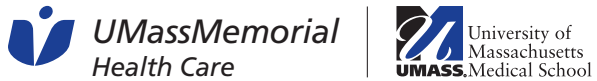






# Urogynecology

Patients and families trust UMass Memorial Medical Center as the region's leading academic medical center, committed to improving the health of our communities in Central New England. With our partner, the University of Massachusetts Medical School, we are committed to excellence in primary and specialty care, community service, teaching and research. The Medical Center offers advanced technology and support services for patients and families, providing the region with specialists renowned for their expertise in caring for adults and children.

Contributions to UMass Memorial Medical Center are deeply appreciated. Call 508-856-5520 or email [giving@umassmed.edu](mailto:giving@umassmed.edu).



UMass Memorial Health Care is the largest not-for-profit health care system in Central New England with more than 13,000 employees and nearly 2,000 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include Clinton Hospital, HealthAlliance Hospital, Marlborough Hospital, UMass Memorial Medical Center, Wing Memorial Hospital and Medical Centers and Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our Cancer, Diabetes, Heart and Vascular, and Musculoskeletal Centers of Excellence we deliver seamless programs of quality and compassionate care for patients across our health care system.

Follow [umassmemorial](#) on:  

### Division of Urogynecology

UMass Memorial Medical Center – Memorial Campus  
33 Kendall Street, Worcester, MA 01605  
Tel: 508-334-9840

### UMass Memorial at Southborough

28 Newton Street, Southborough, MA 01772  
Tel: 508-597-2550

[www.umassmemorial.org](http://www.umassmemorial.org)

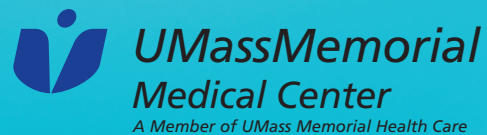
Botox® is a registered trademark of Allergan, Inc.  
InterStim® is a registered trademark of Medtronic, Inc.

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The urogynecology team at UMass Memorial Medical Center in Worcester and Southborough provides you with the expert care you need and deserve. We offer complete evaluation and treatment for a full range of female pelvic floor disorders, including:

- Pelvic organ prolapse
- Urinary incontinence
- Overactive bladder
- Fecal incontinence
- Previous surgery with continuing symptoms
- Urination and defecation problems
- Genital fistulas



# Why choose UMass Memorial Medical Center urogynecology services?

When you choose UMass Memorial, you choose a team of experts.

- Our team includes urogynecologists, female urologists, colorectal specialists, physical therapists, nurse practitioners and other providers with specialized training in pelvic floor disorders. You can be assured that the best treatment options are available.
- We manage your care in a holistic way, treating symptoms and their underlying causes, while using knowledge from urology, gynecology, geriatrics, gastroenterology and colorectal surgery.
- We encourage you to participate in decision making concerning your best plan of care.

Our UMass Memorial team offers the most advanced and innovative therapies for prolapse and incontinence.

- Minimally invasive robotic surgery
- Minimally invasive repairs through the vagina (without an incision in the abdomen)
- Minimally invasive slings
- InterStim® neuromodulation
- Botox® for overactive bladder
- Nonsurgical therapies including medication, behavioral modification, muscle strengthening and support pessaries (silicone devices inserted into the vagina)

Our urogynecologists are highly trained and experienced.

- Team members are board certified in both obstetrics/gynecology and urogynecology and have advanced fellowship training in the treatment of pelvic floor disorders.
- As members of the UMass Medical School faculty, our physicians teach tomorrow's urogynecology surgeons.

*Call for an appointment:*

*Worcester – 508-334-9840*

*Southborough – 508-597-2550*



## Common Pelvic Floor Disorders

- **Stress Urinary Incontinence** – Stress urinary incontinence is the sudden loss of urine during physical activities like coughing, laughing, lifting, walking, sneezing, and athletics. Nonsurgical treatments such as pessaries, behavioral changes and pelvic floor exercises are offered to help you regain control of your urine. The midurethral sling, commonly called a tension-free vaginal tape or TVT, is a highly effective FDA-approved procedure if you desire surgical treatment. We also offer procedures for incontinence that don't use mesh.
- **Urge Urinary Incontinence** – Women with this type of “gotta go, gotta go” leakage may urinate often during the day, get up to urinate several times at night, leak before reaching the bathroom, and leak

when standing up after sitting for a period of time. A common cause of these symptoms is overactive bladder, which can be treated with nonsurgical therapies such as diet and behavioral modification, physical therapy and/or medications. If you have severe overactive bladder, we offer advanced outpatient procedures that can dramatically reduce incontinence due to overactive bladder such as InterStim neuromodulation, tibial nerve stimulation and Botox injections.

- **Pelvic Organ Prolapse** – Pelvic organ prolapse is a very common condition that occurs when the pelvic organs (bladder, uterus/cervix, vagina or rectum) drop from their normal position and bulge into the vagina because of a weakening of the vaginal supports and the pelvic floor. While symptoms aren't always present, women with prolapse often feel a bulge that's made worse by impact activities like jumping or jogging. Some women with prolapse experience fullness or pressure in the pelvis or

vagina that gets worse with prolonged standing or activity. Sometimes women select a noninvasive treatment like pelvic floor strengthening or a pessary. Other women choose to undergo surgery, and we offer a variety of minimally invasive procedures to treat prolapse. All of our providers are highly experienced with prolapse repairs through robotic and vaginal approaches. Most of our patients are able to return home the day after surgery and resume most activities within days.

- **Constipation** – Constipation is infrequent bowel movements (less than two per week). It may occur because the bowel's normal rhythmic movement is slower than usual. Treatment includes medication and the correction of the underlying cause of the slow movement of stool. Another type of constipation, excessive straining with bowel movements, is usually caused by conditions that block the normal passage of

stool. Common causes of blockage include pelvic organ prolapse and an inability to relax the pelvic muscles during a bowel movement. Management of this condition begins with behavioral treatments and physical therapy. Occasionally, women choose surgical repair of the prolapse.

- **Anal Incontinence** – Anal incontinence occurs when stool or gas comes out without control, either with a sudden urge or without warning. The main cause is damage to the nerves or muscles, often from childbirth, surgery, infections, hemorrhoids and/or other conditions. Initial treatment involves fiber, fluids or medication to maintain a soft but formed movement. Pelvic floor physical therapy can improve continence. Sometimes the damaged muscles can be repaired surgically. More recently, neuromodulation has been shown to effectively reduce anal incontinence in many affected women.