

## Editorial

In 2010 GA Santoro, AP Wiczorek, and CI Bartram edited a comprehensive new textbook entitled *Pelvic Floor Disorders Imaging and Multidisciplinary Approach to Management*. This work is published by Springer and contains contributions from many of the most renowned International pelvic physicians and surgeons. The work presents a special emphasis on the role of diagnostic imaging.

Pelviperineology is pleased to announce that we will be publishing a series of articles highlighting the different sections of this landmark book in the months to come.

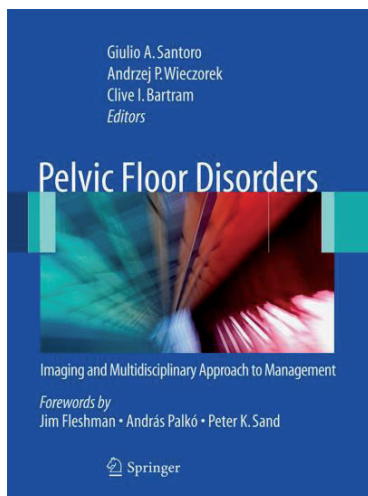
It goes without saying that this innovative work is a completely new approach covering the diagnosis and management of pelvic problems in one comprehensive volume.

This approach enables the reader to develop a sound understanding of the pathophysiology of pelvic disease seen through the window provided by the latest imaging techniques. It highlights the importance of the imaging of pelvic floor disorders especially with the advent of new innovative technologies in many areas. This work covers both diagnosis and management. The decision how to treat should arise from a comprehensive understanding of the physiopathology of the relevant disorders and identifying where any anatomical defects are located using the techniques that are so clearly described

This is a multidisciplinary book. It is written by urologists, colorectal surgeons, gynecologists and physiotherapists and supports the concept that the approach to the pelvic floor and pelvic floor disorders should be multidisciplinary.

The International Society for Pelviperineology through our journal is proud to support this work and commend it to our readers. We hope you enjoy the forthcoming articles and will be motivated to obtain your own copy of the book.

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## Pelvic Floor Disorders

### Imaging and Multidisciplinary Approach to Management

Dramatic improvement in imaging techniques (3D ultrasonography, dynamic magnetic resonance) allows greater insight into the complex anatomy of the pelvic floor and its pathological modifications. Obstetric events leading to fecal and urinary incontinence in women, the development of pelvic organ prolapse, and the mechanism of voiding dysfunction and obstructed defecation can now be accurately assessed, which is essential for appropriate treatment decision making. This book, written by the leading experts in the field, will be an invaluable tool for gynecologists, colorectal surgeons, urologists, radiologists, and gastroenterologists with a special interest in this field of medicine, but it will be also relevant to everyone who aspires to improve their understanding of the fundamental principles of pelvic floor disorders.

#### Forewords by

Jim Fleshman  
András Palkó  
Peter K. Sand

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With the contribution of: Paul Abrams, Donato Altomare, Roberto Bergamaschi, Kari Bø, Mauro Cervigni, G. Willy Davila, Jan Deprest, John de Lancey, Conor P. Delaney, Hans Peter Dietz, Giuseppe Di Falco, Giuseppe Dodi, Peter L. Dwyer, Anton Emmanuel, Dee Fenner, Julia R. Fielding, Frank A. Frizelle, Gamal M. Ghoniem, Philippe Grange, Thomas Gregory, Steve Halligan, Aldo Infantino, Marek Jantos, Gianfranco Minini, Elizabeth R. Mueller, Edoardo Ostardo, Peter Papa Petros, Francesco Pesce, Johann Pfeifer, Vittorio L. Piloni, Filippo Pucciani, Dmitry Pushkar, Carlo Ratto, Tomasz Rechberger, Bruno Roche, Rebecca G. Rogers, S. Abbas Shobeiri, Jaap Stoker, Abdul H. Sultan, Michael Swash, Ranee Takar, Mario Trompetto, Dominik Weishaupt, Steven D. Wexner.

Pelvic floor dysfunction is the inability to correctly relax and coordinate your pelvic floor muscles to have a bowel movement. Symptoms include constipation, straining to defecate, having urine or stool leakage and experiencing a frequent need to pee. Initial treatments include biofeedback, pelvic floor physical therapy and medications. Appointments & Access. Contact Us. Pelvic Floor Dysfunction Menu. Overview Diagnosis and Tests Management and Treatment Outlook / Prognosis Living With Resources. Pelvic floor disorders encompass all conditions affecting the normal functioning of the pelvic organs, namely the urinary bladder, the uterus and vagina for the ladies, the prostate for the gents, and anorectum. These conditions can lead to dysfunction in the pelvic organs, causing issues such as urinary incontinence, vaginal prolapse or bowel incontinence. Often, pelvic floor disorders arise from the laxity of pelvic ligaments and weakness in the pelvic floor muscles. Pelvic floor disorders occur when the "sling" or "hammock" that supports the pelvic organs becomes weak or damaged. The three main types of pelvic floor disorders are: Urinary incontinence, or lack of bladder control. Fecal incontinence, or lack of bowel control. Pelvic organ prolapse, a condition in which the uterus, bladder and bowel may "drop" within the vagina and cause a bulge through the vaginal canal. People with pelvic floor disorders may experience Pelvic floor disorders are high prevalent diseases that affect different aged women. Two of the most common conditions are urinary incontinence and Pelvic Organ Prolapse (POP) which is a major health care problem, with of 11% of women undergoing surgery for POP and/or urinary incontinence during life time.Â These 3D solids are discretized to apply the Finite Element Method (FEM) to study the biomechanical behavior of pelvic floor muscles contributing to analyze this complex musculature structure.

Call (212) 342-1155. Pelvic Floor Disorders: Frequently Asked Questions. Q: What is the pelvic floor? A: Both men and women have a pelvic floor. There is also an extra circular muscle around the anus (the anal sphincter) and around the urethra (the urethral sphincter). Although the pelvic floor is hidden from view, it can be consciously controlled and therefore trained, much like our arm, leg or abdominal muscles. Q: What are pelvic floor disorders? Many of our physicians are nationally recognized for their commitment to diagnosing and treating pelvic floor disorders, including urinary incontinence, overactive bladder, fecal incontinence, pelvic floor dysfunction, rectal prolapse, defecatory disorders and pelvic organ prolapse. Both men and women have a pelvic floor. Coordinated, Personalized Care. Together, our specialists provide a full range of coordinated diagnostic and therapeutic services, delivered in a caring, sensitive manner. Pelvic floor dysfunction includes a group of disorders causing abnormalities of bowel storage and bowel emptying, as well as pelvic pain. This information is intended to help patients gain a better understanding of the disorders making up pelvic floor dysfunction, as well as the evaluation and treatment of pelvic floor dysfunction. Pelvic Floor Disorders provides us with the theory behind disorders, the normal and abnormal functional issues, as well as testing and imaging methodology. Not since the classic Coloproctology and the Pelvic Floor by Henry and Swash, has there been a textbook that dealt so thoroughly with the specifics of pelvic floor diseases or disorders. Pelvic floor dysfunction is the inability to correctly relax and coordinate your pelvic floor muscles to have a bowel movement. Symptoms include constipation, straining to defecate, having urine or stool leakage and experiencing a frequent need to pee. Initial treatments include biofeedback, pelvic floor physical therapy and medications. Appointments & Access. Contact Us. Pelvic Floor Dysfunction Menu. Overview Diagnosis and Tests Management and Treatment Outlook / Prognosis Living With Resources.

About Pelvic Floor Disorders What conditions are treated by Urogynecologists? Urogynecology is the diagnosis and treatment of pelvic floor disorders which involve the complex system of muscles, ligaments, connective tissue, and nerves that help support and control the rectum, uterus, vagina, and bladder. Damage to the pelvic floor can occur for any number of reasons including childbirth, repeated heavy lifting, chronic disease or surgery. Women with pelvic floor disorders typically experience these kinds of symptoms Pelvic floor dysfunction includes a group of disorders causing abnormalities of bowel storage and bowel emptying, as well as pelvic pain. This information is intended to help patients gain a better understanding of the disorders making up pelvic floor dysfunction, as well as the evaluation and treatment of pelvic floor dysfunction. Many of our physicians are nationally recognized for their commitment to diagnosing and treating pelvic floor disorders, including urinary incontinence, overactive bladder, fecal incontinence, pelvic floor dysfunction, rectal prolapse, defecatory disorders and pelvic organ prolapse. Both men and women have a pelvic floor.Â Coordinated, Personalized Care. Together, our specialists provide a full range of coordinated diagnostic and therapeutic services, delivered in a caring, sensitive manner. Pelvic floor physical therapy involves the pelvic floor muscle group, which is responsible for a variety of functions. A person may be referred to pelvic floor physical therapy to treat incontinence, difficulty with urination or bowel movements, constipation, chronic pelvic pain, and painful intercourse. Women may see a pelvic floor physical therapist for treatment of vaginismus or endometriosis. Male disorders, such as painful ejaculation and premature ejaculation, can also be treated this way. Pelvic Floor Physical Therapy.

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Pelvic floor disorders are a group of conditions that affect the pelvic floor and include bladder control problems and urinary incontinence (UI), pelvic organ prolapse (POP), bowel control problems, and pelvic pain conditions. From: Guccione's Geriatric Physical Therapy, 2020. Related terms Pelvic floor dysfunction is an umbrella term for a variety of disorders that occur when pelvic floor muscles and ligaments are impaired. Although this condition predominantly affects females, up to 16 percent of males suffer as well. Symptoms include pelvic pain, pressure, pain during sex, urinary incontinence (UI), incomplete emptying of feces, and visible organ protrusion. Tissues surrounding the pelvic organs may have increased or decreased sensitivity or irritation resulting in pelvic pain