A FULL BLADDER AND DO NOT EMPTY YOUR BLADDER UNTIL INSTRUCTED BY THE MEDICAL ASSISTANT.**

We are happy to have you in the practice

and look forward to seeing you at your upcoming visit!