

Glossary of Terms

Anal Incontinence – See fecal incontinence.

Biofeedback – A technique that uses different types of devices to give information on how well pelvic muscles are contracting. The message or “feedback” can help improve awareness and control of pelvic floor muscles. These techniques are added to a pelvic muscle exercise program for women who have not reached their goals of symptom improvement. Biofeedback can be given through:

- **Therapist:** Touches the muscles that are being contracted.
- **Computer screen:** Shows through sounds or pictures, if the pelvic muscles are contracting and the other muscles groups are relaxed. This is done by connecting the computer to small sensors in the vagina or rectum and on the skin of the abdomen and legs.
- **Vaginal weights:** Cone shaped plastic objects of increasing weight that can be used at home. They are placed in the vagina for a short time (15 to 30 minutes). By gripping or hugging the cones to keep them in place, women are contracting their pelvic muscles.

Bladder Control Problems – The inability to hold urine long enough to reach the restroom (urge incontinence), frequent urination during the day and night (urge frequency), and urine leakage caused by increased abdominal pressure (stress incontinence). Urgency frequency and urge incontinence are also defined as overactive bladder.

Bowel Control Problems – The loss of normal control of the bowels that leads to leakage of solid or liquid stool or gas.

Constipation – Difficulty passing bowel movements or the need to strain for bowel movements.

Cystocele – A condition where the front wall of the vagina sags downward or outward, allowing the bladder to drop from its normal position. This may be referred to as a “dropped bladder.”

Cystoscopy—A way to look at the inside of the bladder using a camera.

Electrical Stimulation – A form of biofeedback that is typically done under the supervision of physical therapists familiar with technology. Electrical stimulation of pelvic floor muscles and nerves is used to assist women in finding and contracting their pelvic muscles. Women are taught to insert a device in their vagina or rectum on a daily basis.

Enterocele – A condition where the support to the top of the vagina is weakened, allowing bulging of the small intestine. This type of prolapse is most often seen in women who have undergone a hysterectomy.

Fecal incontinence (FI) – Leakage of stool or gas without your control, also called anal incontinence.

Graft Material – The material used most often for prolapse repair is a



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medical grade polymer or plastic called polypropylene. This graft material is also used for abdominal and groin hernia repairs. Approximately 90% of patients do very well with this material. However, 5 to 10% of patients may experience an exposure of the material into the vagina, causing vaginal discharge or spotting, and these patients may require removal of the exposed mesh material. This can either be done in the office or as an out-patient procedure.

Other less common complications associated with the mesh grafts include infection which is treated with antibiotics and surgery to remove the graft. Women who smoke tobacco products carry a greater risk for mesh exposure. Currently, women with severe or recurrent prolapse who prioritized retaining sexual function gain the greatest benefit from mesh reinforcement procedures. Every woman has a different risk/benefit profile regarding graft repairs.

Hysterectomy – Surgical removal of the uterus, and sometimes the cervix. It may be done as part of a surgery to correct prolapse (although this may not be required), though many other reasons to have a hysterectomy exist. A hysterectomy can be performed through the vagina, through an incision on the abdomen, or laparoscopically.

Kegels – Exercises that strengthen or retrain the nerves and muscles of the pelvic floor. Regular daily exercising of the pelvic muscles can improve and even prevent urinary incontinence.

Laparoscopy – A technique of surgery that utilizes a camera and scope and specialized instruments that allow the surgeon to use small incisions (about half an inch long) to perform surgery that would otherwise require larger incisions. This can be technically challenging, but often offers the patients a quicker recovery after surgery.

Mixed Urinary Incontinence – The condition where both stress and urge urinary incontinence exist in the same person.

Minimally Invasive Surgery – A set of techniques that are used in surgery to reduce the impact and recovery for patients. Examples include laparoscopy, robotic surgery and many types of vaginal surgery

Nerve Stimulation – Electrical stimulation of the nerves that control the bladder, used to improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems, in some people.

Pelvic Floor – A set of muscles and other tissues in the lowest part of the pelvis that are very important in providing support to organs such as the bladder, vagina and rectum. The muscles are sometimes called “Kegel muscles” because they are involved in “Kegel” exercises.

Pelvic Floor Disorders (PFDs) – Group of conditions that affect the pelvic floor. Symptoms vary with type of PFDs. Different women may also experience different symptoms. Symptoms typically begin gradually and progress over time. There are three types of pelvic floor disorders:

- Pelvic Organ Prolapse (POP)
- Bladder Control, also called urinary incontinence (UI)

- Bowel Control

Pelvic Floor Muscle Exercises – See Kegels.

Pelvic Floor Physical Therapy – A combination of physical therapies used to rehab the pelvic floor, such as Kegel exercises, biofeedback, vaginal weight training, and nerve stimulation.

Pelvic Organ Prolapse (POP) – The dropping of the pelvic organs caused by the loss of normal support of the vagina. POP occurs when there is weakness or damage to the normal support of the pelvic floor. The muscles of the pelvic floor and layers of connective tissue called fascia become weakened, stretched, or are torn. This causes the pelvic organs, including the vagina, cervix, uterus, bladder, urethra, intestines and rectum, to fall downward. In severe cases, women may feel or see tissue coming out of the opening of their vagina. Typically, this is a prolapsing cervix and uterus or the walls of the vagina. See also uterine prolapse.

Pessary – A device usually made of plastic (silicone not latex) that is designed to support the vagina from the inside, to correct vaginal prolapse, or, in some cases, to treat urinary incontinence. Many different shapes and sizes exist, with the most commonly used pessaries looking somewhat like a large vaginal contraceptive diaphragm. Pessaries may be slightly challenging to fit (like finding the perfect fit for shoes), and need to be removed for cleaning and inspection on a regular basis, but they can offer a non-surgical alternative to patients with pelvic floor disorders.

Rectocele – A condition where the back wall of the vagina sags outward, allowing the rectum to bulge into the vagina.

Sling (or suburethral sling) – A kind of surgery designed to correct stress urinary incontinence. A sling or hammock of material (synthetic mesh, organic materials, etc.) is used to support the urethra and prevent leakage of urine with physical activity.

Stress Urinary Incontinence (stress incontinence) – Leakage of urine with physical activity or motions such as laughing, coughing, lifting, or with exercise.

Urethra – Tube that allows urine to pass of the body.

Urge Urinary Incontinence (urge incontinence) – Leakage of urine that is accompanied by a sudden sense of needing to get to the bathroom to urinate. A common description is “not being able to make it to the bathroom in time” or “not getting your clothes off fast enough before the urine begins to flow out.”

Urinary Incontinence – The inability to void normally, leakage of urine from the bladder.

Urodynamics – Testing of the functions and behaviors of the bladder and the urethra (the tube that leads from your bladder to the outside).

Urogynecologists (urogyns) – Physicians who dedicate themselves to

the study and treatment of PFDs in women. They are experts in all the various ways that PFDs can present. They also, if need be, offer a special expertise in vaginal surgery.

Uterine Prolapse – A condition where the upper supports of the vagina and uterus/cervix are weakened, allowing the uterus and cervix to bulge downward and outward. See also pelvic organ prolapse (POP).

Sources

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