

Division of Urogynecology

UMass Memorial Medical Center – Memorial Campus
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www.umassmemorial.org



Patients and families trust UMass Memorial Medical Center as the region's leading academic medical center, committed to improving the health of our communities in Central Massachusetts. With our partner, the University of Massachusetts Medical School, we are committed to excellence in primary and specialty care, community service, teaching and research. The Medical Center offers advanced technology and support services for patients and families, providing the region with specialists renowned for their expertise in caring for adults and children.

Visit www.umassmemorial.org.

General information: 508-334-1000



UMass Memorial Health Care is the largest not-for-profit health care system in Central Massachusetts with more than 13,000 employees and 1,700 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include UMass Memorial HealthAlliance-Clinton Hospital, UMass Memorial – Marlborough Hospital, UMass Memorial Medical Center and UMass Memorial – Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our cancer, diabetes, heart and vascular, orthopedic and surgery programs, UMass Memorial delivers safe, high-quality and compassionate care.

Visit www.umassmemorialhealthcare.org.

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Español (Spanish)- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 774-441-6793 (TTY: 711).

Português (Portuguese); ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 774-441-6793 (TTY: 711).



To find a physician in your community, call 855-UMASS-MD (855-862-7763).

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UROGYNECOLOGY



The urogynecology team at UMass Memorial Medical Center in Worcester provides you with the expert care you need and deserve. We offer complete evaluation and treatment for a full range of female pelvic floor disorders, including:

- Pelvic organ prolapse
- Urinary incontinence
- Overactive bladder
- Fecal incontinence
- Previous surgery with continuing symptoms
- Urination and defecation problems
- Genital fistulas



**To schedule an appointment, call
855-UMASS-MD (855-862-7763).**

Why choose UMass Memorial Medical Center urogynecology services?

WHEN YOU CHOOSE UMASS MEMORIAL, YOU CHOOSE A TEAM OF EXPERTS.

- Our team includes urogynecologists, female urologists, colorectal specialists, physical therapists, nurse practitioners and other providers with specialized training in pelvic floor disorders. You can be assured that the best treatment options are available.
- We manage your care in a holistic way, treating symptoms and their underlying causes, while using knowledge from urology, gynecology, geriatrics, gastroenterology and colorectal surgery.
- We encourage you to participate in decision making concerning your best plan of care.

OUR UMASS MEMORIAL TEAM OFFERS THE MOST ADVANCED AND INNOVATIVE THERAPIES FOR PROLAPSE AND INCONTINENCE.

- Nonsurgical therapies, including behavioral modification, muscle strengthening, physical therapy, medication and support pessaries (silicone devices inserted into the vagina)
- Minimally invasive laparoscopic and robot procedures
- Surgical repair without mesh
- Minimally invasive repairs through the vagina (without an incision in the abdomen)
- Minimally invasive slings
- InterStim neuromodulation
- Botox for overactive bladder

OUR UROGYNECOLOGISTS ARE HIGHLY TRAINED AND EXPERIENCED.

- Team members are board certified/eligible in both obstetrics/gynecology and urogynecology and have advanced fellowship training in the treatment of pelvic floor disorders.
- As members of the UMass Medical School faculty, our physicians teach tomorrow's urogynecologists.



Common Pelvic Floor Disorders

STRESS URINARY INCONTINENCE

Stress urinary incontinence is the sudden loss of urine during physical activities like coughing, laughing, lifting, walking, sneezing, and athletics. Nonsurgical treatments such as pessaries, behavioral changes and pelvic floor exercises allow many women to regain continence without surgery. Other patients choose surgical repair, and we offer both mesh-based and non-mesh procedures to improve continence. Most of our patients who choose surgery find that they can once again live their lives without wearing pads for protection.

URGE URINARY INCONTINENCE

Women with this type of “gotta go, gotta go” leakage may urinate often during the day, get up to urinate several times at night, leak before reaching the bathroom, and leak when standing

up after sitting for a period of time. This type of incontinence is different from stress incontinence and requires different treatment. A common cause of these symptoms is overactive bladder, which can be treated with nonsurgical therapies such as diet and behavioral modification, physical therapy and/or medications. For those with severe overactive bladder, we offer advanced outpatient procedures that can dramatically reduce incontinence due to overactive bladder such as InterStim neuromodulation, tibial nerve stimulation and Botox injections.

PELVIC ORGAN PROLAPSE

Pelvic organ prolapse is a very common condition that occurs when the pelvic organs (bladder, uterus/cervix, vagina or rectum) drop from their normal position and bulge into the vagina because of a weakening of the vaginal supports and the pelvic floor. While symptoms aren't always present, women with prolapse often feel a bulge that's made worse by impact activities like jumping or jogging. Some women with prolapse experience

fullness or pressure in the pelvis or vagina that gets worse with prolonged standing or activity. Many women with prolapse do not require any treatment at all. Some women select a noninvasive treatment like pelvic floor strengthening or a pessary. Other women choose to undergo surgery, and we offer a variety of minimally invasive procedures to treat prolapse. Patients can choose repairs with or without mesh. All of our providers are highly experienced with prolapse repairs through robotic, laparoscopic and vaginal approaches. Most of our patients are able to return home the day after surgery and resume most activities within days.

CONSTIPATION

Constipation is infrequent or hard bowel movements (less than two per week) that may be difficult to pass. It may occur because the bowel's normal rhythmic movement is slower than usual. Treatment includes medication and the correction of the underlying cause of the slow movement of stool. It can also be caused by conditions that block the normal passage of stool. Blockage can occur because of prolapse

or from the muscles of the pelvic floor not relaxing while trying to pass a bowel movement. Treatment depends on correctly diagnosing the problem. Treatment options include behavioral treatments and physical therapy, and on occasion surgical repair.

ANAL INCONTINENCE

Anal incontinence occurs when stool or gas comes out without control, either with a sudden urge or without warning. The main cause is damage to the nerves or muscles, often from childbirth, surgery, infections, hemorrhoids and/or other conditions. Initial treatment involves fiber, fluids or medication to maintain a soft but formed movement. Pelvic floor physical therapy can improve continence. Sometimes the damaged muscles can be repaired surgically. More recently, neuromodulation has been shown to effectively reduce anal incontinence in many affected women.