

Pelvipерineology and the Asociación Latinoamericana de Piso Pélvico

ALAPP is the official pelvic floor society for all the Spanish and Portuguese speaking societies of North, Central and South Americas which represent some 600 million people. ALAPP is a broad church. It brings together, urologists, gynaecologists, coloproctologists, physiotherapists, nurses, physical therapists, indeed any specialty which concerns the pelvic floor in the male, female and all ages, paediatric to geriatric.

The aims of ALAPP are to bring together the constituent national societies on a yearly basis, to share knowledge, to provide a forum for research through lectures and abstracts and to upskill the members of each society.

As our official journal, Pelvipерineology Journal is an essential part of this plan. Last year PPJ printed all the abstracts presented online in the Spanish and Portuguese languages with an English summary. Several research papers were of high quality and the authors were encouraged to present their work in English for the main journal. This is another educational function of PPJ, to link ALAPP researchers to the broader English language scientific community.

As President of ALAPP, I am pleased to announce that the 2nd ALAPP Congress will be held in Sao Paulo Brazil between 9-11 March. It will be held in conjunction with ISPP, the International Society for Pelvipерineology. Our first ALAPP meeting in Bogota Colombia attracted 500 delegates. We expect more than 1000 for our 2nd meeting in Sao Paulo.



Piso Pélvico



PAULO PALMA
*President ALAPP and Professor Titular
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NUCELIO LEMOS
Chairman Scientific Committee ALAPP

Bariatric surgery and the pelvic floor

Bariatric surgery improves pelvic floor disorders (Piñango-Luna S., Level-Cordova L., Marquez M., Chaves L.) is published in this issue of Pelvipерineology. Since its inception, this journal has emphasized the holistic anatomical nature of pelvic floor dysfunctions. In this regard, we frequently seek articles and comments from 3 separate specialties, Urology, Gynecology, Coloproctology. Admittedly we have published ground-breaking dynamic MRI anatomy studies, physiotherapy studies and in depth articles on chronic pelvic pain (an important area we hope to explore further in the future with an issue dedicated to chronic pelvic pain).

However, we have never wandered as far from our core as we do in this issue, publication of an article on the role of obesity and bariatric surgery on incontinence.

It is overdue. Statistics show that more than 1/3 of men and women in Western nations are obese.

In the current journal, we publish a well-documented article on the causative role of obesity in urinary and fecal incontinence. It is quite convincing. The importance of this article is that for the first time, an anatomical cause has been advanced as to why obesity cause incontinence: the increased abdominal weight places an extra burden on the three directional forces which close the urethra and anorectal tubes. The article is consistent with the ongoing theme of this journal, that pelvic floor dysfunctions have an anatomical basis and that even the effect of obesity can be explained in anatomical terms.

Some questions arise from this article. Should each clinician make a determined effort to induce every obese patient to lose weight? Some of us who have tried have found this is a fruitless pursuit, often losing the patient in the process! Should bariatric surgery be considered as a treatment per se of incontinence? Alternatively, what weight should a clinician give to incontinence when bariatric surgery is being considered? Admittedly the improvement in urinary incontinence is impressive, but how negative a factor is the worsening of fecal incontinence? This article opens yet another door for pelvipерineology research and we look forward to further studies and comments on this subject.

GIUSEPPE DODI
Editor