

SENTARA • EVMS COMPREHENSIVE PELVIC FLOOR CENTER

The Pelvic Floor Center is a unique, multidisciplinary treatment program for patients with pelvic floor dysfunction. This includes those with disorders of the bladder, vagina and bowel (prolapse and/or incontinence) in addition to those with pelvic pain.

A Better Patient Experience

Because we care for patients with conditions that affect the quality of their life, we are sensitive to the fact that this area of the body and symptoms may be difficult to talk about and embarrassing. We take away the stigma by offering compassionate, multidisciplinary care, as well as access to the latest advanced therapies.

Our patient navigator is a specially trained Clinical Nurse Specialist who guides patients through the complexities of the health care system; educates about the disease process and treatment options; answers questions; and coordinates all phases of care. Call our patient navigator to discuss your current symptoms and determine if a visit to our Center might offer a solution that dramatically improves your quality of life.

Understanding Pelvic Floor Disorders

The intricate series of muscles, ligaments and nerves that interconnect around the urethra, bladder, anus, rectum and, in women, the vagina—are known collectively as the pelvic floor. Damage to the pelvic floor results from many causes. In women, childbirth can stretch and injure the pelvic muscles or anal canal. In men and women, aging, straining to have a bowel movement, obesity, infections, surgery and cancer can injure the pelvic floor. Pelvic conditions are much more common than many people realize. In fact, almost half of all women and one in five men will experience urinary incontinence during their lifetime. Forty percent of women over the age of 18 suffer from pelvic organ prolapse.

Pelvic Floor Conditions Treated at the Center:

Pelvis Floor Prolapse: Pelvic organ prolapse occurs when a pelvic organ drops from its normal spot in your lower belly and pushes against the walls of another organ. This can happen when the muscles that hold your pelvic organs in place get weak or stretched from childbirth or surgery. More than one pelvic organ can prolapse at the same time. Organs involved when you have pelvic prolapse may include the:

- Bladder (the most common kind of pelvic organ prolapse)
- Urethra ● Uterus ● Vagina ● Small bowel ● Rectum

Incontinence: Incontinence is the involuntary release of either urine or feces. There are many causes of incontinence and diagnosis of these types of conditions requires a thorough workup by the physician. Once the cause of the problem is identified the physician will develop a treatment plan specific to your situation.

Urinary Incontinence's symptoms may be seen as:

- **Stress Incontinence:** This occurs when an activity, such as coughing or sneezing, causes a small amount of urine to leak from the urethra, which is the tube urine passes through

- **Urge Incontinence** is the strong, sudden need to urinate due to bladder spasms or contractions

- **Overactive Bladder:** Similar to Urge Incontinence

- **Voiding Dysfunction:** This condition is a general term to describe the condition where there is a lack of coordination between the bladder muscle (detrusor) and the urethra.

Fecal Incontinence's symptoms may be seen as:

- **Anal Leakage:** This is the condition in which small amounts of stool or staining is found when wiping an hour after a bowel movement or in the undergarments

- **Overflow incontinence:** This will occur when liquid stool bypasses the hard mass in the colon

- **Urge Incontinence:** Occurs with a sudden, irresistible need to have a bowel movement and an inability to hold stool

CONSTIPATION: Constipation is infrequent bowel movements or difficult passage of stools and is most often defined as having a bowel movement less than 3 times per week. The causes of constipation are numerous, and may range from simple dietary changes to a serious symptom of other disease processes.

- **Dyskinesia of rectum:** This condition occurs when the muscle tone within the rectum has been weakened so the ability to excrete stool is diminished

- **Disordered defecation:** This can occur due to one or both of the following: inappropriate contraction of the pelvic floor muscles and /or inadequate propulsive forces within the rectum.

- **Fistulas:** Fistulas are an abnormal connection between 2 structures. Below are types of fistulas that can develop:

- **Recto-vaginal:** a fistula between the rectum and the vagina that allows feces to pass from the bowel into the vagina

- **Vesico-vaginal:** a fistula between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vagina.

Interstitial Cystitis/Painful Bladder Syndrome: This condition results in recurring discomfort or pain in the bladder and the surrounding pelvic region. Symptoms may include an urgent need to urinate, a frequent need to urinate, or a combination of these symptoms. Pain may change in intensity as the bladder fills with urine or as it empties. Women's symptoms often get worse during menstruation and they may sometimes experience pain during vaginal intercourse.

Pelvic pain occurs mostly in the lower abdomen area. The pain might be steady, or it might come and go. If the pain is severe, it might get in the way of daily activities. Pelvic pain can be a sign that there is a problem with one of the organs in your pelvic area, such as the uterus, ovaries, fallopian tubes, cervix or vagina. It could also be a symptom of infection, or a problem with the urinary tract, lower intestines, rectum, muscle or bone. If you're a man, the cause is often a problem with the prostate.

Pain during Intercourse (dyspareunia): Defined as persistent or recurrent genital pain that occurs just before, during or after intercourse. Painful intercourse can occur for a variety of reasons — ranging from structural problems to psychological concerns.

Coordination of Care

The complicated nature of pelvic floor disorders often requires the assessment and treatment of multiple organ systems by a variety of trained medical specialists. By taking a holistic approach to pelvic floor anatomy and function, we can offer improved outcomes.

Our multidisciplinary team includes an Urogynecologist, Gastroenterologist, Urologist, Colorectal Surgeon, Radiologist, Physical Therapist, Patient Navigator, Dietician and Pain Specialist.

Determining Your Treatment Needs

All pelvic floor procedures offered at the Center are designed to improve quality of life for our patients.

Our diagnostic process includes office as well as outpatient hospital procedures:

- Urinalysis ● Ultrasound ● Bladder scan ● Urodynamic testing
- Cystoscopy ● Test of anal sphincter tone (anal manometry)
- Anal ultrasound ● X-ray procedure (using a special dye to evaluate how well the sphincter contracts -balloon sphincterogram
- X-ray procedure using a special dye to visualize the bowel while you defecate (defecography) ● Dynamic Pelvic MRI ● Stool exam

Our Treatment Approaches:

BLADDER /UTERUS

- Non-Surgical Management:

- Behavioral Therapies (fluid management, bladder training avoidance of diuretics and weight control)
- PT: Pelvic Floor Exercises
- PT:Biofeedback

- Medications
- Pelvic Floor electrical stimulation
- Pessaries and Vaginal Cones

- Surgical Treatment:

- Pubovaginal Sling
- Tension Free Vaginal Tape (TVT) Sling
- Transorbtorator Tape (TOT)
- Pelvic Organ Prolapse Repair (POP)
- Bladder Neck Suspension
- Neurostimulation
- Periurethral Injections

RECTUM/ANUS

- Non-Surgical Management:

- PT: Pelvic Floor Retraining
- PT: Biofeedback
- Dietary manipulation
- Medication
- Sphincter Augmentation

- SURGICAL TREATMENT:

- Sphincteroplasty
- Neuromodulation

Call us today.

Pelvic Floor Disorders are a part of aging, or a result of childbirth, or a result of our diet, but they are treatable.

Phone: 1.855.512.4010



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