

# M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



## Golden Touch!

Five-time Olympic gold medalist Bonnie Blair with Ryan Stratford, M.D., and Ronald Burton, M.D., of The Woman's Center for Advanced Pelvic Surgery

# The Woman's Center for Advanced Pelvic Surgery

## Innovative Treatments Offer Hope for Millions of Women Suffering from Urinary Incontinence and Pelvic Floor Disorders

By Tonya Poole



Six-time Olympic medalist and speed skating champion Bonnie Blair went down on record as the most decorated female athlete in Olympic history during her six-year reign from the 1988 games in Calgary to the 1994 games in Lillehammer. Considered to be one of the top 100 athletes of the 20th century, Blair retired from competitive skating in 1995 and was later inducted into the Olympic Hall of Fame in 2004. Retirement enabled Blair to focus on her family, and in July 1998, she and husband Dave Cruikshank had their first child.

“I stayed very active after my retirement and all through my pregnancy,” says Blair. “About 6-8 weeks after I had my son, I went out for a run and about a half a block away from the house, my shorts were soaked. I wasn’t sure what was wrong. Was my bladder not completely empty? Did I drink too much? Is it a post-pregnancy thing?”

Blair says she tried making some adjustments, but the problem returned. Running and physical exertion of any kind would often trigger incontinence, as would everyday tasks and activities like picking up a laundry basket, squatting to get something from the bottom shelf of the refrigerator, carrying her son, even coughing or laughing. Unsure how to fix it but reluctant to say anything to anyone, she lived with the problem for more than a year. “This was an embarrassing situation,” she says. “I didn’t even say anything to my husband for a long time.”

Ryan Stratford, M.D.



PHOTO BY KING LAWRENCE

When she finally brought it up with her physician, Blair learned she was suffering from stress urinary incontinence (SUI), a relatively common condition that can be triggered by a number of factors, including pregnancy-related pelvic floor injury, that can weaken the pelvic muscles and the connections that support the bladder and urethra. Together, she and her doctor worked through a variety of treatment options that included Kegel exercises, biofeedback, weight training and even electrical stimulation, with little to no success. Two years after the birth of her son, Blair had her second child, a girl, and decided that would be her last. She returned to her doctor, who had recommended a surgical procedure for SUI

for patients who weren't planning to have any children after the treatment. In December of 2003, Blair underwent a tension-free vaginal tape procedure (TVT), a minimally invasive procedure that takes about 20 minutes in-office and can be done with or without full sedation.

"I've been symptom-free ever since," says Blair. "I feel like I've gotten my quality of life back."

Blair says the surgery was simple, straightforward and the only inconvenience for her was the four weeks of recommended down time after the procedure. "I think some people hear the word surgery and it scares them away," she says. "But this was so easy; if I ever had to go back and do it again, I wouldn't think twice."

An advocate for TVT surgery for women suffering from stress urinary incontinence, Blair says it's important that women see a doctor sooner rather than later, and that the problem is more common than many women believe. "The problem is that women do not seek help from doctors until they've lived with symptoms for many years," she says.

Blair stresses that doctors, too, need to be proactive about diagnosis by asking direct questions to draw information out of otherwise reluctant patients. Because it is a relatively new procedure in the last decade, many SUI patients — even those who've tried other treatments in the past — aren't aware that it's available to them or fear it won't prove any more success-

ful than previous treatments. But Blair says the TVT procedure has a success rate of about 90 percent, and is covered by most insurance policies.

"It's so important to speak up," says Blair. "This is something nobody has to live with."

Just as advances in medical science have increased options for the treatment of urinary incontinence, so, too, have options improved in the treatment of other pelvic floor disorders, such as prolapse (falling down of the bladder, uterus or rectum through the vagina). Here in Arizona physicians offering treatment for pelvic floor disorders like urinary incontinence and prolapse are in short supply; but two surgeons, Ryan Stratford, M.D., and

Ronald Burton, M.D., have teamed up to open The Woman's Center for Advanced Pelvic Surgery in Mesa.

The center was created to provide women with specialty care for the treatment of all pelvic floor disorders. Because pelvic floor disorders do not typically occur in isolation, most women will have concomitant prolapse or even fecal incontinence along with urinary incontinence, and are often sent to many different specialists to treat each problem separately. The purpose of The Woman's Center for Advanced Pelvic Surgery is to provide one location where well-trained physicians and medical staff work together to treat pelvic floor disorders at one center, where patients can be treated for all their pelvic floor disorders simultaneously. The center will grow to include urogynecologists like Dr. Stratford and Dr. Burton, urologists, colorectal surgeons, gastroenterologists and physical therapists.

The Woman's Center for Advanced Pelvic Surgery opened in November 2005 after Stratford moved to the Valley and created the center following completion of a female pelvic medicine and reconstructive surgery fellowship training in Texas. In an effort to attract well-trained physicians that specialized in the treatment of pelvic floor disorders, Stratford approached Burton, a seasoned gynecologist and one of few physicians in the area performing advanced pelvic surgery in this subspecialty, and asked him to join forces. Stratford was impressed with Burton's vast experience and the surgical acumen he witnessed after operating with him. After hearing Stratford's vision for the practice, Burton accepted.

"There are only a few fellowship-trained specialists in urogynecology in the Valley providing care for over 3 million people," says Stratford. "Without a local academic center, there is a tremendous need for interdisciplinary efforts to provide this type of subspecialty care."

Stratford says he chose this subspecialty field during residency when he became fascinated with the technical difficulty of urogynecology surgeries. He especially enjoyed working with the



**Six-time Olympic medalist Bonnie Blair.**

patient population seeking care for pelvic floor disorders. "Most of my patients are middle-aged or elderly women who are tough and have experienced much in life, most having reared families. They deserve special care. It's very satisfying to help them by trying to improve their quality of life," he says.

Burton similarly was attracted to this field after practicing as a gynecologist for over 15 years. After seeing the tremendous

need to improve surgical outcomes and provide better treatment for his patients, Burton attended multiple training meetings throughout the country taught by world-renowned leaders in the field. Then he began putting the specialized surgical techniques into practice. Because both were trained by the same highly respected surgeons, Burton and Stratford share similar surgical philosophies. Together they offer women state-of-the-art surgical and medical care for pelvic floor disorders, such as the TVT procedure that relieved Blair of her urinary incontinence symptoms more than two years ago.

“I’ve been doing the TVT procedure for about six or seven years,” says Burton. “Our success rates have been remarkable. Comparable to other scientific reports, our long-term success rates range from 85-90 percent for stress urinary incontinence.”

The procedure, first developed in Denmark, consists of placing a tension-free mesh tape under the urethra, passed through an incision in the vagina then back around the pubic bone. The tape is unsutured and allows the urethra and bladder base to settle down on it when the patient is standing. When coughing, sneezing, lifting or experiencing any of the other triggers for incontinence, the tape acts as a backstop. “It’s recreating what the vagina does for the urethra and bladder in a healthy system,” says Burton. “In a young woman who has never had a baby, never been involved with prolonged heavy lifting or other activities that strain the pelvic floor, the natural vaginal tube is attached appropriately along the sidewall of the pelvis and acts as a backstop. When there’s a disruption of those attachments, the bladder and urethra drop down and the person loses support and control. The TVT procedure recreates that support.”

Prior to the availability of the TVT procedure in the United States, less invasive options were limited and required more invasive surgery such as the Burch procedure that employs suture bridges to create support around the urethra or slings that use tissue taken from the patient’s abdomen or leg — both of which require an abdominal incision and a more difficult recovery.

Burton says that while a variety of things can cause SUI, the most common causes are pregnancy and strain from work requiring repeated patterns of heavy lifting, such as that experienced by nurses, flight attendants and postal employees.

Although the procedure is still relatively new, scientific studies suggest the long-term success of the procedure holds up over time. One of the keys to that long-term success, however, is avoiding situations and behaviors that created the problem, such as heavy lifting and straining.

“It’s ideally a procedure you’ll do once, and have it last the rest of your life,” says Burton. “So we don’t recommend it for

**Ronald Burton, M.D.**



PHOTO BY KING LAWRENCE



**GYNECARE TVT: tension-free support for incontinence with a mesh sling.**

women who plan to have children down the road or who can't avoid regular heavy lifting.”

Stratford says the shortage of physicians in the specialty means that many referring physicians just don't know where to send their patients for treatment. Although many gynecologists and urologists are familiar with treatment options for SUI and pelvic organ prolapse, they often feel as though their hands are tied when their patients have been operated on multiple times and subsequently redevelop these problems. The American Board of OB/GYN began credentialing this unique specialty just a few years ago in response to the need to improve surgical outcomes and increase scientific investigation into the cause of female pelvic floor disorders.

**The GYNECARE TVT device uses a mesh sling to provide support to the middle of the urethra. The positioning of the device provides support only when needed and creates a “tension-free” treatment solution that reduces the risk of over-correcting.**



PHOTO COURTESY OF ETHICON WOMEN'S HEALTH & UROLOGY

As part of his training, Stratford spent time investigating genetic causes for pelvic organ prolapse, traditionally thought to be a childbirth phenomenon. “Some women who have delivered many children do not develop prolapse and incontinence, while others who have not delivered any children do,” says Stratford. “Although childbirth is clearly an instigating factor, it is not the only cause of pelvic floor disorders such as prolapse and incontinence.”

To create a center that could provide multidisciplinary care, Stratford, who also holds an M.B.A. from the University of Chicago, presented a business plan to several area hospital CEOs with his ideas. Ultimately, the Banner Desert Medical Center in Mesa

proved the best fit, with its high-volume women's health division and commitment to women's health care. “Banner Desert is considered a top notch hospital for women's health care with the highest number of deliveries of any hospital in the state,” says Stratford. “Most women either have spent time at the hospital or know someone who has and can attest to the commitment of providing high quality care specific to the needs of women. The confluence of philosophy and shared vision made the hospital an ideal location for developing a center that treats the needs of women.”

As baby boomers continue to elevate the average age of the general population, especially in Arizona's retirement havens, Stratford said the need for incontinence treatment is more critical today than ever before — with more money

being spent on incontinence hygiene than on menses, to the tune of billions of dollars annually. “In 1996, the estimated public expenditure on incontinence hygiene was about \$26.5 billion per year,” he says. “Those are big numbers, and most women just don't realize that they can receive treatment for those problems and not have to continue spending money on the symptoms. They have options, and we can help them explore those.”

Contact *The Woman's Center for Advanced Pelvic Surgery* at (480) 834-5111. ■