

## Editorial

**Present and Future Perspectives of Urogynecology**Gabriele Tonni<sup>1,\*</sup>, Daniela Viviani<sup>2</sup>, Ettore Bellanca<sup>2</sup><sup>1</sup>Department of Obstetrics & Neonatology; and Istituto di Ricovero e Cura a Carattere Clinico Scientifico (IRCCS), AUSL di Reggio Emilia, 42122 Reggio Emilia, Italy<sup>2</sup>Department of Obstetrics & Gynecology, “Franchini” Hospital, Montecchio Emilia, Azienda Unità Sanitaria Locale di Reggio Emilia, 42122 Reggio Emilia, Italy\*Correspondence: [Gabriele.Tonni@ausl.re.it](mailto:Gabriele.Tonni@ausl.re.it) (Gabriele Tonni)

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In recent years, increasing attention has been focused on health prevention, correct diet and lifestyle to ensure a state of well-being. As physicians, we are daily witnesses to how embarrassing it is for patients to refer common health problems such as overactive bladder (OAB)/incontinence or pelvic organ prolapse [1].

Although overactive bladder incontinence and pelvic organ prolapse are normal consequences of the aging process, the role of the discipline called *Urogynecology* needs to be further highlighted.

*Urogynecology* is a synchratic neologism between “urology” and “gynecology” used to define this specific field that deals with pathological conditions affecting the female lower urinary tract. Recurrent and relapse of cystitis, uro-genital prolapses, and overactive bladder incontinence are frequent dysfunctions affecting the quality of life of women, especially in their elderly years.

The impressive progresses made over the last 20 years both in pathophysiology investigations and in the development of novel surgical approaches have resulted in an enhanced treatment rate, thanks to minimally invasive surgical access that is characterized by an extremely short hospitalization time and maximum patient satisfaction. In addition, *Urogynecology* has been progressively and appropriately combined with proctology and physiotherapy to ensure the best clinical diagnosis and the best gold standard of care by the multispecialist team.

*Urogynecology* should rely upon a thorough diagnosis of pelvic-perineal dysfunctions and related imaging techniques, and assigned according to international classifications such as that using the POP-Q system [2].

Even the diagnosis concerning the so-called “posterior compartment”, considered to be a borderline field up until a few years ago, today is considered as part of this new multidisciplinary concept, resulting in increased patient satisfaction.

Actually, for overactive bladder incontinence, the surgical approaches considered to be the gold standard of care are the Trans Obturator Tape (TOT) or the transurethral injection of bulking agents, which are performed in a one-day-surgery setting or at an outpatient clinic [3–5].

On the other side, surgical treatments for urogenital

prolapse can be performed vaginally or using either conventional laparoscopy or robotic surgery, where available at the local site. The latter technique is specifically indicated when urogenital prolapse is associated with apical compartment prolapse. Notwithstanding, key-hole surgery has the advantage of short hospital stays, usually in the range of two or three days [6–10].

However, we must not forget the importance of behavioral and rehabilitation therapy, nor that of oral medications or intravesical therapy such as *Botulinum* toxin injection for the treatment of overactive bladder incontinence [5].

As previously mentioned, the role of *Urogynecology* has long remained almost unrecognized: the time has come for this discipline to be considered an emerging multidisciplinary field of application, and specialists worldwide should be called upon to create an international forum of experts, in order to share data and release standardized recommendations and guidelines.

As Guest Editors, our aim and wish is to stimulate a collaborative network and discussion between the physicians involved, sharing their clinical experiences and thus contributing to the development of a more patient-centered medicine.

**Author Contributions**

GT, DV and EB all contribute to the drafting and revision of the manuscript. All authors read and approved the final manuscript.

**Ethics Approval and Consent to Participate**

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## Conflict of Interest

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