Rivista Italiana di Colon-Proctologia Founded in 1982

PELVIPERINEOLOGY

CONTENTS

2023
Volume: 42
Issue: 1
April

www.pelviperineology.org

ISSN: 1973-4905 E-ISSN: 1973-4913

galenos Publishing House

PELVIPERINEOLOGY
Rivista Italiana di Colon-Proctologia Founded in 1982

EDITORIAL BOARD

Editorial Office: International Society for Pelviperineology
e-mail: editorinchief@pelviperineology.org
Quarterly journal of scientific information registered at the Tribunale di Padova, Italy n. 741 dated 23-10-1982 and 26-05-2004
The journal is property of the International Society for Pelviperineology

galenos Publishing House

Publisher Contact
Address: Molla Gürani Mah. Kaçamak Sk. No: 21/1 34093 İstanbul, Türkiye
Phone: +90 (212) 621 99 25
Fax: +90 (212) 621 99 27
E-mail: info@galenos.com.tr/ yayin@galenos.com.tr
Web: www.galenos.com.tr
Publisher Certificate Number: 14521

Printer: La Grafica Faggian, Via F. Severi 2/4 Campodarsego (Padova) IT
E-mail: comm@lagraficafaggian.it
Printing Date: April 2023
ISSN: 1973-4905 E-ISSN: 1973-4913

International scientific journal published quarterly.

Official Journal of the: International Society for Pelviperineology (www.pelviperineology.com)
Associaciòn LatinoAmericana de Piso Pelvico
Perhimpunan Disfungsi Dasar Panggul Wanita Indonesia
The Israeli Society of Urogynecology and Pelvic Floor
Romanian Uro-Gyn Society
Urogynecology Society (Türkiye)

PELVIPERINEOLOGY
Rivista Italiana di Colon-Proctologia Founded in 1982

EDITORIAL BOARD

PELVIPERINEOLOGY
Rivista Italiana di Colon-Proctologia Founded in 1982

EDITORIAL BOARD

Founding Editors

Past Editors

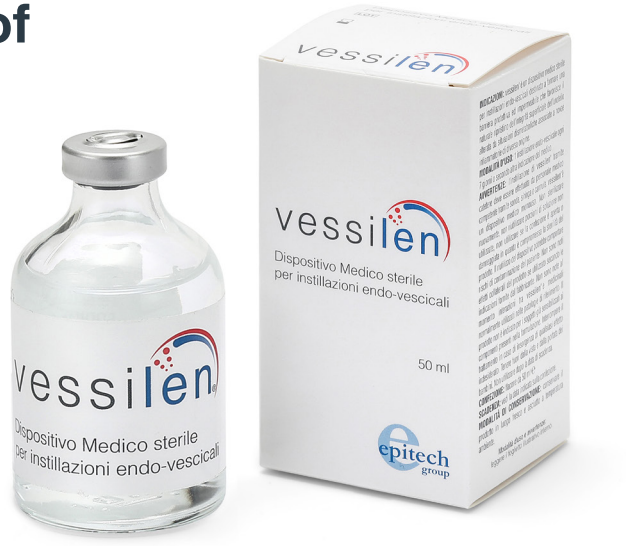
vessilen®

INTRAVESCICAL INSTILLATION

Adelmidrol 2%
Hyaluronic acid 0,1%

Alleviates symptoms of Bladder Pain Syndrome (BPS)

- **Decreases the intensity of pathological bladder neuroinflammation**
- **Promotes the physiological urothelial coating**



Sterile single-use Medical Device
for intravesical instillation.

www.epitech.it

epitech group

EDITORIAL

Dear Colleagues;

The Journal of Pelviperineology has turned into a journal that is being accepted and respected on different scientific platforms day by day. As an extension of this, we have been accepted to China Knowledge Resource Integrated (CNKI), the Chinese medical directory, and then TR Indexation, the Turkish medical directory.

CNKI, which started operating in 1988; stands out as the largest academic database of Chinese origin, indexing academic journals, documents compiled from major newspapers, master's and doctoral theses and full-text annual books. It contains articles from a total of 11395 journals in fields such as basic sciences, engineering, technology, medicine, political science, economics, law, history and literature. CNKI also provides online training in different fields. It also serves 1.600 institutes from 60 different countries and has 20 strategic partners to establish a global network. In 2021, it reached 16 million daily clicks with 200 million active users, and its academic content was downloaded 2.33 billion times. Its users range from universities, research institutes, government think tanks, businesses and hospitals to public libraries.

Regarding the TR Indexation; it is the first database which has been functioning since 1992. The TR Index being created by ULAKBIM consists of journals in the main fields of Science and Social Sciences, and subfields of Dentistry, Pharmacy, Engineering, Basic Sciences, Health Sciences, Veterinary Medicine, Social Sciences and Humanities. TR Index can be scanned through the web page (https://trdizin.gov.tr/) since August 2000.

The TR Index includes 1.657 journals, 511.043 studies and 21.891 projects. In this context, it is Türkiye's largest scientific guide.

In conclusion, The Journal of Pelviperineology has been indexed in EBSCO, GALE, Index Copernicus, J-Gate, ProQuest, Scopus, TR Index, CNKI.

Naturally, this success has been achieved with the contributions of our authors, referees and readers, without them this success would have never been realised.

Stay healthy,

Prof. Dr. Ahmet Akın SiVASLIOĞLU

Editor in Chief

Interview with Prof. Lewis WALL by Prof. Peter PETROS

You are known for your longstanding interest in and advocacy for the health problems of women in Africa, in particular the obstetric fistula.

Yet, your initial degree was in anthropology. You graduated from the University of Kansas with a B.A. in anthropology and history "with highest distinction." What caused you to study anthropology?

I have always seen history and anthropology as complementary to one another. Both attempt to understand societies in similar ways--but history does so in a diachronic fashion and anthropology does so in a synchronic way--so to me, they were always only different aspects of the same discipline, slightly different ways of looking at the same problems.

You went on to study social anthropology as a Rhodes Scholar at the Institute of Social Anthropology and The Queen's College, Oxford University. You achieved the degree of D.Phil. What was the background to this endeavor, and to your D. Phil.?

My original intention at Oxford was to pursue a degree in Egyptology, oddly enough. Ancient history, archaeology, and anthropology all fit together well, but after a couple of months I found I was more interested in the broader anthropological questions than in the narrower strictly Egyptological ones, so I shifted to the Institute of Social Anthropology, where I did the Diploma in Social Anthropology and then wrote a post-graduate Bachelor of Letters (B.Litt. -a degree that no longer exists!) thesis on the comparative mythologies of the people of the upper Nile basin (Anuak, Shilluk, Dinka and Nuer).

But I was starting to become tired of the academic infighting that I saw around me. Henry Kissinger once remarked something to the effect that "academic fights are so vicious because the stakes are so low." That resonated with me. I was becoming more interested in the interactions between society, health, disease, and medical care, so I made a contact at the Liverpool School of Tropical Medicine and went up to see if they had any projects in which my participation might be useful.

The drawback was that they had no budget for an anthropologist. I would have to fund my own way. I came back to the US after having defended my B.Litt. thesis, worked in a pizza restaurant for a few months, applied for various grants and as I realized that medicine was appealing to me more and more, I re-enrolled at the University of Kansas to take the courses that were absent from my undergraduate program of study: Physics, chemistry, biology, etc.

As I was walking out the door of my dormitory to take my final exam in second semester general chemistry, I had a phone call saying that I had been awarded a Fulbright-Hayes Fellowship to do fieldwork!

To make a long story short, I did go to Nigeria and linked up with the Department of Community Medicine at Ahmadu Bello University in Zaria. They had a rural teaching hospital in a town called Malumfashi and I set up a base there I scouted a number of villages in the surrounding countryside, found one to my liking, moved in, and started to do anthropological things: Asking questions about health and disease and causation, etc. It was fascinating and I learned a lot. I lived there for nearly two years, totally immersed in rural African life.

I realized two important things over this period of time. First, rural African villagers needed doctors more than they needed anthropologists, and second, it would probably be a lot easier to put food on the table with a medical, as opposed to an anthropological, degree. So I decided to go "all in" on the attempt to go to medical school.

I went from living in a rural African village to an organic chemistry lab at the University of Kansas in six weeks. It was pretty jarring. I was also trying to write my doctoral dissertation. A few weeks after my arrival back in the States, I met a beautiful young English woman named Helen Pratt, who had arrived at the University of Kansas to do a master's degree in botanical biochemistry in the lab of a faculty member I had known. I fell hopelessly in love with her and eventually persuaded her to marry me.

We got married at the end of the fall semester that I started medical school at the University of Kansas School of Medicine.

Medical school was a trying experience. Intellectually, it was dominated by the rote learning of "facts" about anatomy, physiology, and pathology-a far cry from being a doctoral student at Oxford! I was also trying to write my doctoral dissertation while being a full-time medical student. That didn't work. I took a leave of absence after the first two (pre-clinical) years of medical school to complete the writing up, then jumped into my clinical rotations. The end result was that I was six months out of sync with the system. We made up for it by going to Zaire (now the Democratic Republic of the Congo) to work in a mission hospital and also to work in London at Queen Charlotte's Maternity Hospital and the Chelsea Hospital for Women. I then landed in Durham, NC, to begin my ob-gyn residency at Duke University Medical Center.

Your father was a well-known obstetrician in Kansas. Can you tell us a little about him?

My father, Dr. Leonard A. Wall, was quiet, sympathetic, hardworking, dedicated to his patients, a man of great integrity and quiet compassion.

Dad grew up on a farm in the Oklahoma panhandle, a flat desolate area in western Oklahoma.

He went to a one-room country schoolhouse. He went to officer's school and became a second lieutenant and a pilot. He married my mother- his high school sweetheart- in October, 1944, just a few days before he was shipped overseas to England, where he flew B-17s as a co-pilot doing bombing runs over Nazi Germany. His plane was shot down over Germany in early 1945. Dad was the last man who got out alive. He bailed out and opened his parachute just as the plane exploded, killing the pilot who was just about to jump from the cockpit.

Dad was listed as "missing in action and presumed dead," but in reality he was a prisoner of war. There were several anxious months for my mother before they found out he was actually alive

He came back from the war in poor health, as you can imagine, but got back into the University of Oklahoma, did well, and was admitted to the medical school in 1947.

He became the "obstetrician's obstetrician" in Kansas City, where he finally settled into practice. A truly great man. I miss him terribly.

What inspired you to specialize in Ob-Gyn?

Initially I had no intention whatsoever of going into medicine at all. It was my experiences in Africa doing field research that started to change my mind.

You subsequently specialized in urogynecology and reconstructive pelvic surgery. Why reconstructive pelvic surgery?

When I started my residency training in 1983, urogynecology was only a dimly lit field of clinical practice that had not yet started to get much clinical traction. Duke University had one of the best pelvic surgery programs in gynecology and that also helped spur my interest. I managed to get a fellowship position in London with Stuart Stanton and then later in Manchester, England, with David Warrell, two of the leading pioneers in the field back when there were almost no fellowship training opportunities in the United States.

Can you outline the highlights of your subsequent career?

It was pretty much a standard academic career I was a very good student and the academic pathway appealed to me. I really enjoyed being part of academic units at universities around the county. I got to travel, to see the world, and to have a good livelihood to boot.

Early in your career, you achieved a degree in bioethics. Your writings contain a powerful ethical tone. Indeed, you have written extensively on injustice, in particular, in Africa. You quote from the stoic philosophers Marcus Aurelius, Seneca, and Epictetus as part of your sign-off in your emails. What were the influences which drove you to your interest in bioethics?

I have always been interested in the ethics of medical practice, largely because I wanted to "be a good doctor." Most of us get our ethical grounding in practice from emulating role models of doctors whom we "want to be like."

When I was on the faculty of the School of Medicine at the Louisiana State University Medical Center in New Orleans, our Department was wracked by a major scandal involving one of the professors.

After that experience, I felt like I had to do a deep dive into medical ethics just for my own benefit, to get better analytical tools and a better grounding in the literature of the field.

Was your upbringing a factor? If so, can you elaborate.

I grew up in a solidly Christian home with solid values and a mandate to be attentive to the welfare of others. I brought that background with me into medicine.

You end your correspondence with quotes from Stoic philosophy. Indeed, the key precepts of stoic philosophy are very much part of your writings. When did you become interested in stoic philosophy? How has it influenced your career and your writings?

As I noted earlier, my undergraduate degree had a strong focus on ancient history. The Stoics were the leading philosophers of the later Graeco-Roman world. I got exposed to them early in my undergraduate career, but I found them increasingly interesting and influential as I confronted the problems at LSU and began exploring bioethics. They have so much to teach us today about how to live in a troubled world and to not go crazy in the process.

You are well known for your work Obstetric Fistula. You founded the Worldwide Fistula Fund in 1995, a not-for-profit public charity dedicated to providing care for women who have developed obstetric fistulas from prolonged obstructed labour. You founded a 42 bed fistula hospital in Niger. Can you tell us more about the fistula hospital, how it works and how it was funded?

I had spent a lot of time in Africa in the 1970s doing anthropological field work, so I had a pretty good grasp of what life in rural Africa was like. The man who persuaded me to join him on the faculty at LSU, the late Dr. Tom Elkins, was a pioneer in urogynecology, a leader with a strong interest in medical ethics He was incredibly supportive of those who wanted to work in Africa in this particular field and he facilitated my interest in this very much. Tom was instrumental in setting up the ob-gyn residency training programs in Ghana, and I was very much involved in that.

In 1994 I went to Ethiopia for the first time and spent time with Dr. Catherine Hamlin at the world-famous fistula hospital that she and her late husband, Dr. Reg Hamlin, had built in Addis Ababa. That was inspirational and motivating for me. I wanted to try to replicate something similar in West Africa where I had worked as an anthropologist, so we founded The Worldwide Fistula Fund in 1995.

To make a long story short, the hospital in Danja, Niger, was really made possible by my friend, the New York Times columnist Nicholas Kristof. Nick's column raised over $500,000 for the hospital. The hospital operates in partnership with a Christian missionary organization, SIM, and is funded by donations through SIM and through The Worldwide

Fistula Fund. It has been a challenge, but it has done a great deal of good, treating hundreds of women with life-altering surgeries since it was founded and providing them with the social support they need to reintegrate back into society after surgery.

There are said to be 2-3 million women with fistulas in Africa? How can this huge number be reduced? You became politically active in trying to bring more human and material resources to prevent fistula problems. Can you elaborate on your own endeavours? Where are things now and how you see the future?

To quote a famous Stoic -Lucius Annaeus Seneca- "The larger part of goodness," he said, "is the will to become good". That is to say, you have to care, you have to want to make changes, in order to achieve change. Translated into reality, it means that a problem like this can only be solved by political will and to muster the political will, people have to care about poor women in Africa and Asia where the problem is greatest.

Obstetric fistula is such an awful malady-a labor that lasts 3 or 4 days resulting in a stillbirth and horrible birth injuries. People in the industrialized West don't understand that such injuries are even possible, much less that they occur with such alarming frequency in the poor parts of the world.

The solution to this problem is universal access to high quality obstetrical care, with skilled birth attendants at every delivery, prompt referral of prolonged labors, and paying attention to the healthcare needs of the world's women. Making this happen is still a very low priority in most poor countries that are trying to develop better economies. Maternity care is one of the most important investments that a society can make in its future. As my dad hammered home to me, the most important thing in life is to be born wanted and loved. We need to push this to the forefront of the world's consciousness.

There is also a need in areas where fistulas are most prevalent to create specialist centers that can treat the whole range of problems faced by women with obstetric fistulas. The strategy needs to be "treating the whole woman," not just "treating the hole in the woman". I have been fortunate to be involved in setting up specialist fistula centers in Jos, Nigeria; in Danja, Niger; and to work with the Hamlin Fistula hospitals in Ethiopia. I have also been involved in creating a new fistula center--the Terrewode Women's Community Hospital--in Soroti, Uganda, where I am on the Board of Governors, and also to work with Dr. Itengre Ouedraogo in Burkina Faso as he sets up a new fistula center there.

There have been major disruptions with wars in Ethiopia. What was the fate of the fistula hospitals and other humanitarian facilities? Can you tell us how all this has impacted on the care of the fistula women and the medical facilities themselves.

The regional war in northern Ethiopia -it is far bigger than a so-called "civil war"- has had a devastating impact on the population. At least 500,000 people have died, millions have been displaced, and millions more are at risk of starvation. At least 90% of the medical and educational infrastructure in Tigray has been destroyed. The healthcare system does not function so fistulas, which had almost been eliminated in this part of Ethiopia, have made a comeback. Not just because women with obstructed labor have been unable to access obstetric care, but because invading forces from Eritrea, Amhara, as well as the Ethiopian federal government, adopted a deliberate strategy of promoting mass rape as a terrorist weapon against the civilian population. Not only have there been thousands of pregnancies that have resulted from this campaign of rape, but many women were deliberately mutilated by soldiers as part of the terror campaign against the civilian population. Traumatic war-related fistulas have become rather common.

Your wife Helen has been your invaluable companion in your fistula activities. Can you tell us more about Helen, how she has contributed?

Without any doubt, marrying Helen was the best thing that ever happened to me. We have been full partners in all of these humanitarian efforts-as we have in all aspects of life-and although she does not have a medical background (she was a research biochemist) she has been extremely active in these efforts. She ran all of the administrative and financial aspects of our fistula work for years until we found full-time administrative staff, and she has travelled to Africa with me on many different occasions as we tried to put this and other projects together.

When I graduated from medical school, we went to Zaire (now the Democratic Republic of the Congo) to work in a mission hospital for three months. As a newly-minted medical graduate, I was probably more dangerous than helpful, but Helen, who is a world-class seamstress, was incredibly useful. We took hundreds of yards of cloth with us and she spent much of her time sewing up bedsheets, surgical gowns, masks, curtains, whatever was needed to make the hospital run efficiently. I just tried not to kill somebody by making a medical mistake!

In 2015, you returned to your first love, anthropology. You were installed as the inaugural Selina Okin Kim Conner Professor in Arts and Sciences for Medical Anthropology at Washington University in St. Louis. Can you give us more details? What areas of anthropology is your department pursuing?

Washington University has one of the best anthropology departments in the United States, strong in all three of the traditional sub-fields of anthropology: physical (or "biological") anthropology, archaeology, and socio-cultural anthropology. The Department here has strong research interests in all of these areas, particularly medical anthropology

Can you tell us about your lifelong interest in the history and culture of ancient Egypt. Do you have other hobbies and interests?

I became fascinated by ancient Egypt when I was in middle school, and it propelled me to study anthropology and ancient history in college. I actually started graduate work in Egyptology before switching to anthropology and then into medicine, but the antiquity of Egyptian civilization, its history, monuments, written language, and culture are still fascinating to me. In fact, in my retirement, I am pursuing a master's degree in Egyptology from the University of Manchester in

Britain, which concentrates on biomedical aspects of ancient Egypt. I've also been working with a private tutor (herself a PhD in Egyptology) for the last two years to try to master hieroglyphics, and we have almost finished reading and translating the Edwin Smith Surgical Papyrus, the most famous medical treatise from ancient Egypt. The Smith Papyrus is a treatise on trauma that is at least 1,000 years older and far superior in its clinical acumen to anything in the ancient Greek Hippocratic corpus. I'm having an enormously good time with this.

You have had a fascinating colourful career, full of life and movement. Above all, you have worked hard to make a difference where it matters. Looking over your medical career what advice can you give for new physicians interested in the urogynecology field? If some wish to follow your footsteps and work with fistula patients, how do they go about it? How do they develop the superior skill and judgment required to be a competent fistula surgeon?

These injuries from prolonged obstructed labor no longer exist in advanced industrialized countries that have developed effective systems of maternal health care, so the only way to become skilled in this field of medicine is to develop good basic skills in gynecologic surgery and then to partner with someone actively working in an area where there are a large number of obstetric fistulas. This means working with an African surgeon in his or her home environment, to be a learner before becoming a surgeon, and to develop local infrastructure and capacity as the first priority, rather than making the project about your own training.

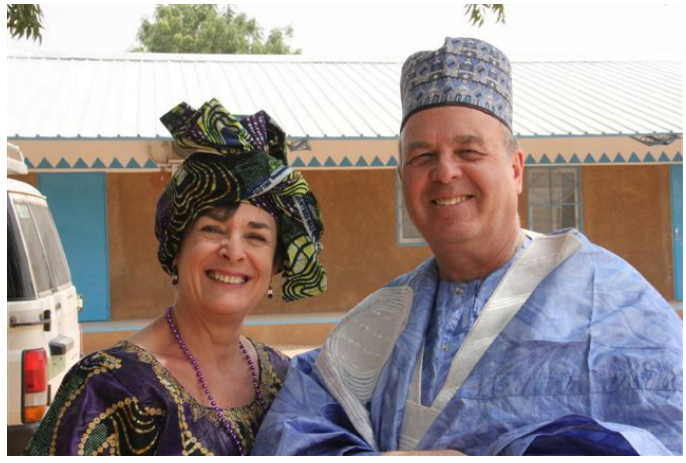
Finally, congratulations on your first grandchild!

Theodore ("Theo") Wright Wall is, without question, the most wonderful person I have met over the course of the last year! We couldn't be happier!

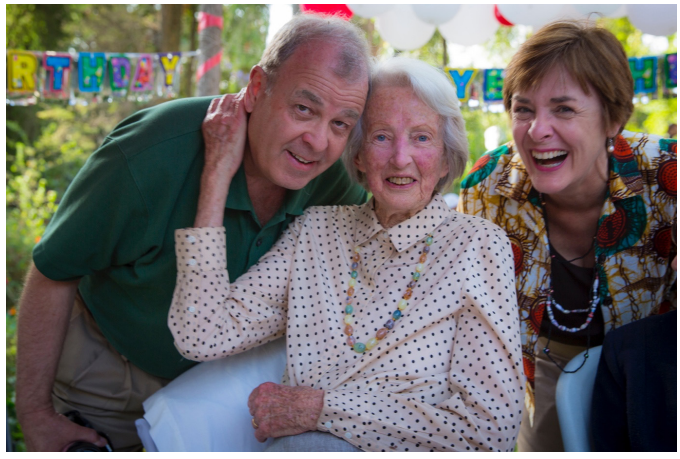
Having
1. Helen Wall at work as a seamstress in Zaire. Living

2. Lewis Wall with patients at the Evangel Hospital Fistula Center in Jos, Nigeria

3. Lewis breaking ground for the Danja Fistula Center



4. Helen and Lewis Wall at the dedication of the Danja Fistula Center in Niger



5. Lewis and Helen with Dr. Catherine Hamlin in Addis Ababa, Ethiopia, on her 90th birthday

INSTRUCTIONS TO AUTHORS

Pelviperineology is a quarterly published, international, double-blind peer reviewed journal dedicated to the study and education of the pelvic floor as one integrated unit. The publication frequency is 3 times a year (April, August, December) in every 4 months. The core aim of Pelviperineology is to provide a central focus for every discipline concerned with the function of the bladder, vagina, anorectum, their ligaments, muscles and female cosmetic surgery.

Pelviperineology publishes original papers on clinical and experimental topics concerning the pelvic floor diseases in the fields of Urology, Gynaecology and Colo-Rectal Surgery from a multidisciplinary perspective. In the published articles, the condition is observed that they are of the highest ethical and scientific standards and not have commercial concerns. Studies submitted for publication are accepted on the condition that they are original, not in the process of evaluation in another journal, and have not been published before. All submitted manuscripts must adhere strictly to the following Instructions for Authors.

MANUSCRIPT SUBMISSION

Manuscript and illustrations must be submitted via Manuscript Manager. This enables rapid and effective peer review. Contributions will be acknowledged automatically by the Editors. Full upload instructions and support are available online from the submission site. Please read the Authors Instructions carefully before sending your contribution.

Cover Letter: The author, in this letter, should imply a short explanation of their research or writing, the type of the study (random, double-blind, controlled, etc.), the category it is sent for, and whether it has been presented in a scientific meeting or not, in details. Additionally, the address, phone, fax numbers, and e-mail address of the person for contact about the writing should be present at the lower pole of the letter.

The **ORCID** (Open Researcher and Contributor ID) number of the correspondence author should be provided while sending the manuscript. A free registration can create at http://orcid.org.

Agreements: All manuscripts must carry a written statement that the submitted article is original and has never been submitted for publication to any other journal, nor has it ever been published elsewhere, except as an abstract or as a part of a lecture, review, thesis. Each author must read and sign the statements on Authorship Responsibility, Informed Consent, Criteria, and Contributions, Reporting of Conflicts of Interest and Funding & Copyright Transfer/Publishing Agreement electronically by clicking the confirmation link on Manuscript Manager while they are submitting their manuscripts. The corresponding author also must sign the Acknowledgment Statement section via the link on Manuscript Manager during the submission process.

Editorial Line: The journal welcomes articles that may update non-specialists in this field, such as internal medicine physicians, family doctors, neurologists, etc., about conditions of general interest involving the pelvic floor and being resolved thanks to a multidisciplinary approach. The ideal article for Pelviperineology should be clear. Its sections should describe precisely the methodology of the study and the statistical methods; illustrations must be of good quality. In highly specialized topics, an easily understandable abstract, a good introduction, and a correct sections distribution are particularly appreciated.

Pelviperineology, despite being an open access journal, does not ask for any financial contribution to the Authors of articles accepted for publication. Pelviperineology is almost entirely funded by sponsors and advertisers that do not affect the Editorial choices and the published content. Advertising is fully and clearly separated from the articles. Material accepted for publication is copy-edited and typeset. Proofs are then sent to contributors for a final check, but extensive changes to the proofs may be charged to the contributors.
For each submission, at least 2 reviewer
suggestions are required on the online article system.

EDITORIAL BOARD
The Editorial Board guides the journal. The updated list of the editorial board members can be reached at Pelviperineology Editorial board page. **Prof. Ahmet Akın Sivaslıoğlu** is the Editor in Chief of Pelviperineology.

PUBLICATION POLICY
Submission is considered on the condition that papers are previously unpublished, are not offered simultaneously elsewhere, that all Authors (defined below) have read and approved the content, that Authors have declared all competing interests, and the work has been conducted under internationally accepted ethical standards after relevant ethical review. Whenever these are relevant to the content being considered or published, the Editors and Editorial board declare their interests and affiliations.

ETHICS
Manuscripts concerned with human studies must contain statements indicating that informed, written consent has been obtained, that studies have been performed according to the *World Medical Association Declaration of Helsinki* and that a local ethics committee has approved the procedures. If individuals might be identified from a publication (e.g. from images), Authors must obtain explicit consent from the individual. Authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed when reporting experiments on animals. A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, video, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified in such written descriptions, photographs, or pedigrees and should be indicated in the Acknowledgment section of the manuscript. Such persons should be shown the manuscript before its submission. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning, and Editors should note it.

DISCLOSURES
All Authors are responsible for the scientific quality, accuracy, and ethics of the work. Authors are required to disclose interests that might appear to affect their ability to present or review data objectively. These include (but are not limited to) relevant financial (for example, patent ownership, stock ownership, consultancies, speaker's fees), personal, political, intellectual, or religious interests. Authors should describe the study sponsor's role, if any, in study design, collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should state it. Biases potentially introduced when sponsors are directly involved in research are analogous to methodological biases. All Authors must provide details of any other potential competing interests of a personal nature that readers or Editors might consider relevant to their publication. Pelviperineology takes no responsibility for the Authors' statements. The manuscripts, once accepted, become the property of the journal and cannot be published elsewhere without the written permission of the journal.

AUTHORSHIP
As stated in the Uniform Requirements, credit for Authorship requires substantial contributions to

- the conception and design or analysis and interpretation of the data,
- the drafting of the article or critical revision for important intellectual content, and
- final approval of the version to be published.

Anychangeinauthorshipaftersubmissionmustbeapprovedinwritingbyall Authors.

ASSURANCES
In appropriate places in the manuscript, please provide the following items:

- If applicable, a statement that the research protocol was approved by the relevant institutional review boards or ethics committees and that all human participants gave written informed consent.
- The identity of those who analyzed the data.
- For clinical trials, the registration number and registry name.

PEER REVIEW PROCESS IN BRIEF
Submitted manuscripts are subjected to double-blind peer-review. The manuscript submission and Editorial review process are as follows:

An Author submits a manuscript. The manuscript is assigned to an Editor. The Editor reviews the manuscript and makes an initial decision based on manuscript quality and Editorial priorities, usually either to send the manuscript to Peer Reviewers or to reject the manuscript so that the author can submit it to another

journal. For those manuscripts sent to Peer Reviewers, the Editor decides based on Editorial priorities, manuscript quality, reviewer recommendations, and perhaps discussion with fellow Editors. At this point, the decision is usually to request a revised manuscript, reject the manuscript, or provisionally accept the manuscript. The decision letter is sent to the author. Only manuscripts that strictly adhere to Instructions for Authors will be evaluated. Contributions are accepted on the basis of their importance, originality, validity and methodology. Comments of Peer Reviewers may be forwarded to the Author(s) in cases where this is considered useful. The Author(s) will be informed whether their contribution has been accepted, refused, or if it has been returned for revision and further review. The Editor reviews all manuscripts prior to publication to ensure that the best readability and brevity have been achieved without distortion of the original meaning. The Editors reserve the right to reject an article without review.

Statistical Editing: All retrospective, prospective and experimental study articles should be evaluated biostatistically and should include appropriate planning, analysis and reporting. The p value should be clearly stated in the text (eg p=0.014). Statistical Editor reviews only pertinent manuscripts considered for publication. If both the study design and data presented are considered statistically acceptable, the statistical reviewer may suggest acceptance of the manuscript to the responsible Editor. Any methodological and statistical issue detected during the statistical review is addressed to the Authors for clarification. The final acceptance of the paper is contingent on the clarifications made by the Authors according to the statistical reviewer's suggestions.

Language: The official language of the journal is English. All spelling and grammatical errors in submitted articles are corrected by the editor without changing the submitted data. Writing text for spelling and grammar rules is the responsibility of the authors.

Copyright Transfer: In order to notify the copyright transfer, the authors must fill in the copyright transfer form in accordance with the instructions on the relevant page. No fee is paid to the authors for the articles.

Plagiarism: All manuscripts submitted to the journal are screened for plagiarism using the 'iThenticate' software. Results indicating plagiarism may result in manuscripts being returned or rejected. This journal does not accept articles that indicate a similarity rate of more than 15%, according to iThenticate reports.

ARTICLE TYPES

Review Articles: Extent investigation writings including the latest national and worldwide literature about pelvic floor diseases. The review article should be qualified to shed light on a new or controversial area. The journal editor may request the author or authors for review writing. At most include 6000 words, 10 tables and 30 references should be included.

Original Articles: Original articles report the results of fundamental and clinical studies or clinical trials. References and summary are required (see writing preparation section). At most 4000 words, 6 tables and/or figures, additionally abstract and references. Ethics committee approval should be mentioned in the study.

Case Reports: The journal publishes case reports of significant importance in the pelvic floor diseases. For the manuscripts sent to this part, we are looking for the clinical cases that are infrequently reported in scientific previously, unreported clinical reflections or complications of a well-known disease, unknown adverse reactions of known treatments, or case reports including scientific messages that might trigger further new research, preferably. Case reports should be consist of five sections: an abstract, an introduction with a literature review, a description of the case report, a discussion that includes a detailed explanation of the literature review, and a brief summary of the case and a conclusion. It should include at most 2000 words (8 double-spaced pages), 15 or fewer references, and three tables or pictures.

Letter to the Editor: These are the articles that include opinions and solution advice about the pelvic floor, and comments about the articles published in the Pelviperineology or other journals. At most 1500 words (6 double-spaced pages), additionally, references should be included.

Preparation of **review articles, systematic reviews, case reports, and original articles** must comply with study design guidelines:

CHECKLISTS

The presentation of the article types must be designed in accordance with trial reporting guidelines:

Human research: Helsinki Declaration as revised in 2013

Systematic reviews and meta-analyses: PRISMA guidelines

Case reports: the CARE case report guidelines

Clinical trials: CONSORT

Animal studies: ARRIVE and Guide for the Care and Use of Laboratory Animals

PREPARATION OF THE MANUSCRIPT

Text, illustrations, tables etc. must be submitted via Manuscript Manager. Please read Instructions To Authors carefully before sending your contribution.

Text: Please ensure that you have removed any reviewing notes from your manuscripts. The manuscript should be entered or pasted in the Manuscript Manager.

Tables: Tables submitted as photographs or graphics will be rejected, and this delays the submission process. The layout should be as simple as possible with no shading or tinting.

Figures: Illustrations should be professionally produced and of a standard suitable for reproduction in print. You are required to upload high-resolution graphics files (minimum 600 dpi). Figures should be supplied as PNG (.png) , GIF (.gif) or JPG .jpg); labeled combination or charts/ graphs/ diagrams (line) can be supplied as a PNG or GIF format. Figures and tables must be uploaded separately. They should not be embedded into the text. Only images relating to the text may be used. The identity of any individual in a photograph or illustration should be concealed unless written permission from the patient to publish is supplied. Legends must be typed on a separate page. Each table and illustration must be cited in the text in consecutive order.

Reviews should be divided onto the following sections and appear in the following order:

- title page (with Title, Authors names and affiliations),
- abstract and keywords,
- body of the article,
- references;
- acknowledgments and disclosures,
- figures,
- figure legends,
- tables.

Systematic Reviews should be divided onto the following sections and appear in the following order:

- **TITLE**
- **ABSTRACT**
  Structured summary
- **INTRODUCTION**
  Rationale
  Objectives

INSTRUCTIONS TO AUTHORS

- **MATERIALS AND METHODS**

1. Protocol and registration
2. Eligibility criteria
3. Information sources
4. Search
5. Study selection
6. Data collection process
7. Data items
8. Risk of bias in individual studies
9. Summary measures
10. Synthesis of results
11. Section/topic
12. Risk of bias across studies
13. Additional analyses

- **RESULTS**

1. Study selection
2. Study characteristics
3. Risk of bias within studies
4. Results of individual studies
5. Synthesis of results
6. Risk of bias across studies
7. Additional analysis

- **DISCUSSION**

1. Summary of evidence
2. Limitations

- **CONCLUSION**

- **DISCLOSURES**

Case Reports should be divided onto the following sections and appear in the following order:

- Title page
- Abstract and keywords
- Introduction
- Case report
- Discussion
- References
- Figures and tables

Original articles should be divided into the following sections and appear in the following order:

Title Page: The title page provides the complete title and a running title (not to exceed 55 characters and spaces). List each contributor's name and institutional affiliation. The corresponding author is the contributor responsible for the manuscript and proofs. This is the person to whom all correspondence and reprints will be sent. The corresponding author is responsible for keeping the Editorial office updated with any change in details until the paper is published.

Abstract and Keywords

The abstract must not exceed 250 words. It should summarize the aim of the study and describe the work undertaken, results and conclusions. Abstract must follow the format below:

* Objectives: A sentence indicating the problem and the objective of the study;

* Materials and Methods: One or two sentences reporting the methods;

* Results: A short summary on the results, detailed enough to justify the conclusions. Avoid writing "the results are presented" or "… discussed";

* Conclusion: A sentence with the conclusions.

In addition, you should list up to five keywords in alphabetical order.

The body of the article should be divided into the following sections:

Introduction: Clearly state the objective of the study. Give only strictly relevant references and don't review their topics extensively. The Introduction should briefly discuss the objectives of the study and provide the background information to explain why the study was undertaken and what hypotheses were tested.

Materials and methods: Clearly explain the methods and the materials in detail to allow the reader to reproduce the results. Animal preparation and experimentation should cite the approving governing body. Equipment and apparatus should cite the make and model number and the company name and address (town, county, country) at first mention. Give all measurements in metric units. Use generic names of drugs. Symbols, units and abbreviations should be expressed as Système International (SI) units. In exceptional circumstances, others may be used, provided they are consistent. Apply to the Editorial office for advice.

Results: Results must be presented in a logical sequence with text, tables and illustrations. Underline or summarize only the most important observation. Tables and text should not duplicate each other.

Discussion: This section should be concise. Emphasize only the new and most important aspects of the study and their conclusions. The Discussion should include a brief statement of the principal findings, a discussion of the validity of the observations, a discussion of the findings in light of other published work dealing with the same or closely related subjects, and a statement of the possible significance of the work. Authors are encouraged to conclude with a brief paragraph that highlights the main findings of the study.

Acknowledgements and disclosures: Authors' duty to acknowledge funding sources, technical assistance, provision of materials or reagents, and other matters that might pertain to the paper. Authors must acknowledge individuals who do not qualify as Authors but who contributed to the research. Mention only those that give a substantial contribution. If an organization or industry-sponsored the work, it is essential to declare this, and the Authors need to indicate that they had complete access to the data supporting the publication. If a professional medical writer wrote the paper, this must be declared.

Abbreviations: Include in the manuscript a list of new or special abbreviations along with the spelt out form or definition. For commonly accepted abbreviations, word usage, symbols, etc., Authors are referred to the CBE Style Manual published by the American Institute of Biological Sciences or Units, Symbols and Abbreviations published by the Royal Society of Medicine.

Tables: Tables should be numbered consecutively within the text. Tables and text should not duplicate each other. Explain all abbreviations in a footnote. Provide a number and title for each table. Regardless of Authorship or publisher, permission must be received in writing for its use if a table has been previously published. Include an acknowledgement of the original source in a footnote. Tables should not be submitted as photographs or graphics files.

Figure and table legends: Cite all tables and figures in the text, numbering them sequentially as they are cited. Each figure must have a corresponding legend. The legend must be numbered with an Arabic number that corresponds to the illustration as it appears in the text. Legends to tables (where necessary) and figures should contain sufficient information to be understood without reference to the text. Explain all symbols, arrows, numbers, or letters used in the figure and provide information on the scale and/or magnification.

Supplementary material: Quantitative or qualitative data too extensive for inclusion in the print edition of the journal may be presented in the online edition as supplementary material. It must be included as part of the original submission and will be reviewed as an integral part of the paper. The availability of supplementary material should be indicated in the main manuscript, to appear after the references at the end of the paper, providing titles of figures, tables, etc. formatted as it should appear in the printed edition. We welcome audios and videos, if relevant to the paper. Full details on how to submit supplementary material available on request at *editorialstaff@pelviperineology.org*.

INSTRUCTIONS TO AUTHORS

Limitations

Manuscript type	Author limit	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit	Keyword limit
Original article	6	4000 words	250 words (structured)	30	6	6	6
Review	6	6000 words	250 words (structured)	100	N/A	10	6
Case Report	6	2000 words	100 words (structured)	15	3	3	6

References: Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in the press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information submitted but not accepted manuscripts should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of personal communication. References in the text must be numbered in the order of citation. References in text, tables and legends must be identified with Arabic numerals in superscript. Unpublished works cannot be cited. We recommend the use of a tool such as a Reference Manager for reference management and formatting. Reference Manager reference styles can be searched here: http://www.refman.com/support/rmstyles.asp.

List all authors when six or fewer; when seven or more, list only the first three and add et al. Journal titles should be cited in full. The style of references and abbreviated titles of journals must follow that of Index Medicus or one of the examples illustrated below:

* MacRae HM, McLeod RS. Comparison of haemorrhoid treatment modalities: a metanalysis. Dis Colon Rectum 1995; 38: 687-94.

* Court FG, Whiston RJ, Wemyss-Holden SA, et al. Bioartificial liver support devices: historical perspectives. ANZ J Surg 2003; 73: 793-501.

Committees and Groups of Authors:

* The Standard Task Force, American Society of Colon and Rectal Surgeons: Practice parameters for the treatment of haemorrhoids. Dis Colon Rectum 1993; 36: 1118-20.

Cited paper:

* Treitz W. Ueber einem neuen Muskel am Duodenum des Menschen, uber elastiche Sehnen, und einige andere anatomische Verhaltnisse. Viertel Jarhrsxhrift Prar. Heilkunde (Prager) 1853; 1: 113-114 (cited by Thomson WH. The nature of haemorrhoids. Br J Surg 1975; 62: 542-52. and by: Loder PB, Kamm MA, Nicholls RJ, et al. Haemorrhoids: pathology, pathophysiology and aetiology. Br J Surg 1994; 81: 946-54).

A chapter from a book:

* Milson JW. Haemorrhoidal disease. In: Beck DE, Wexner S, eds. Fundamentals of Anorectal Surgery. 1 1992; 192-214. 1a ed. New York: McGraw-Hill Books and Monographs:

* Bateson M, Bouchier I. Clinical Investigation and Function, 2nd edn. Oxford: Blackwell Scientific Publications Ltd, 1981.

AFTER ACCEPTANCE

Article Tracking: Authors can check the status of their articles online and will receive automated e-mails at key stages of production. Please ensure that a correct e-mail address is provided when submitting the manuscript.

Proofs: Proofs will be available as a PDF to download from Manuscript Manager or sent by e-mail. Full instructions will be sent via e-mail notification when the proof is ready for collection. Adobe Acrobat Reader or compatible software is required in order to read this file, which can be downloaded (free of charge) from http://www.adobe.com/products/acrobat/readermain.html. In your absence, please arrange for a named colleague to correct on your behalf. Major alterations will be charged to the author and can delay publication. Proofs must be returned only by e-mail within three days of receipt of notification. We cannot accept proofs by post - and any late return of proofs will lead to delayed publication of the paper. Authors will receive one set of proofs only.

Offprints: A PDF is provided upon publication to the corresponding author. Paper offprints can be purchased prior to print publication.

Archiving Policy: Unless specifically requested at submission, the publisher will dispose of all material submitted 2 months post-publication.

Publisher Information

Galenos Publishing House

Address: Molla Gürani Mahallesi Kaçamak Sokak No: 21/1 34093 Fındıkzade Fatih/İstanbul, Türkiye
Phone : +90 (212) 621 99 25
Fax : +90 (212) 621 99 27
E-mail : info@galenos.com.tr