GLOSSARY OF UROGYNECOLOGY TERMS

GENERAL TERMS

Pelvic floor muscles
A group of muscles in the pelvis that support and help to control the vagina, uterus, bladder urethra and rectum

Bladder
A muscular organ which stores urine

Ureters
A pair of tubes, each leading from one of the kidneys, to the bladder

Urethra
A short narrow tube that carries urine from the bladder out of the body

Voiding
Passage of urine out of the body

COMMON PELVIC FLOOR DISORDERS

Urinary incontinence
leakage of urine

Stress incontinence
involuntary loss of urine during activities that put "stress" on the bladder such as laughing, coughing, sneezing, lifting, etc.

Urge incontinence
An involuntary loss of urine preceded by a strong urge (also known as "overactive bladder")

Dysuria
Painful urination

Urgency
A powerful need to urinate immediately

Frequency
The need to urinate more often than normal (more than every 2 hours or more than 7 times a day)

Nocturia
Waking up frequently (more than once) during the night to urinate

Cystocele
Prolapse or bulging of the bladder into the vagina

Rectocele
Prolapse or bulging of the rectum into the vagina

Enterocele
Prolapse or bulging of the small intestine into a space between the rectum and vagina

Uterine prolapse
Prolapse or descent of the uterus into the vagina

Fecal Incontinence
Accidental loss of solid stool, liquid stool, or gas

Constipation
Various defined as infrequent bowel movements (<3 bowel movements per week), incomplete emptying of bowel contents, need to excessively strain to effect a bowel movement, passage of small, hard stools, or need
to place your fingers in the vagina or the space between the vagina and anus to effect a bowel movement.

**DIAGNOSTIC TESTS**

Cystoscopy
- Using a lighted scope to view the inside of the bladder.

Urodynamics
- A test that uses a small catheter inserted in the bladder to study the function of the bladder and urethra during, filling, leakage and urinating.

Dynamic cystoproctogram
- A procedure that uses x-rays to measure the extent of prolapse.

Electrodiagnostic testing (EMG)
- A test that evaluates nerve and muscle function.

Intravenous pyelogram (IVP)
- An x-ray procedure that examines the kidneys, ureters and bladder.

Urinalysis
- A test that evaluates chemicals and cells in the urine.

Urine culture
- A test that determines whether a urinary tract infection (UTI) is present.

**SURGICAL TREATMENTS FOR STRESS INCONTINENCE**

Burch retropubic urethropexy
- Procedure done through an abdominal incision or through a laparoscope to resupport the bladder base by placing sutures in the vagina to attach it to a ligament on the pubic bone.

Suburethral sling
- Placing a "strap" of material under the urethra to support it and prevent stress incontinence. The sling material can be synthetic or natural. The natural material can be taken from your own body or from cadavers.

Periurethral injections
- Injection of material next to the opening of the bladder in an effort to prevent stress incontinence. This procedure is performed in the office.

Tension-free vaginal tape
- A special type of suburethral sling that requires a less invasive procedure, which allows it to be performed under local anesthesia on an outpatient basis.

Suprapubic catheter
- A catheter placed into the bladder through the abdomen - it is used to drain the bladder after surgery.

**NON-SURGICAL TREATMENT OPTIONS FOR PROLAPSE**

Pelvic muscle exercises (PME)
- Also known as Kegel's exercises, they strengthen the support of the pelvic organs and are most commonly used to treat stress urinary incontinence. PME techniques are also useful in prolapse prevention. Once the symptoms of prolapse are severe, however, these exercises are of little benefit.

Pessary
A device worn in the vagina like a diaphragm. Pessaries are used to support the vagina, bladder, rectum and uterus as necessary. They come in a variety of shapes and sizes, so a doctor or nurse must fit them.

NON-SURGICAL TREATMENT OPTIONS FOR URINARY INCONTINENCE

Pelvic Muscle Exercises (PME)
Also known as Kegel exercises, PME techniques are an effective treatment option for stress incontinence. Most women require guidance from a medical professional to learn how to contract the pelvic floor muscles correctly.

Biofeedback
This term refers to a variety of techniques that teach patients bladder and pelvic muscle control by giving positive feedback when the patient performs the desired action. This feedback can be from an electronic device or directly from health professional.

Bladder Training
This treatment for urge incontinence involves teaching a patient to urinate according to a timetable rather than an urge to do so. Gradually, the scheduled time between trips to the bathroom is increased as the patient's bladder control improves.

The Bladder Diet
This is a list of dietary irritants to the bladder. Avoiding the items on this list can greatly improve such bladder symptoms as frequency and urgency.

Medications
There are a number of drugs that are used in the treatment of urge incontinence. Recently two new ones (Detrol and Ditropan XL) have been heavily advertised to the general public. When using any of these medications, there is always a trade off between the side effects and the effectiveness of the medication. Finding the right drug and dose can be sort of a "trial and error" process.

Occlusive devices - Several types of pessaries are available that are designed specifically for the treatment of stress incontinence. These are especially useful for women who leak urine during specific activities such as exercise. There is also a new device that fits in the urethra and acts like a plug.

Pelvic Floor Electrical Stimulation (PFES) - Vaginal or anal probes that deliver electrical current to the pelvic floor may be useful in the treatment of urge and mixed incontinence.