

PELVIC FLOOR IMAGING

Recent milestones in surgical techniques and the development of new operative materials and implants for use in coloproctology and urogynaecology, together with advances in molecular diagnostics and laboratory testing have revolutionized the management of patients with pelvic floor disorders. The assessment of urogynaecological and coloproctological operations, the surgical techniques themselves and the outcomes of these treatments are areas of great interest in the literature. Significant variations in the results of surgery have been reported and this may be because the initial choice of surgical procedure and the assessment of outcomes are based on a traditional clinical assessment. History and physical examination can be subjective and vary greatly between different specialties and even individual surgeons. Such assessments may be unreliable despite recent efforts to standardize clinical history and examination using the Pelvic Organ Prolapse quantification system (POPQ) and standardized questionnaires. New imaging technology offers an opportunity to improve our follow up of patients and so obtain a better estimation of the true incidence of unsuccessful operations and postoperative complications.

In recent years there has been dramatic improvement in imaging techniques of the pelvic floor. Modalities such as magnetic resonance imaging, high-resolution endoanal, endorectal and endovaginal three-dimensional ultrasonography and dynamic and 3/4D transperineal ultrasound provide superior depiction of the pelvic anatomy and also help in understanding pathologic and functional changes that occur in pelvic floor disorders. Despite these improvements pelvic floor abnormalities, which are very common in women and are a great social problem, are still not always diagnosed. The causes of urinary and fecal incontinence and pelvic organ prolapse are not fully understood and there are still many questions unanswered in pelvic physiology and pathophysiology. The use of diagnostic imaging in both preoperative assessment and post-operative monitoring of the effects of surgical treatment offers great potential. Better availability of diagnostic imaging encourages its wider clinical usage and many clinicians now believe that in modern surgical practice a proper pre-operative imaging assessment should be performed.

The increased interest in imaging by all the specialties associated with pelvic floor medicine has prompted us to create a Section on “Pelvic Floor Imaging” in future issues of Pelviperineology. All the topics concerning new developments in existing technologies along with the new technologies in pelvic floor imaging will be covered. We will start with the description of normal anatomy and physiology, describe the examinations performed as part of a preoperative assessment and outline techniques needed to monitor surgical outcomes and the effects of treatment. We are sure that this will be of great interest to many of our readers. We look forward to receiving your contributions and hope that anyone who is dealing with imaging of the pelvis will share their experiences and join with us in this project.

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The aim of Pelviperineology is to promote an inter-disciplinary approach to the management of pelvic problems and to facilitate medical education in this area. Thanks to the support of our advertisers the journal Pelviperineology is available free of charge on the internet at www.pelviperineology.org. The Pelvic Floor Digest is also an important part of this strategy. The PFD can be viewed in full at www.pelvicfloordigest.org while selected excerpts are printed each month in Pelviperineology.