



Pelvic Floor: What Do You Really Know and What Are We Really Doing?

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Abstract

Pelvic floor dysfunction is frequent in elderly women and the prevalence of women presenting related problems is rising. Research in the area of pelvic floor has advanced and we have changed the management of women suffering with these conditions, but management and treatment of pelvic floor dysfunction remain controversial.

Letter to Editor

Pelvic floor dysfunction is a frequent condition in elderly women. Life expectancy is increasing and the prevalence of women presenting problems as urinary or rectal incontinence, pelvic organ prolapse or sexual matters is rising. Research in the area of pelvic floor has advanced and we have changed the management of women suffering with these conditions. Although we have clearly improved in this area, management and treatment of pelvic floor dysfunction remain controversial. Conservative treatment is feasible, but results are in several times disappointed. Pelvic floor reconstructive surgery represents a more favorable option in some cases and there are a lot of options using native tissues or mesh for perform surgical treatment. However, even in current days, there is a lake of information about how we can give the women back the pelvic function. Is it possible?

The key to answer this question is possible in one direction: personalizing the assessment of women with conditions related to

pelvic floor. Different types of mesh are available for treatment, but the ideal synthetic mesh has not found yet. Similarly, there are some types of needles to allow perform different surgeries. Our questions are: What surgery? What material? For whom? We are talking about reconstructive surgery. But what is really important to be reconstructed? Is it enough to restore anatomy? And what about function? How to assess and determine for each woman the best approach?

Recently, a new tool to assess women with pelvic floor dysfunction has been published: the FIGO assessment scoring system (FASS). This instrument included physical examination and assessment of symptoms and degree of bother. It seems to be a promising instrument for a global assessment in pelvic floor dysfunction and validation in several settings around the world has been preceded.

On the other hand, what are we doing to prevent pelvic floor damage? In many cultures, women do not learn about how to training pelvic floor muscles. A lot of women have never heard about pelvic floor before pregnancy or delivery. Some of them have never heard about this before be bothered with pelvic floor dysfunction symptoms. We have to think about talking more to them about this to prevent pelvic floor damage.

We need to talk about reconstructive surgery linked to clinical rehabilitation for pelvic floor dysfunction. And, more than this, we have to talk about pelvic floor before dysfunction.