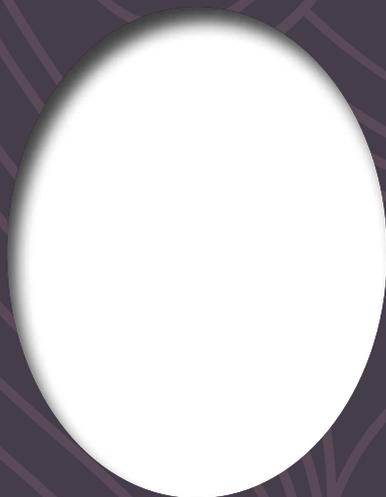




Women's Pelvic
Health
& Surgery

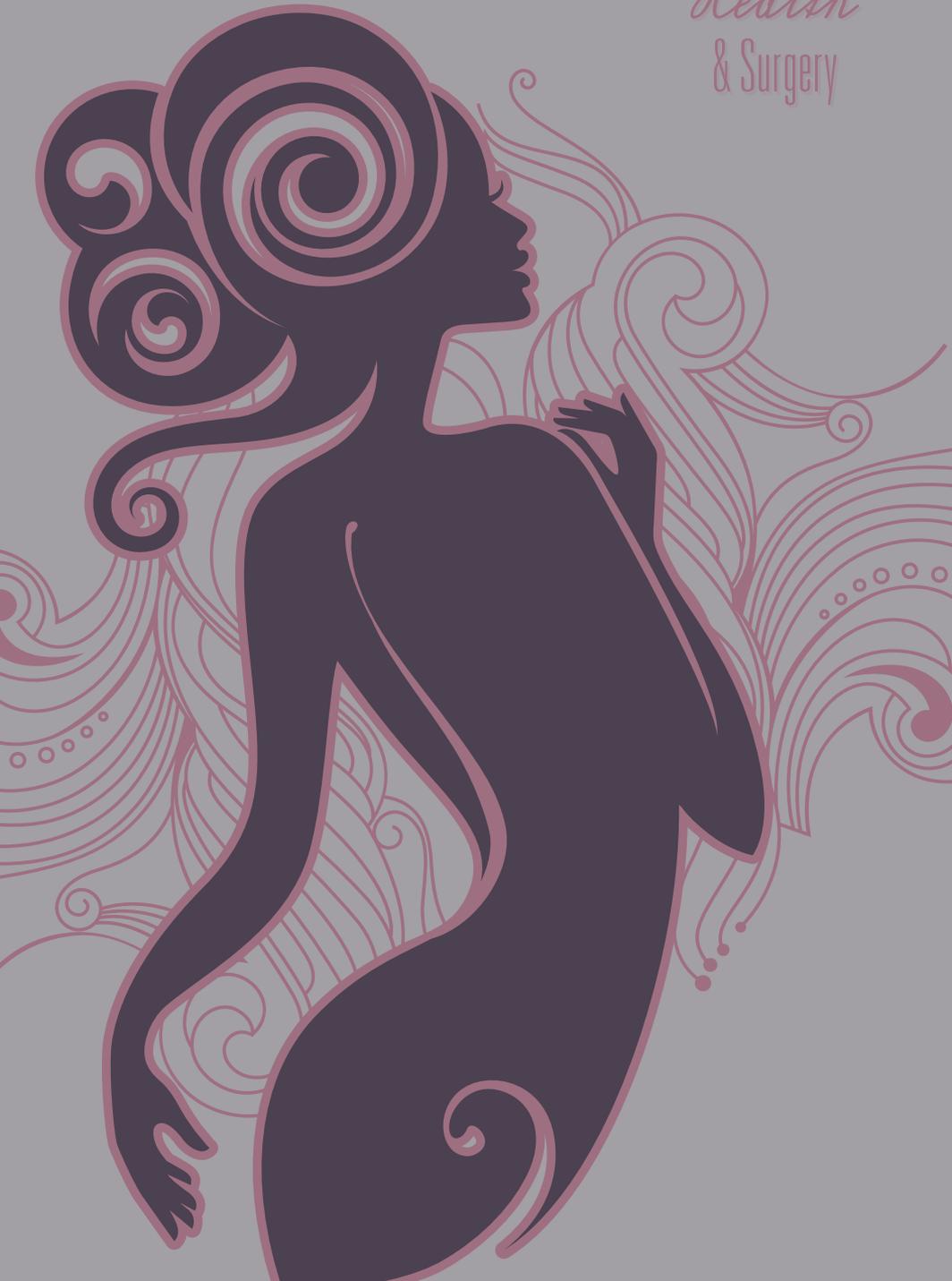




University of
Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

Women's Pelvic
Health
& Surgery





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What is a specialist in Women's Pelvic Health and Surgery?

Women's Pelvic Health and Surgery (WPHS) is a subspecialty of gynecology and urology that specifically focuses on the issues and treatments of urinary and fecal incontinence, pelvic organ prolapse and pelvic floor disorders. Although a general Obstetrician-Gynecologist or Urologist may have knowledge about these problems, an expert in WPHS is specially trained in this area and can offer further expertise.

In addition to a four-year residency in Obstetrics and Gynecology, or a five-year residency in Urology a specialist in WPHS must complete a fellowship in Female Pelvic Medicine and Reconstructive Surgery, an intensive training that focuses on the management and treatment of the diseases affecting the woman's pelvis.

The University of Colorado Hospital (UCH) Women's Pelvic Health and Surgery Division is the largest subspecialty program in the state, offering specific expertise in treating the full range of pelvic disorders, our team members are all Board Certified and fellowship trained.

Pelvic Floor Disorder (PFD) Symptoms

Are you experiencing any of the following?

Urinary leakage when you laugh, cough or sneeze?

Inability to hold your urine?

The feeling of sitting on a bulge?

Leakage of stool?

The inability to enjoy long excursions because you need to be near a toilet?

Do you know where every public bathroom is located out of necessity (i.e., the mall, the grocery store, etc.)?

Difficulty emptying your bladder or rectum?

Sleep issues because of frequent bathroom trips?

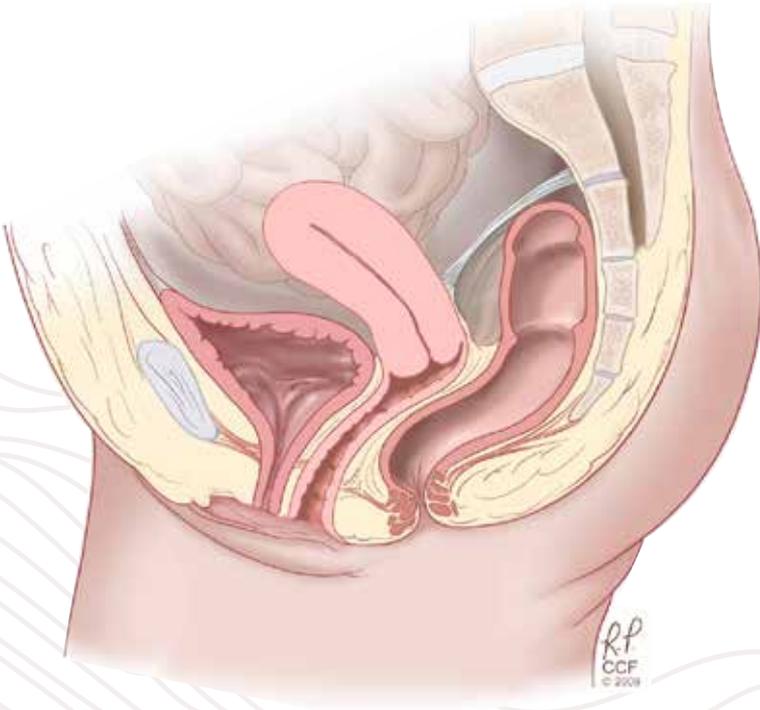
Pain or pressure in your vagina or rectum?

Intimacy problems due to any of the above?

If you have answered yes to any of these questions, a WPHS specialist can help you address these symptoms. Although issues related to the female pelvis might be awkward or uncomfortable to discuss, they are common and treatable, with or without surgery. In fact, one in three women will experience some type of pelvic floor disorder in her lifetime. Instead of living in discomfort, embarrassment or pain, the team at UCH's WPHS Division can help you find relief and get back to enjoying your life fully.

Common Pelvic Floor Disorders

The muscles and connective tissue structures that support and control the bladder, uterus, vagina and rectum constitute the pelvic floor. These structures can be damaged during childbirth, or can breakdown due to aging, obesity, genetic predisposition, repetitive heavy lifting, chronic disease or surgery.



Pelvic Organ Prolapse

Pelvic organ prolapse (POP) occurs when one or more of the organs in the pelvis, such as the bladder, uterus, small bowel or rectum, begins to fall (or prolapse) out of its natural place, pushing into or emerging from the vagina. It is similar to a hernia in other parts of the body.

POP is caused when there is extra pressure placed on the pelvic floor muscles and can feel like a bulging in the vagina.

Urinary Incontinence

Although urinary incontinence is strongly associated with aging, it can affect women of any age. Weakening of the muscles that support and control the bladder can lead to stress incontinence, where urine leaks from the bladder during exercise, laughter, coughing or sneezing. In women the most common form of incontinence and is usually associated with childbirth.

Another form of urinary incontinence is leakage associated with uncontrollable, involuntary contractions of the bladder. Symptoms include needing to urinate frequently, having to rush to get to the bathroom, and inability to hold your urine, also known as an overactive bladder.

A weakening urethra can also cause urinary incontinence. The urethra is a muscular tube from which we urinate; its job is to stay tightly closed while the bladder fills and to relax when it is time to urinate. The muscles can become weak due to aging. It is like having an open "drainpipe," and urine can continually leak from the bladder as it is being produced.

Urinary incontinence can be caused by a variety of physical issues or medical conditions, and may be temporary or persistent. Certain medications can worsen urinary incontinence including antidepressants and blood pressure medications.

Anal Incontinence

Pelvic floor disorders may also cause anal incontinence (AI), also known as bowel or fecal incontinence, or the loss of control over bowel movements. AI may involve the uncontrolled leakage of gas, liquid, or solid bowel contents. This form of incontinence is associated with increasing age and is seen slightly more often in women.

AI can be caused by various medical problems, including diarrhea, muscle damage or weakness from childbirth or trauma, nerve damage, irritable bowel syndrome and constipation.

Pelvic Floor Disorder Treatments

Depending on the disorder and symptoms, a WPHS specialist might prescribe one or more of the following treatments:

Lifestyle or behavioral changes

Diet

Pelvic exercises

Physical therapy

Medication

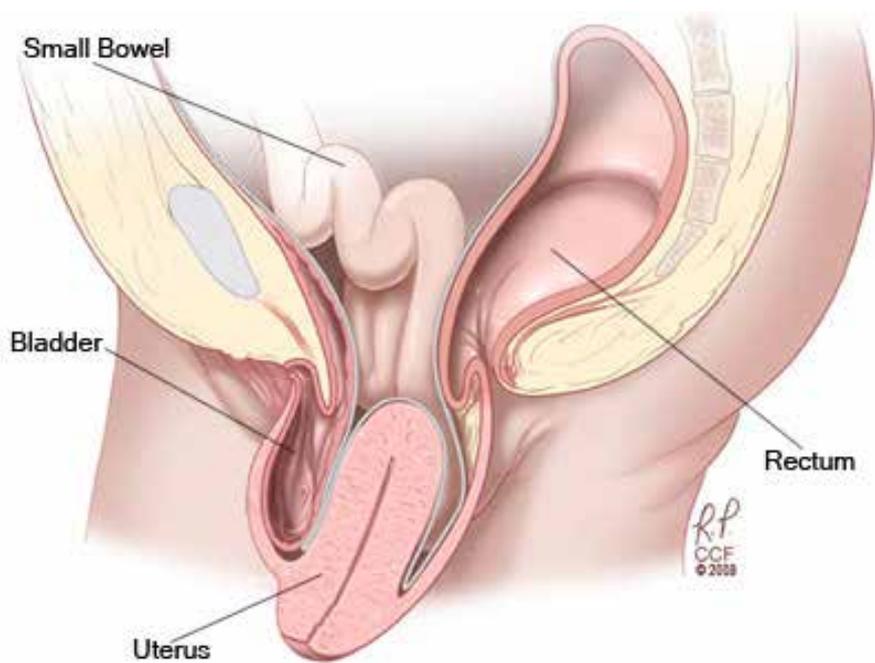
Pessary (a removable device placed in the vagina for pelvic floor support)

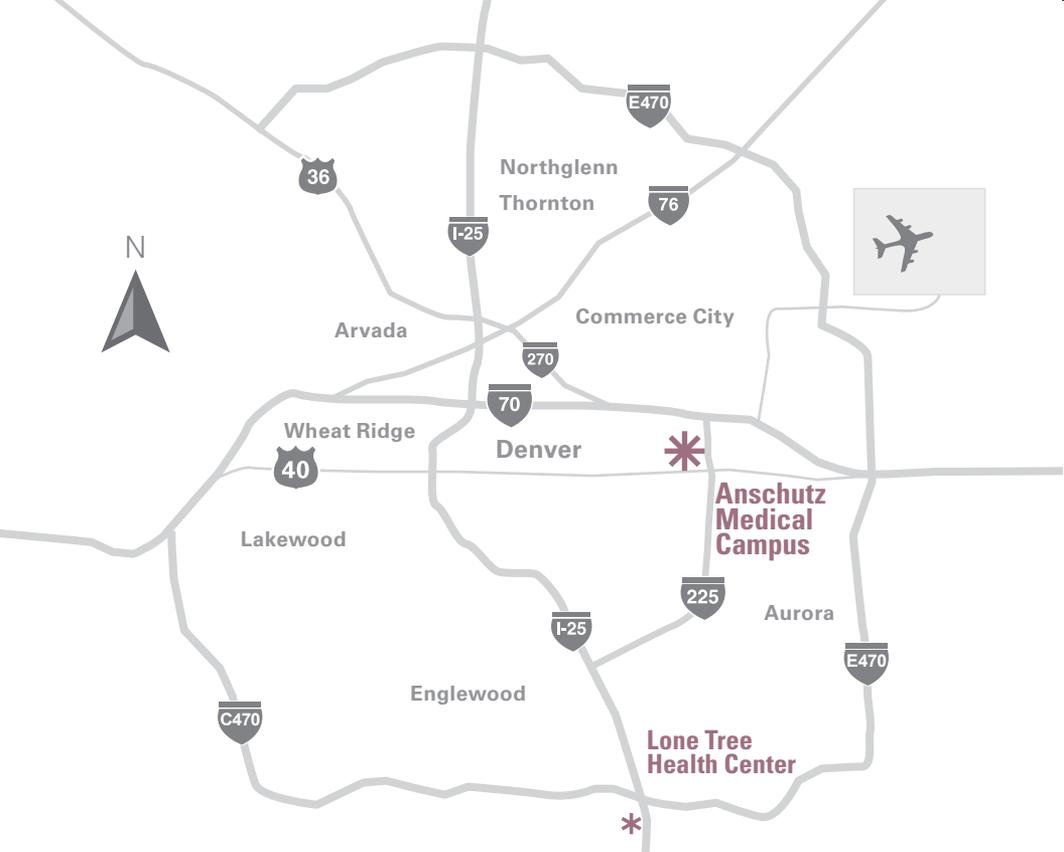
Neuromodulation (stimulating the nerves to the bladder for incontinence and pain)

Surgery Options-Robotic Open Vaginal Laparoscopic

At UCH's WPHS Division, we take the time to explain the full range of treatment options to all our patients. Our team of physicians will advise you on the best course of action, whether it includes lifestyle modifications and/or surgery, to get you back to enjoying your life fully as soon as possible.

Please call 720-848-2200 and visit the UCH WPHS Division today to start improving your quality of life tomorrow.





Reach Us

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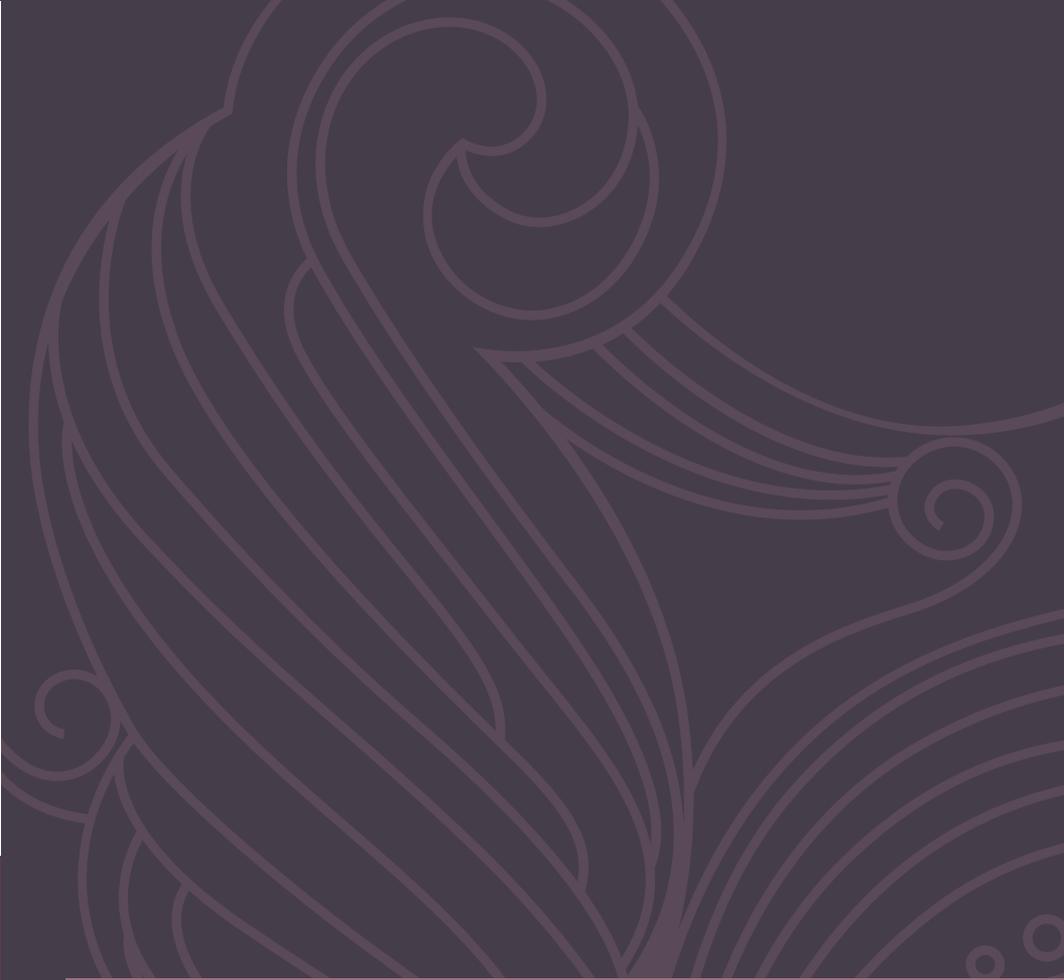
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