Functional and pelvic floor urology

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Urinary incontinency

- 1-stress incontinency
- 2-urge incontinency
- 3-total incontinency
- 4-traumatic incontinency
- 5-functional incontinency
- 6-neurologic incontinency
- 7-giggle incontinency
- 8-overflow incontinency
- 9-nocturnal enuresis

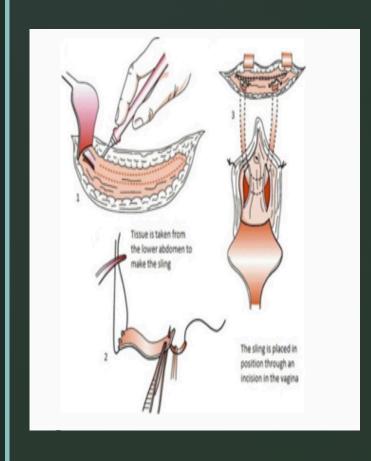
Stress incontinency

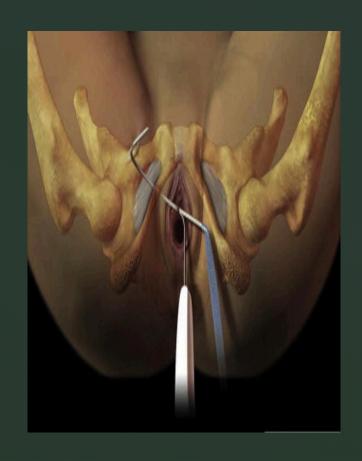
urinary incontinence due to rise of abdominal pressure like sneezing or coughing

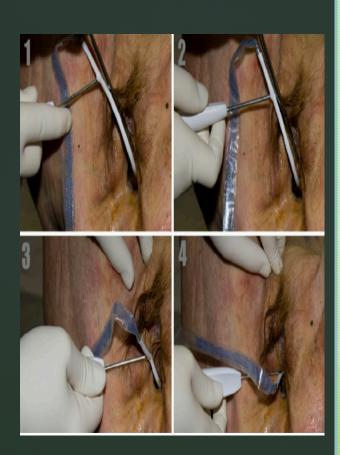
Diag:vaginal.exam, sono, UDS, cystoscopy

treat:medical,surgery

Fascial sling TOT TVT







Urge incontinence

due to urinary urgency

diag:phy.exa, sono,UDS,cystoscopy

treat:medical, bottox injection

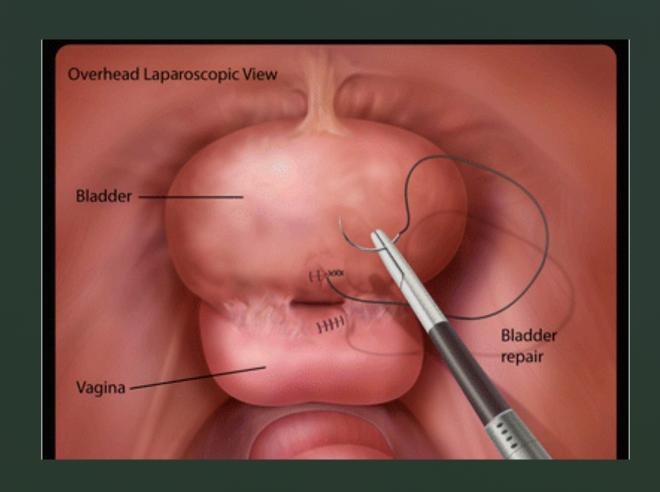
Total incontinency

ongoing urinary incontinence which is pad dependent

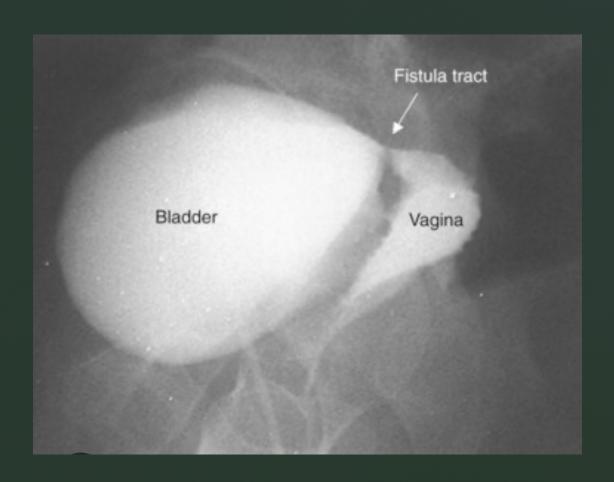
diag:vaginal exam,sono,VCUG,IVP,cystoscopy

treat:surgery

Vesiovaginal fistula



VCUG



Traumatic incontinency

due to traumas in different surgeries like orthpedic surgeries ,gynecologic and urologic ones

diag:histry and phy.exam, sono,VCUG,UDS,cystoscopy

treat:depends on case medical or surgery

Functional incontinency

due to disability of person

treat:no need

Neurologic incontinency

due to neurologic problems like CVA, MS or,...

Diag:history,phy.exam.,sono,UDS,cystoscop

treat:depends on case

Giggle incontinency

due to striated muscle cataplexyin 4-6 year girls.

Treat:no need



Overflow incontinency

due to obstructive problems like BPH or POP

diag:history,phy.exam,sono,UDS,cydtoscopy

treat:fix the underlying cause

POP



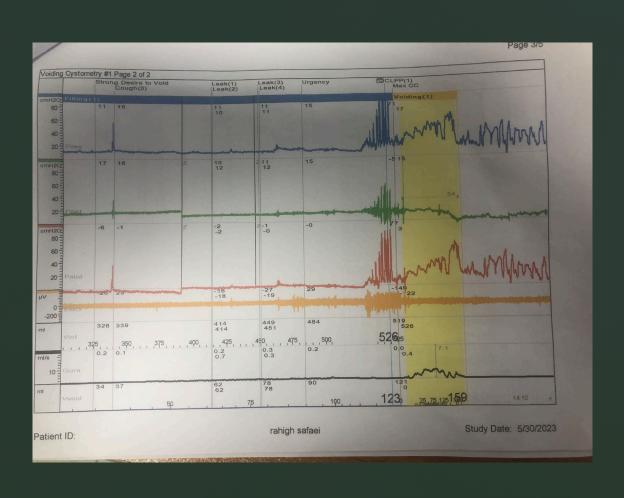
Rectocel



cystocel



Obstructive pattern



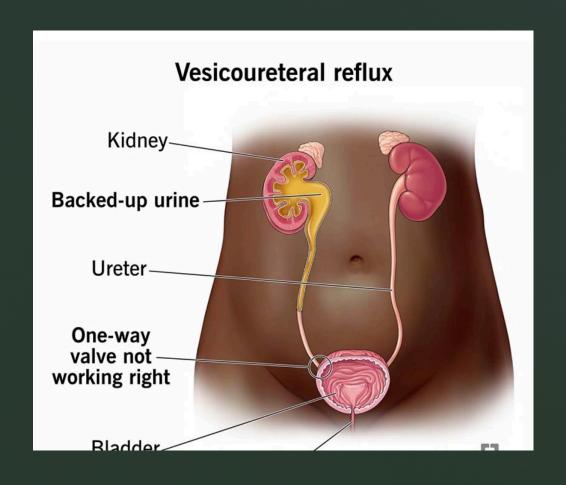
Nocturnal enuresis

could be primary or secondary

diag:history,phy.exa,sono,lab data

trat:med

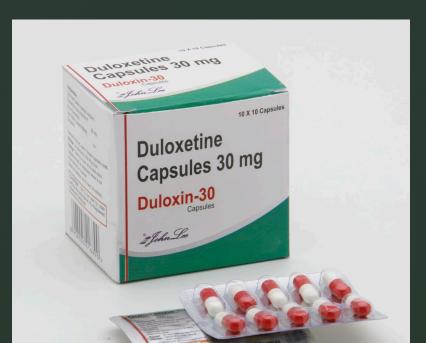
Vesico-ureteral reflux



Medical treatments

anticholinergic duloxetine mirabegron bottox









Thanks for attention