

Preface

Up to 20 million women in the US have incontinence and up to a third with pelvic organ prolapse will undergo repeat corrective surgery.

Aware of these impressive epidemiologic data, many specialty organizations have started in the last 5 years or so to offer courses in “Vaginal surgery: how to do it”. At such a course several years ago, I had the chance to speak with the attendees at the break and found out that most were urologists or gynecologists, few were operating with their counterpart specialty colleagues, and they all wanted to get more knowledge on vaginal surgery to expand their armamentarium and become more self-sufficient in the care of their patients. This was the genesis of this book.

But first, let us ask: Why such a divide? Simply because, up to now, a line has been drawn between urologists dealing mainly with incontinence and gynecologists dealing primarily with prolapse. When a combined urologist–gynecologist team can function well together, patients do not mind being cared for by two “specialists”. However, in many practices, these two individuals cannot interact well or one is simply lacking, leaving for example a urologist with no or minimal expertise to deal with a patient suffering from concomitant prolapse and stress urinary incontinence.

This dividing line is rapidly changing, and this book is among the efforts to do so. Other initiatives have already been implemented. In the US, a joint effort from the ABU and ABOG has led to a fellowship training program in “Female Pelvic Floor Medicine and Reconstructive Surgery”, with emphasis on equipping trainees with combined knowledge on the surgical options to correct incontinence and prolapse. Large networks involving both urologists and urogynecologists (UITN and PFDN) have recently initiated several multicentric randomized controlled trials to compare surgical techniques to correct these conditions.

The industry is also aware of these emerging domains and has fueled the field with a large array of new products, some with minimal preliminary investigations before being released for human application. For any vaginal surgeon, this influx of new products and surgical techniques is quite overwhelming, although it underscores the recognition of a very large and fairly untapped market and signals the expansion of the field.

Therefore, the goal of this book on *Vaginal Surgery for Incontinence and Prolapse* was to provide an updated and comprehensive reference manual addressing these very focused, yet very common topics. The editors have different training backgrounds and are geographically diverse. Yet, this is their strength as they share not only a vast experience in vaginal surgery but also a deep motivation to render this book useful not only to the less experienced but also to the more seasoned reconstructive surgeon among us.

The book is divided into sections covering vaginal anatomy and physiology, practical guidelines for office evaluation of urinary incontinence, prolapse, and fecal incontinence, and many detailed chapters on reconstructive procedures to correct these three conditions. The challenging topic of “recurrence” is also addressed from the standpoint of vaginal surgery. Other vaginal procedures involving urethral reconstruction, fistula,

diverticulum, bladder neck closure are also expertly reviewed since these entities relate to urinary incontinence as well.

Extirpative surgery (kidney stone, cancer) is on the decline. Reconstructive surgery is on the rise because women live longer and many will suffer from the effect of aging, pregnancies, and hormonal changes. This book will have an immediate appeal to all those involved in training or currently delivering care to women with aging pelvic floor changes because vaginal surgery offers simplicity, minimal intra-operative morbidity, prompt recovery, and very adequate overall patient satisfaction.

The editors remain deeply indebted to the panel of committed experts who dedicated time and effort to bring the readership up to speed with the “established” and the “new” in the field of *Vaginal Surgery for Incontinence and Prolapse*. This book would have never been possible without mutual respect and friendship between all of the contributors, full support of this academic endeavor from our loved ones and families, and certainly the invaluable help and able assistance of Eva Senior, Melissa Morton, and Robert Maged at Springer, and the highly organized skills and dedication of my secretary, Susan Brewer.

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