



Karthik Gunasekaran, M.D.,
Founder, Secretary and Editor — Indian Urogynecological Society



G. Willy Davila, M.D.
Guest Editor

Introduction to Guest Editor

G. Willy Davila, M.D.

Dr. Willy Davila is the chairman of the Department of Gynecology and the head of the section of Urogynecology and Reconstructive Pelvic Surgery at the Cleveland Clinic Florida, Weston, FL. Willy was born in Minneapolis, MN and received an M.D degree from the University of Texas Medical School, Houston, TX. His Gynecology and Obstetrics residency was conducted at the University of Colorado in Denver, CO, and he performed a Gynecology Urology Clinical Preceptorship at the Long Beach Memorial Hospital, University of California, Irvine, CA. After several years of academic and clinical practices in Denver, CO, Dr. Davila joined the staff at the Cleveland Clinic Florida in 1999.

In addition to a busy clinical practice, Dr. Davila is a member of the editorial board of the *Journal of Female Urinary Incontinence* and the *International Urogynecology Journal*, and serves as reviewer for *Obstetrics and Gynecology*. He has published more than 30 peer-reviewed articles and multiple book chapters on urinary and gynecologic subjects. He is the Secretary, Treasurer of the IUGA and also a member of multiple medical societies. Willy currently lives in Pompano Beach, FL. Although South Florida has much to offer, he misses the outdoor activities he enjoyed in Colorado.

"The Need for Urogynecology and Pelvic Reconstructive Surgery"

Why focus on Urogynecology in 2004? The principal answer to this question is based on the demographics of our current population trends. It is estimated that 25-70% of adult women will have problematic urinary incontinence and over 20% will have symptomatic genital prolapse. As such, approximately 12% of adult women will undergo surgical therapy for a urogynecological problem. Of those, 30% will require a re-operation for a recurrence of that problem or a subsequent problem. If other pelvic floor syndromes such as fecal incontinence and rectal prolapse are included, the percentage of women suffering from urogynecological problems increases. The aging of our population has led to a significant increase in the section of the population between 40 and 60 years of age. It is in this age group that urogynecological problems are most prevalent. It is thus necessary to focus on urogynecology, as an

increasing number of patients are presenting with symptomatic urogynecological dysfunction.

Another principal reason to focus on urogynecology is based on the question of who can best address urinary incontinence and genital prolapse problems in adult women. In most communities, most gynecologists focus on obstetrics, and most urologists focus on prostate problems and urologic cancer. Disturbances in urinary incontinence and genital support are therefore relegated to an "orphan" category where there is no particular physician focusing on this area. As such, treatment outcomes, specifically surgical, are suboptimal. It is thus timely for a subgroup of clinicians to focus their interest on pelvic floor problems. Most clinicians focusing on urogynecology are gynecologists. However, urologists can also provide this needed service. It is a question of who is willing to increase their knowledge base and surgical skills by directing their efforts towards increased knowledge in urogynecology, pelvic

reconstructive surgery, and other pelvic floor problems.

Lastly, the need for urogynecology is emphasized by the currently existing rather poor outcomes resulting from the treatment of urinary incontinence and genital prolapse. There is no procedure that carries a 100% success rate in the restoration of urinary incontinence or genital anatomy. In fact, in most parts of the world, the currently utilized procedures for urinary incontinence carry at best, a 40% five-year success rate. It is therefore, of critical importance that urogynecology become an area of subspecialty interest in order to improve our outcomes to a more acceptable level. This will require scientific scrutiny, achievement of expertise in evaluation and treatment modalities, and dialogue among subspecialists. It is only through a combined effort of subspecialists that the treatment of urinary incontinence and genital prolapse in women will achieve a greater level of scientific competence.

Be it in India, or the United States, or the UK for that, the importance of subspecialty interest societies cannot be underemphasized. Over the past 15 years, national societies have been the mechanism through

which a group of interested individuals have shared knowledge and experiences, subsequently enhancing their collective knowledge and improving their patient outcomes. Internationally, the International Urogynecological Association (IUGA) has provided a forum for discussion and critique regarding current treatment trends, and has led to an overall improvement in outcomes for women suffering from pelvic floor problems.

The need for urogynecology and pelvic reconstructive surgery is not only clear, it is timely.

G. Willy Davila, MD

Chairman, Department of
Gynecology

Section of Urogynecology and
Reconstructive Pelvic Surgery
Cleveland Clinic Florida

Secretary Treasurer, International
Urogynecological Society

FLASH NEWS

Indian Urogynecological
Society plans to conduct a
series of conferences and
operative workshops in
Urogynecology

All members will be duly
informed in advance for the
conference/workshops

From the Editors Desk

Dear Colleagues,

I am pleased to announce the formation of the Indian Urogynecological Society (IUGS). This society is founded with the primary aim of creating awareness among physicians about pelvic floor problems in women and their treatment.

The society is affiliated to the International Urogynecological Association (IUGA). Dues to the IUGA can be paid through IUGS at a discounted rate of 80USD instead of 100USD which would include subscription to the International Journal on Pelvic Floor Dysfunction. The IUGS plans to bring out a quarterly report which would include articles from some of the luminaries in the field of urogynecology and pelvic reconstructive surgery.

This first news letter has an article from my mentor at the Cleveland Clinic, Dr. G. Willy Davila who is also the Secretary/Treasurer of the IUGA.

The membership due to the IUGS alone would be Rs.600/- per year and IUGS with IUGA would be Rs.4,200/-, which would include subscription to 6 issues of International Urogynecology Journal + 4 issues of IUGS news letter.

I strongly encourage you to make use of this discounted membership fee and join the IUGS/IUGA.

Together, we can make a difference.

Thanking you,

With Warm Regards.

Karthik Gunasekaran, M.D.,
Secretary and Treasurer
Indian Urogynecological Society



IUGA
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urogynecological
association

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Karthik Gunasekaran, MD
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Re: Indian Urogynecological Society, IUGS membership in IUGA

Dear Karthik

Thank you for your recent communication regarding the interest of members of the Indian Urogynecologic Society in becoming members of IUGA. It would be a pleasure to have the IUGS as an affiliate society with IUGA. In order to do so, we request that at least 80% of IUGS members also become IUGA members. Currently, our annual IUGA dues are \$80 per person. These include subscription to the International Urogynecology Journal, as well as membership in IUGA. As secretary treasurer of IUGA, I would be in touch with you or the secretary treasurer of IUGS directly in order to share membership information. Thus, it would be important for IUGS to have an active membership roster and collect dues, including the US\$80 for IUGA membership, to be forwarded to IUGA directly.

It would certainly be a great pleasure to have more involvement of yourself, as well as other IUGS members within IUGA. I look forward to your response in the near future.

Most sincerely,

GW Davila, MD

Cc: Paul Riss, President IUGA

We're staying
ahead of the curve

Introducing

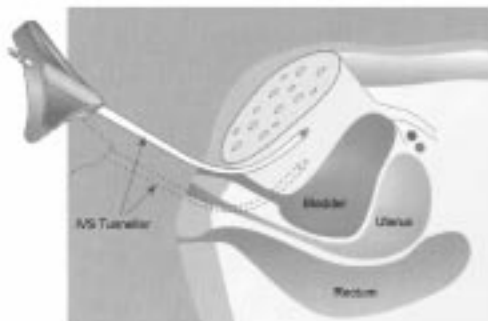
IVS Tunneller*

Device for Tension Free
Procedures

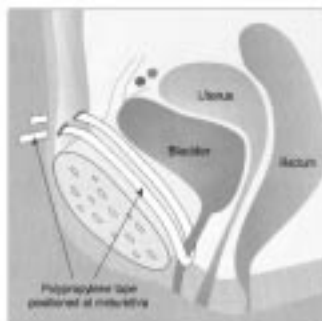
- Stress and mixed urinary incontinence
- Vaginal vault prolapse



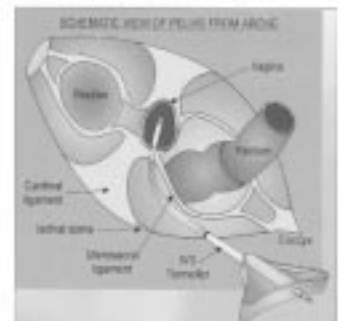
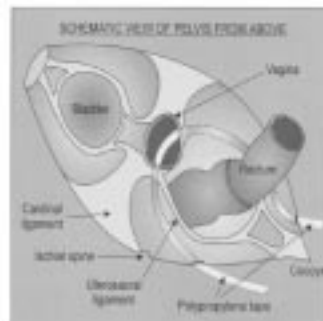
SUPINE POSITION



SAGITTAL SECTION



SCHEMATIC VIEW OF PELVIS FROM ABOVE



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