Inova Alexandria Hospital's Center for Rehabilitative Care offers a comprehensive approach to the evaluation and treatment of the pelvic floor. A physician referral is required for this service.

We offer:

- EMG biofeedback
- Pelvic floor exercise program
- Musculoskeletal assessment
- Abdominal rehabilitation
- Pelvic floor muscle education
- Bowel/Bladder behavior modification training

Devices and Medications

Pessaries and other devices can be used to treat some conditions as a safe alternative to surgery. Medications are available to treat a variety of urogynecologic problems. Please contact your urogynecologist to determine if any of these are an appropriate option for you.

Surgery

Surgeons specialize in a variety of surgical treatments ranging from minimally invasive surgery to vaginal and abdominal surgery.

Minimally invasive surgery for stress incontinence. This surgery includes transvaginal slings, fascial slings and collagen injections.

Minimally invasive surgery for urge incontinence (Sacral Nerve Stimulation). This technique electrically stimulates the sacral nerves that influence the behavior of the bladder, urinary sphincter and pelvic floor. It is an outpatient procedure, performed in two stages, and is highly effective, safe and well-tolerated.

Laparoscopic surgery. A surgery performed via small incisions, using specially designed surgical instruments and viewed through a laparoscope, or surgical telescope. This surgery can be used to treat a prolapsed uterus.

Pelvic reconstructive surgery. If your condition permits, urinary incontinence or pelvic organ prolapse can be repaired through the vagina with no visible abdominal incisions. For advanced conditions, abdominal surgery may be recommended.

Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304
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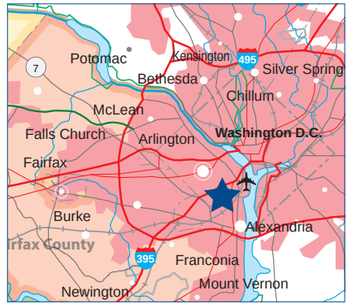

To find a doctor or to learn more please visit *inova.org/iahpelvicfloor* or call *703.504.4000*

Non-Discrimination Statement

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Interpreter Services are available at no cost to you. Please let our staff know of your needs for effective communication.

Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Por favor infórmele a nuestro personal sobre sus necesidades para lograr una comunicación efectiva.

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Pelvic Floor Disorders Program

Inova Alexandria Hospital

INOVA®

Inova Alexandria Hospital Women's Center

Inova Alexandria Hospital offers a broad range of gynecologic and obstetric services in a community hospital setting designed to offer the most advanced women's health care close to home.

Pelvic Floor Disorders

If you think that pelvic floor disorders only affect elderly women, think again. Pelvic floor disorders are also common among younger, more active women. In fact, nearly 24 percent of American women — including women in their teens, 20s and 30s — are affected by pelvic floor disorders.

Because of the embarrassment associated with pelvic floor disorders, many women suffer in silence. Fortunately, there are solutions and enhanced treatments available for these disorders. Our dedicated team of physicians, nurses and physical therapists will help determine the most successful diagnosis and treatment options for you — so you can return to a full and active life.

What Is the Pelvic Floor?

The pelvic floor refers to the pelvic diaphragm, the sphincter mechanism of the lower urinary tract, the upper and lower vaginal supports, and the internal and external anal sphincters. It is a network of muscles, ligaments and tissues that hold up the pelvic organs.

Types of Pelvic Floor Disorders

Pelvic floor disorders, also known as urogynecologic disorders, include any pain or dysfunction in the area of the pelvic organs, including the uterus, cervix, vagina, bladder or rectum.

The primary types of pelvic floor disorders are:

Pelvic Organ Prolapse. When the uterus, bladder or rectum lose elasticity and descend into the vagina, women can feel pressure in the abdomen. They may see something falling out of the vagina, experience urinary or fecal incontinence, become constipated and/or have diminished sexual function. This condition occurs when the muscles and ligaments supporting the pelvic organs weaken or break. It may be the result of stretching during childbirth or from pelvic injury associated with coughing, heavy lifting, constipation, pelvic surgery, neurological injury, obesity, menopause and hormonal deprivation, or medications. Anatomical abnormalities also cause women to experience these symptoms.

Rectocele. When the area between the rectum and vagina, known as the rectovaginal septum, becomes thin and weak, the rectum may bulge into the vagina during bowel movements, a condition known as rectocele. Constipation, a difficult childbirth or a hysterectomy can cause this condition.

Cystocele Cystocele is common among women with weak pelvic floor muscles. When the muscles at the base of the bladder become too thin and weak, the bladder can fall down into the vagina, which may affect urination.

Urinary Incontinence. Stress urinary incontinence causes urine to escape when a person laughs, sneezes, coughs or strains. A large number of women don't seek timely care for urinary incontinence because they are embarrassed by the problem. Many people regard this condition as a normal symptom of aging, but it is not. It can affect people of all ages, particularly those women who have experienced a vaginal childbirth.

Overactive Bladder. The bladder is made up of muscle. Sometimes, this muscle contracts spastically and causes feelings of urinary urgency and frequency, as well as incontinence and discomfort. People with severe overactive bladder sometimes change or limit their daily activities because of the embarrassment and discomfort caused by overactive bladder, but there are treatments for this condition.

Fecal Incontinence. Fecal incontinence is the inability to control the bowels. More common in women than men, fecal incontinence is not a normal part of aging. People who experience this condition are often reluctant to socialize because they are afraid to have an "accident" in public. Causes of fecal incontinence include constipation, damage to the anal sphincter muscles or the rectum, loss of storage capacity in the rectum, diarrhea and pelvic floor dysfunction.

Constipation. Symptoms of constipation include infrequent bowel movements (fewer than three times per week), the need to strain more than 50 percent of the time when having a bowel movement, bloating and abdominal pain.

Diagnosis and Evaluation

Our goal is to provide diagnostic and therapeutic options tailored to your urogynecologic needs. Our commitment is to efficiently complete your evaluation in a comfortable and friendly environment. We keep you informed of your condition, enabling you to make educated decisions and take control of your situation.

Your evaluation may include:

History and physical examination. The first office visit consists of an interview and consultation, followed by a physical and pelvic exam. Following the exam, the doctor may recommend specialized testing.

Urine examination. We will perform a urine analysis and culture to detect infection, inflammation, blood or other underlying kidney problems.

Cystoscopy. This common, in-office test enables the physician to look directly inside the bladder, through a small camera inserted through the urethra, to detect inflammation, stones or tumors.

Multi-channel urodynamics. Urodynamic testing evaluates the bladder's function. These in-office tests are particularly useful for women with urinary incontinence or urinary frequency.

Electrodiagnostic testing (EMG) of the pelvic floor. This testing evaluates nerve function of the pelvic floor. EMG determines the pelvic floor's muscle response to a series of small electrical impulses.

Depending on your condition, additional tests — such as anal manometry, defecography, anal ultrasound and pelvic magnetic resonance imaging (MRI) may be performed.

Treatment Options

There are several treatment options, both nonsurgical and surgical, for pelvic floor disorders. Your treatment will depend on the severity of your condition and what your doctor prescribes.

Physical Therapy

Most cases of pelvic floor dysfunction can be treated conservatively with physical therapy. Strengthening and retraining of the pelvic floor musculature, behavioral training and other physical therapy interventions can reduce symptoms and help patients manage their own care, restoring confidence and social integration.

Exercises, bladder retraining, use of voiding schedules and dietary modifications are some common treatments your therapist my incorporate into your personally designed plan of care.