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Commentary

Education and Training of Urogynecology

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DESCRIPTION

Urogynecologists are medical experts who have completed postgraduate study in Obstetrics and Gynecology in addition to their basic medical education from medical school (OB-GYN). To become accredited or board certified in this subspecialty, they subsequently pursue additional urogynecology training. The standards and length of training programmes differ from one country to the next, although they typically last two to three years worldwide. Although not all nations provide urogynecology fellowship programmes, those that do differ greatly in terms of their formal accreditation and certification.

A global organization for specialists working in the fields of urogynecology, female pelvic medicine, and reconstructive surgery is the International Urogynecological Association (IUGA). By compiling and publishing a database of fellowship programmes, the IUGA makes training for doctors from nations without official training programmes easier. Additionally, the IUGA establishes nomenclature and standards for the industry and offers both online and in-person educational options for urogynecologists. Another international organization, the International Continence Society (ICS), works to enhance the quality of life for those who suffer from bowel, bladder, and pelvic floor diseases via research and teaching. Urogynecology is a branch of gynaecology that is also referred to as female pelvic medicine and reconstructive surgery in some regions. An urogynecologist treats clinical conditions linked to bladder and pelvic floor dysfunction. Disorders of the pelvic floor have an impact on the bowels, bladder, and reproductive system. Urinary incontinence, pelvic organ prolapse, and faecal incontinence are common pelvic floor problems. Urogynecologists are increasingly in charge of treating women whose perineums have been injured during childbirth. These urologists receive further training to be able to treat female urine incontinence, pelvic organ prolapse, and interstitial cystitis/PBS. There is some crossover with the field of female urology. Additionally, certain colorectal surgeons are particularly interested in pelvic floor disorders linked to rectal function, such as anal incontinence. In order to best care for patients, modern urogynecological practise promotes multidisciplinary teams that include urogynecologists, urologists, colorectal surgeons, aged care specialists, and physiotherapists. This is crucial when treating patients with complex conditions, such as those who have had previous surgery, incontinence and prolapse, or mixed urine and bowel issues. Meetings of multidisciplinary teams play a significant role in these women's management path. Women with urine incontinence and pelvic floor dysfunction are treated by urogynecologists. Stress incontinence, hyperactive bladder, trouble voiding, bladder pain, urethral pain, vaginal or uterine prolapse, blocked defecation, anal incontinence, and perineal damage are some of the clinical disorders that a urogynecologist may see. With specialized training and in collaboration with other specialisations, they may also provide care for women who have rectovaginal or vesicovaginal fistulae. Patients will typically undergo a combination of history-taking, examinations, and assessments of the quality of life impact using validated questionnaires, including the Pelvic Organ Prolapse/ Incontinence Sexual Questionnaire IUGA-Revised (PISQ-IR) for the evaluation of sexual function. A bladder diary is frequently used to estimate a person's daily fluid intake, number of voids during the day and night, and daily bladder capacity. Urodynamic testing or a cystoscopy may be conducted as additional investigations. Typically, conservative techniques like bladder training, hydration and diet adjustment, or pelvic floor muscle training are used as the first line of treatment. Antimuscarinic medications or beta 3 receptor agonists are two possible therapeutic therapies for overactive bladder. Both of these help to control the urgency, which is the main symptom of the condition. If medicine doesn't work, further choices for symptom relief include neuromodulation or more invasive procedures like botulinum toxin injections into the bladder muscle. If pelvic floor muscle training is ineffective, surgical procedures for stress incontinence and/or uterovaginal prolapse may be recommended. Although urogynecological issues rarely endanger life, they do significantly reduce the quality of life for those who experience them. Before beginning more intrusive therapies, urogynecologists will frequently use quality of life improvement as a therapeutic aim and place a strong emphasis on optimizing symptoms using conservative approaches.

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