

# A Concerted Focus on Pelvic Floor Disorders

**The Pelvic Floor Group at the Wits Donald Gordon Medical Centre (WDGMC) is the only private practice centre of its kind in SA. Situated in Parktown, Johannesburg, the unit comprises several independent private practices and units, including a pelvic floor unit and a colorectal unit.**

The pelvic floor unit comprises gynaecological, biofeedback and urodynamic components. The colorectal unit comprises a working group of independent and private practices providing services via a colorectal surgery team.

Several other disciplines will make up other independent units at the Pelvic Floor Group, including a women's health physiotherapy team, clinical psychology, dietetics and stomatherapy.

Urogynaecology and reconstructive pelvic surgery (URPS) comprise one of four sub-specialties of obstetrics and gynaecology. Despite a lack of recognition of URPS in SA, it is flourishing internationally as there is a new understanding of anatomy, pathophysiology and clinical conditions, and a number of new treatment methods have been evaluated in research trials.

There is, therefore, a dire need for URPS training in SA, and the need to set standards of good clinical practice in URPS will only be met through the creation of postgraduate fellowship units in the various departments of obstetrics and gynaecology in the country. This is why the WDGMC's Pelvic Floor Group is so vital in SA.

WDGMC is uniquely placed in South African health care as it is the only private academic hospital in the country. It is a hospital of sub-specialties but also has very strong ties with academia in the form of the Wits faculty of health science. The WDGMC's pelvic floor unit is the only such unit operating in a private institution.

Colorectal surgeon, Dr Brendan Bebington, is the chair of the pelvic floor unit, which includes Dr Johann Coetzee, a gynaecologist who is the African member on the international board for IUGA. He is also a member of FIGO's special task force for study of pelvic floor dysfunction (PFD).

"Fewer than 10 specialists throughout the country are academically interested in the diagnosis, treatment and management of PFD, and two of those individuals practise at WDGMC," said Dr Coetzee.

#### What is pelvic floor dysfunction (PFD)?

The symptoms of PFD can include the following:

- The sensation of something pressing into/through the vagina; the leaking of urine; lower backache; painful sexual intercourse; constipation; and bowel incontinence

Any of these may indicate genital organ prolapse, the cause of PFD.

The causes of genital organ prolapse, and therefore PFD, are varied and include childbirth, hysterectomy, menopause and ageing, and rare causes such as muscular dystrophy, multiple sclerosis, spinal cord injuries and some genetic factors.

When symptoms occur, examination and evaluation normally include the following:

- Taking a history of the symptoms, gynaecological and pregnancy history and information about other related health problems; a general gynaecological examination; testing of urine; ultrasound examination of the pelvic organs.

Special investigations such as urodynamic and x-ray studies may be necessary on occasion.

PFD is a broad concept and entails many disorders. The management and treatment of patients with PFD must therefore be a multidisciplinary function involving the teamed expertise of a colorectal surgeon, urologist and gynaecologist, combined with those of allied health professionals such as physiotherapists, biofeedback specialists, clinical psychologists, dietitians and stoma specialists.

Although not a new field of medicine globally, the treatment of PFDs in SA is in its infancy as evinced by the fact that the first national meeting focusing on the field took place just five years ago.

#### A very common disorder

PFD is primarily about pelvic organ prolapse.

Nearly 30% of women will experience some form of pelvic organ prolapse after the age 50. Of those, 11% will undergo surgery in their lifetime, with a 30-50% failure rate. Because of this, there is huge growth in reconstructive pelvic surgery in terms of the development of new surgical procedures. All new operations encompass some form of mesh. Twelve-year data have shown that slings are very effective and work well when the correct diagnosis is made.

However, it is important to note that PFD, and even pelvic organ prolapse, also occur in men and children. It is the vision of the pelvic floor group at the WDGMC to develop improved means of catering to the needs of all these patients.

#### A growing sub-speciality

The growth of knowledge and expertise in managing PFD is alive and well in SA and at the WDGMC. For this group, the emphasis is not only on patient care but also on the training and education of patients and colleagues. Postgraduate training of the highest quality is available from the Pelvic Floor Group, where specialising doctors are able to observe this new field of medicine in practice and are privileged to interact in a small-group environment.

The WDGMC's pelvic floor unit aims to promote good clinical practice based on the assessment of evidence, personal expertise and patient preference, and to communicate these principles in the South African medical community.



The Wits Donald Gordon Medical Centre is a private Academic Hospital providing quality multidisciplinary care.

The centre was established to enhance training of specialists and sub-specialists.

Units of excellence already established:

- Transplant unit
- Adult and Paediatric Oncology unit
- ICU (Closed ICU with doctor on site 24 hours a day)
- Medical and Surgical Gastroenterology
- Endovascular Surgery
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- Arthroplasty

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