

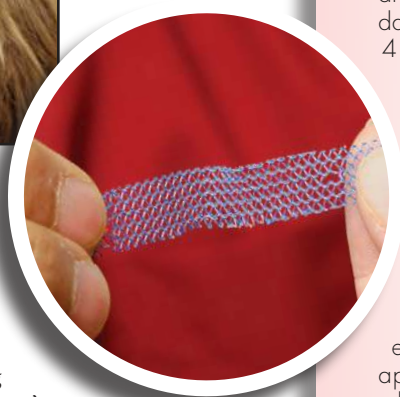


SUBURBAN DETROIT HEALTHCARE PROFILES

What is Pelvic Floor Medicine?



Dr. Khandwala believes there is a great need to educate women about readily available and successful treatment options for incontinence and pelvic organ prolapse.



Advanced techniques help today's active women feel feminine and confident all day and all night.

Millions of women suffer incontinence, beginning in their 20's and 30's. Experts in *Pelvic Floor Medicine*, the latest OB/GYN subspecialty, offer effective solutions. "Pelvic Floor Medicine is not only about the bladder," says Salil S. Khandwala, MD, FACOG, and head of Oakwood's Division of Urogynecology. "It also includes management of fecal incontinence, pelvic organ prolapse management, and pelvic pain."

Patients can find symptoms of these conditions embarrassing and are often reluctant to seek help. "Women circumvent the problem by avoiding exercise or by frequently using the bathroom," says Dr. Khandwala. "Some

rarely leave home, fearing public 'accidents.' Some physicians don't always encourage active treatment, and many misperceptions prevent these ladies from seeking medical therapies."

The Center for Women's Health at Oakwood is a compassionate and welcoming place that provides education, diagnosis, and leading-edge treatment. Dr. Khandwala takes pride in the experienced and credentialed team that assists him with urodynamic testing and physical therapy. "We work together to provide sensitive, comprehensive care for every single patient," he assures. "We can absolutely help women live happier, healthier lives."

» To schedule a pelvic floor evaluation, call **313-982-0200**

Learn more about Oakwood's Division of Urogynecology at

www.oakwood.org
or call **800.543.WELL**



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» Urinary Incontinence Stress Type

Dr. Khandwala performs innovative urethral stabilization using minimally invasive surgery entirely under local anesthesia. Working from inside the vagina, a mesh sling is placed to support the urethra, preventing leakage under stress. There is no outside incision. Most patients are in the outpatient procedure room for an hour and back to work the next day. Minimal restrictions last only 3-4 weeks. "I've done over 200 third-generation slings, and obtained phenomenal results with zero complications," he says.

Urgency Type

The "gotta-go-now" type of incontinence is treated with medications, pelvic floor therapy with electrical stimulation, and when appropriate, a small pacemaker, which regulates nerves to control an overactive bladder.

Fecal Incontinence

Uncontrollable release of gas or stools is evaluated in the office by way of anorectal manometry and anal ultrasound. Exercise-based pelvic floor therapy or a procedure to repair a damaged or weakened anal sphincter may be recommended.

Organ Prolapse (dropped bladder or uterus)

Today, mesh reconstruction provides a superior, long-lasting solution to prolapse without removal of the uterus. "We now have advanced, simple, and very effective options for treating prolapse that replace traditional surgical approaches," says Dr. Khandwala.