

IN THE NAME OF GOD
M ZARGHAM MD
ISFAHAN UNIVERSITY MC



UROLOGY AND SUBSPECIALTY:

PEDIATRIC UROLOGY

URO ONCOLOGY

ENDO UROLOGY AND

URO LAPAROSCOPY

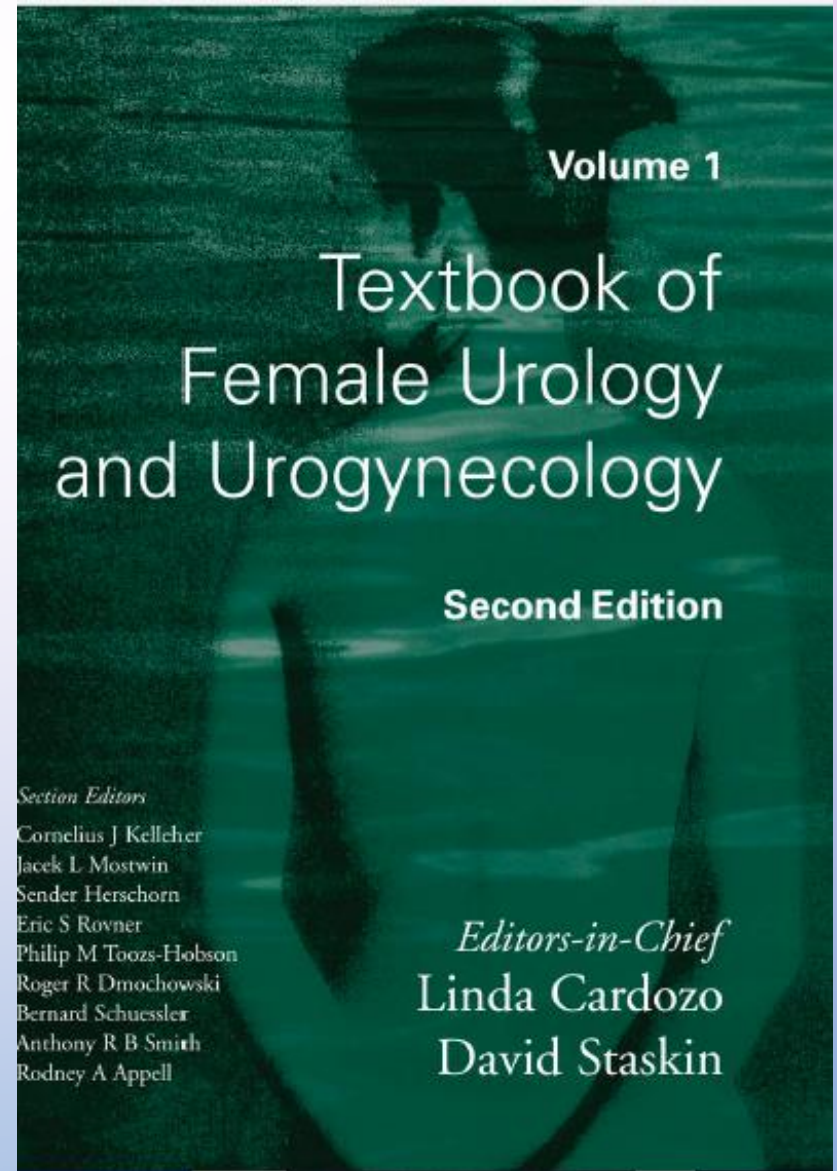
FEMALE UROLOGY

TRANSPLANTATION



NEW FIELD;

WE HAVE MADE TREMENDOUS
PROGRESS IN THIS BURGEONING
NEW FIELD; HOWEVER, A POLITICAL
BATTLEFIELD WAS PERPETUATED
WITH THE DIVISION OF THE FEMALE
PELVIC FLOOR BETWEEN
UROLOGISTS, UROGYNECOLOGISTS,
GYNECOLOGISTS, AND COLORECTAL
SURGEONS.



Volume 1

Textbook of Female Urology and Urogynecology

Second Edition

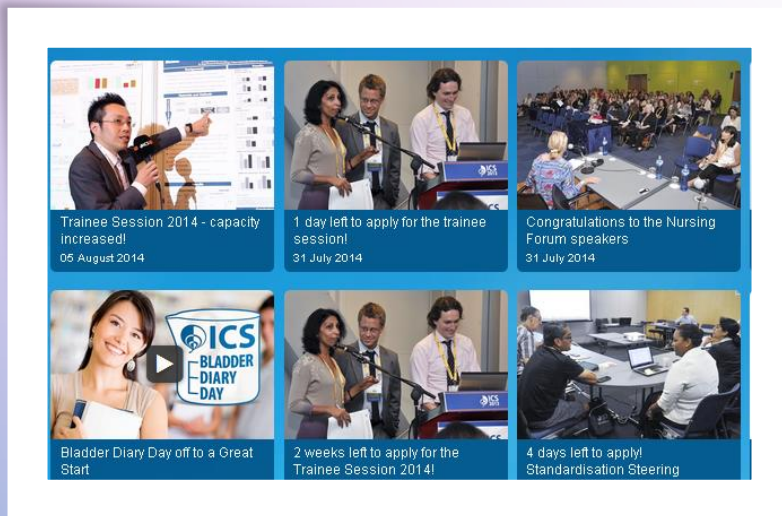
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LOUIS WALL AND JOHN DELANCEY

- THIS POLITICAL FEUD IS CLEVERLY ILLUSTRATED
- IN THE ARTICLE OF LOUIS WALL AND JOHN DELANCEY WITH ITS WELL-KNOWN DRAWING OF THE COMPETING UROLOGIST, GYNECOLOGIST, AND COLORECTAL SURGEON.³



WALL LL, DELANCEY JOL. .THE POLITICS OF PROLAPSE: A REVISIONIST
APPROACH TO DISORDERS OF THE PELVIC FLOOR IN WOMEN.

PERSPECT BIOL MED 1991;3 : 86–96.



ICS 1986:

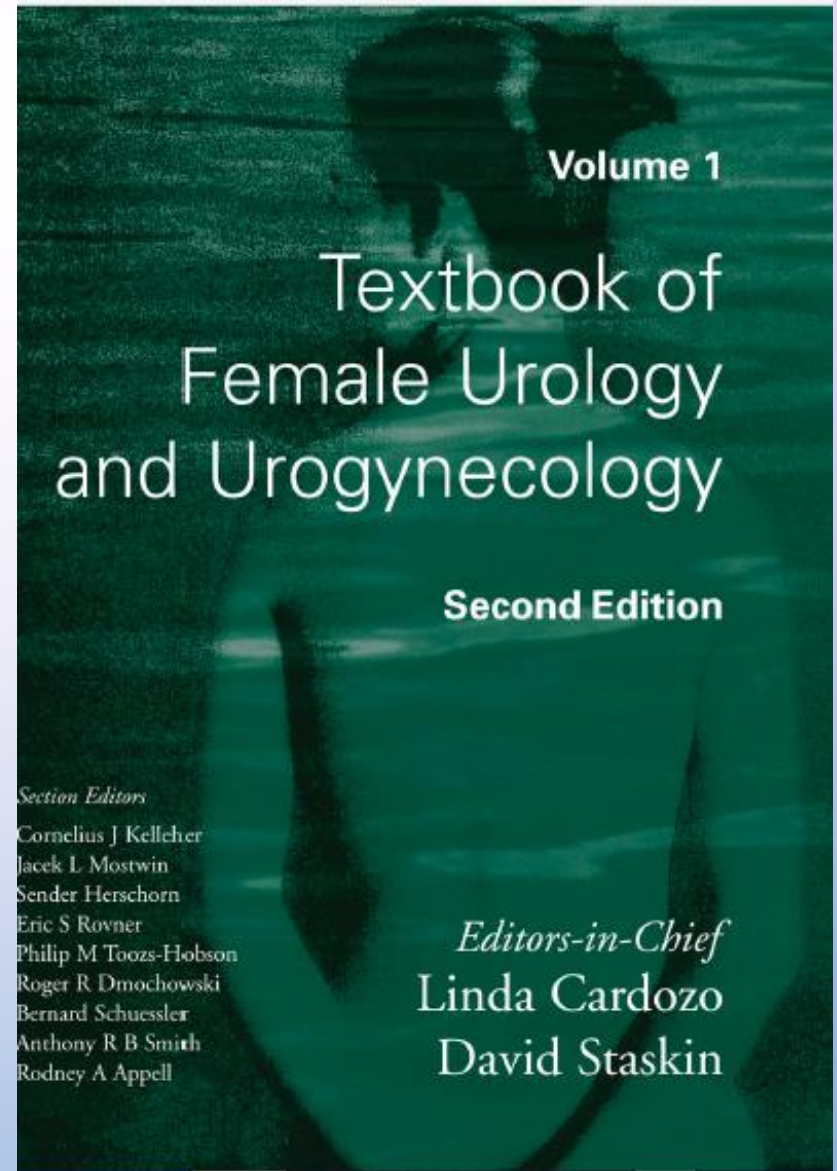
AT THE INTERNATIONAL CONTINENCE
SOCIETY MEETING IN 1986,

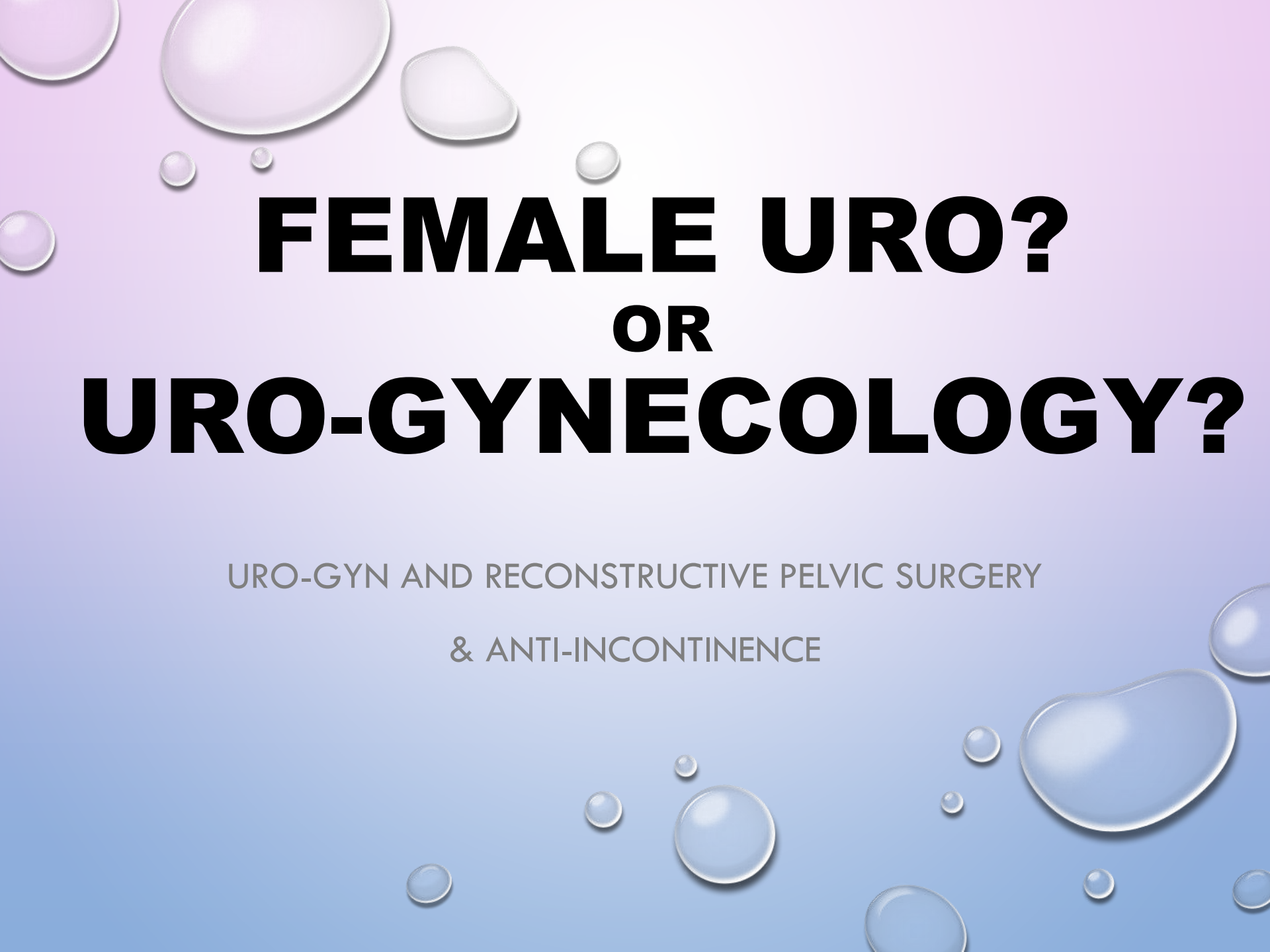
SIR RICHARD TURNER-WARWICK GAVE
AN ADDRESS IN WHICH

HE DEFINED THE **UROGYNECOLOGIST**
AS

- THE UROGYNECOLOGIST AS
'NEITHER THE GENERAL
- **UROLOGIST** NOR THE GENERAL
OBSTETRICIAN AND
GYNECOLOGIST,
- BUT SOMEONE WHO HAS
SPECIAL TRAINING AND
EXPERTISE IN GENITOURINARY
PROBLEMS IN WOMEN

TODAY, WE SHOULD
EXPAND THIS DEFINITION TO INCLUDE
UROGYNECOLOGY AND
**RECONSTRUCTIVE PELVIC
SURGER...** SUCH A DESCRIPTION
IMPLIES
A SURGEON WITH SPECIALIZED
TRAINING IN THE CONSERVATIVE
AND SURGICAL MANAGEMENT OF
WOMEN WITH URINARY INCONTINENCE
AND DISORDERS OF PELVIC FLOOR
SUPPORTS.



The background of the slide is a light blue gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered and reads:

FEMALE URO? OR URO-GYNECOLOGY?

URO-GYN AND RECONSTRUCTIVE PELVIC SURGERY
& ANTI-INCONTINENCE

THE WAY AHEAD:

AT THE OUTSET OF THE 21ST CENTURY, WE MUST CONSIDER WHAT LIES AHEAD. THE MAIN FIELDS OF RESPONSIBILITY OF UROGYNECOLOGISTS AND RECONSTRUCTIVE PELVIC SURGEONS INCLUDE:

- **EDUCATION;**
- SURGERY
- UROPHARMACOLOGY;
- NEUROPHYSIOLOGY;
- CONNECTIVE TISSUES (SUCH AS COLLAGEN);
- ULTRASONOGRAPHY/MAGNETIC RESONANCE IMAGING((MRI);
- QUALITY OF LIFE., BEHAVIOR MODIFICATION;

KELLY FIRST GYNECOLOGIST FROM JOHNS HOPKINS
UNIVERSITY MEDICAL SCHOOL, BELIEVED THAT
GYNECOLOGY AND UROLOGY WERE SO CLOSELY RELATED
THAT
NO PHYSICIAN IN EITHER FIELD COULD IGNORE THE OTHER.





GETTING UROLOGISTS AND GYNECOLOGISTS TOGETHER WAS LIKE HERDING CATS

Take this survey to help us understand whether anything has changed!..

Read more



**1893, KELLY
INVENTED A
CYSTOSCOPE, AND
WAS THE FIRST
PERSON**

**TO INSERT URETERAL
CATHETERS UNDER
DIRECT VISION.**

In his landmark paper in 1913, Kelly outlined operations for managing urinary incontinence in women.⁶ These included:

- puncture of the bladder and insertion of a catheter;
- closing the urethra and creating a vesicoabdominal fistula;
- closing the vagina and creating a rectovaginal fistula;
- compression of the urethra with an anterior colporrhaphy;
- periurethral injection of paraffin;
- advancement of the urethral meatus to the clitoris.

AN IMPORTANT EVENT OCCURRED AT THE
1986, YALE MEETING
– THE INTERNATIONAL **UROGYNECOLOGY**
JOURNAL WAS BORN.

- **KELLY**, THE FIRST PROFESSOR OF **GYNECOLOGY**
AT JOHNS HOPKINS MEDICAL SCHOOL, BELIEVED THAT
GYNECOLOGY AND UROLOGY WERE SO CLOSELY RELATED THAT
NO PHYSICIAN IN EITHER FIELD COULD IGNORE THE OTHER.

FEMALE
UROLOGY IN
IRAN
1997:



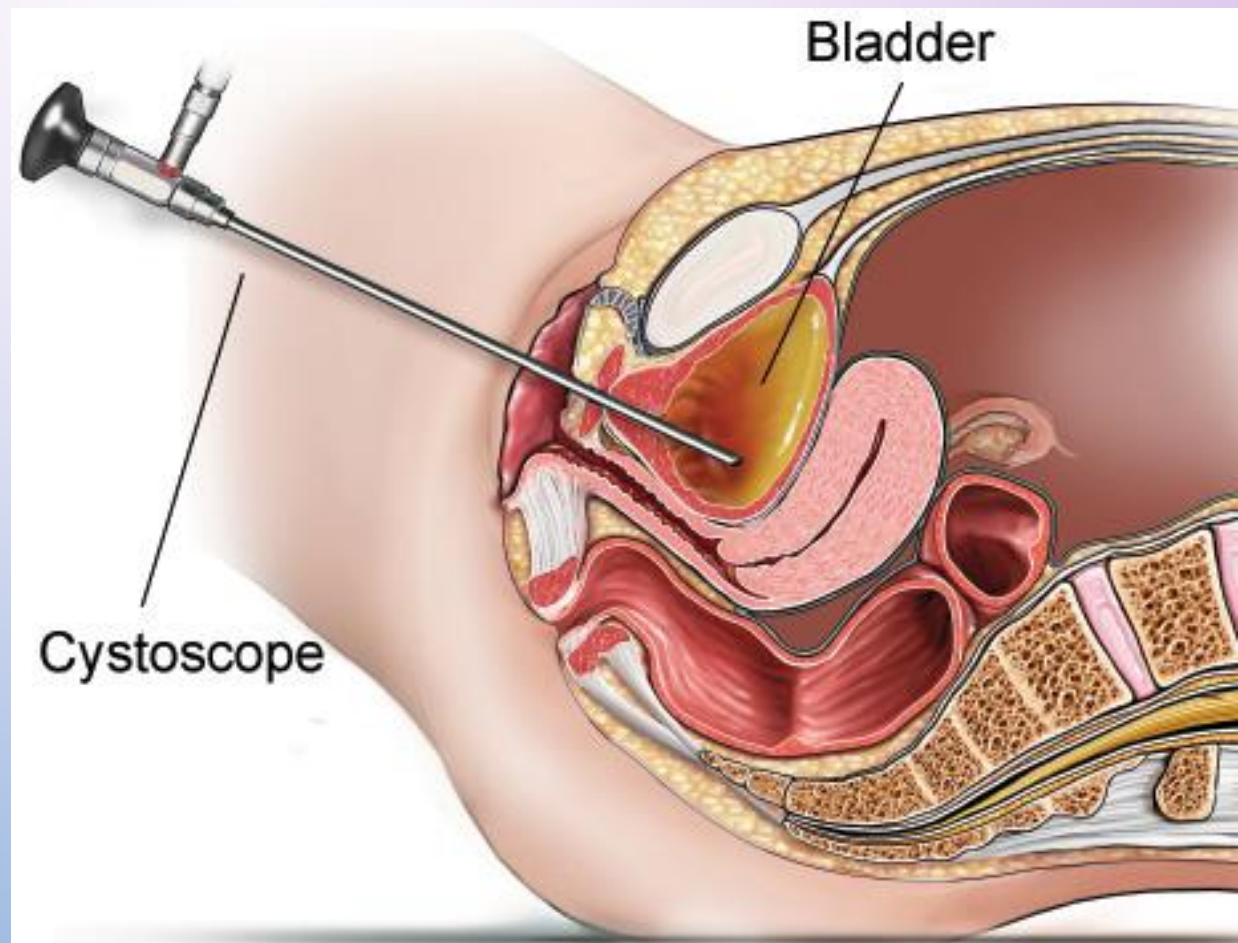
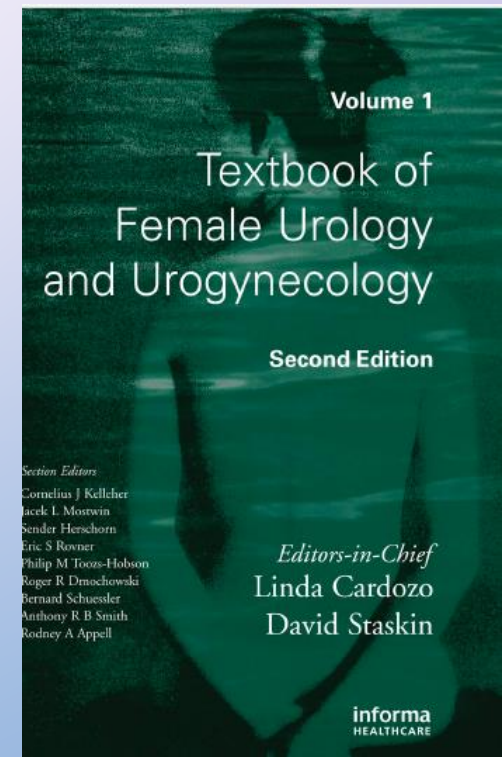


Figure 1

UROGYNECOLOGY

- THERE ARE TEXTBOOKS TO EDUCATIONL NEEDS OF PHYSICIANS AND TO SERVE AS A **CORE REFERENCE TEXT** IN UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY:
- FEMALE UROLOGY(RAZ)
- UROGYNECOLOGY(WALTERS)
- UROGYNECOLOGY(VASAVADA)
- ...



urinary incontinence



UI: “SOCIAL CANCER,”

- **THE IMPACT OF UI CANNOT BE MEASURED IN DOLLARS ALONE.**
- **A “SOCIAL CANCER,” UI IMPACTS EVERY FACET—SOCIAL, PHYSICAL, SEXUAL, PSYCHOLOGICAL, AND MEDICAL—OF HUMAN LIFE AT WORK AND AT HOME.**



• THE INTERNATIONAL CONTINENCE SOCIETY(ICS)

- A SIMPLE VERBAL OR WRITTEN INSTRUCTION IS NOT ENOUGH FOR A PERINEAL REHABILITATION PROGRAM
- ≈ 30 % OF WOMEN CAN NOT CONTRACT THE MUSCLES OF THE PERINEUM ONLY WITH THE VERBAL COMMAND.

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Welcome to the International Continence Society

The ICS is a registered charity with a global health focus which strives to improve the quality of life for people affected by urinary, bowel and pelvic floor disorders by advancing basic and clinical science through education, research, and advocacy.

Learn more about the ICS.

Become an ICS member
There are many reasons to join us, [see all the benefits](#) our members enjoy.

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ICS 2014 Scientific Programme
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ICS 2014 Rio de Janeiro

Trainee Session 2014 - capacity increased!
05 August 2014

1 day left to apply for the trainee session!
31 July 2014

Congratulations to the Nursing Forum speakers
31 July 2014

ICS News July 2014 is available now
25 July 2014

Bladder Diary Day off to a Great Start
18 July 2014

2 weeks left to apply for the Trainee Session 2014!
18 July 2014

4 days left to apply! Standardisation Steering Committee - Working Group Applications

Journal of Neurology and Urodynamics delivery survey
17 July 2014

Dr. zanra saaar kezaeran

10/31/2022

18

[HTTP://WWW.ICS.ORG/](http://www.ics.org/)

MEMBERSHIP FEE £75.00/YEAR

ICIQ F LOWER URINARY TRACT SYMPTOM LONG FORM

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Original Article

Reliability and Validity of the Persian Language Version of the Female Lower Urinary Tract Symptoms' Long form Questionnaire

Abstract

Background: Lower urinary tract symptoms (LUTS) are important and prevalent health problems that seriously affect many women and their quality of life (QOL). The female LUTS long form (FLUTS-LF) is a robust measure to assess the QOL of women. This study aimed at translating FLUTS-LF and assessing the reliability and validity of this questionnaire among Iranian patients with LUTS. **Materials and Methods:** Forward and backward translations of FLUTS-LF questionnaire were carried out by the research team. Data collection was conducted from November 2015 to March 2016 in Isfahan, Iran. A total of 237 women completed the Persian version of FLUTS-LF, incontinence QOL, and International Prostate Symptom Score (IPSS) questionnaires. We evaluated Cronbach's alpha coefficient, intraclass correlation coefficient (ICC), stability (reliability), and confirmatory factor analysis (CFA) of the questionnaire. **Results:** The mean (standard deviation) age of the participants was 45.4 (12.50) years (range 20–70 years). Face and content validities were acceptable and missing data comprise 2% of the total data. Internal consistency (Cronbach's alpha) of the urinary symptoms

AbbasAli
Pourmomeny¹,
Samane Alebouye-
Langeroudi¹,
Mahtab Zargham²

¹Pelvic Floor Research Centre, Department of Physical Therapy, School of Rehabilitation Sciences, Isfahan University of Medical Sciences, Isfahan, Iran, ²Department of Urology, School of Medicine, Isfahan University of Medical

پرسشنامه ICIQ-UISF

بسیاری از مردم گاهی وقتها دچار نشت ادراری می شوند. ما سعی می کنیم تا بدانیم چه تعداد از مردم نشت ادراری دارند و چقدر این مسئله برای آنها نراحت کننده است ما خوشحال می شویم که شما بتوانید با یادآوری وضعیت خود در چهار هفته گذشته، به سوالات زیر پاسخ دهید.

۱ | تاریخ تولد:

۲ | مرد زن

۳ | هر چند وقت یکبار نشت ادراری دارید؟

- ۰- هرگز
- ۱- حدود یک بار در هفته
- ۲- ۲-۳ بار در هفته
- ۳- یکبار در روز
- ۴- چندین بار در روز
- ۵- همیشه

۴ | میزان نشت ادراری شما چقدر است؟ آیا از پوشک و... استفاده می کنید؟

- ۰- نه
- ۱- مقدار کم
- ۲- مقدار متوسط
- ۳- مقدار زیاد

۵ | نشت ادراری چقدر کیفیت زندگی شما را تحت تاثیر قرار داده است؟

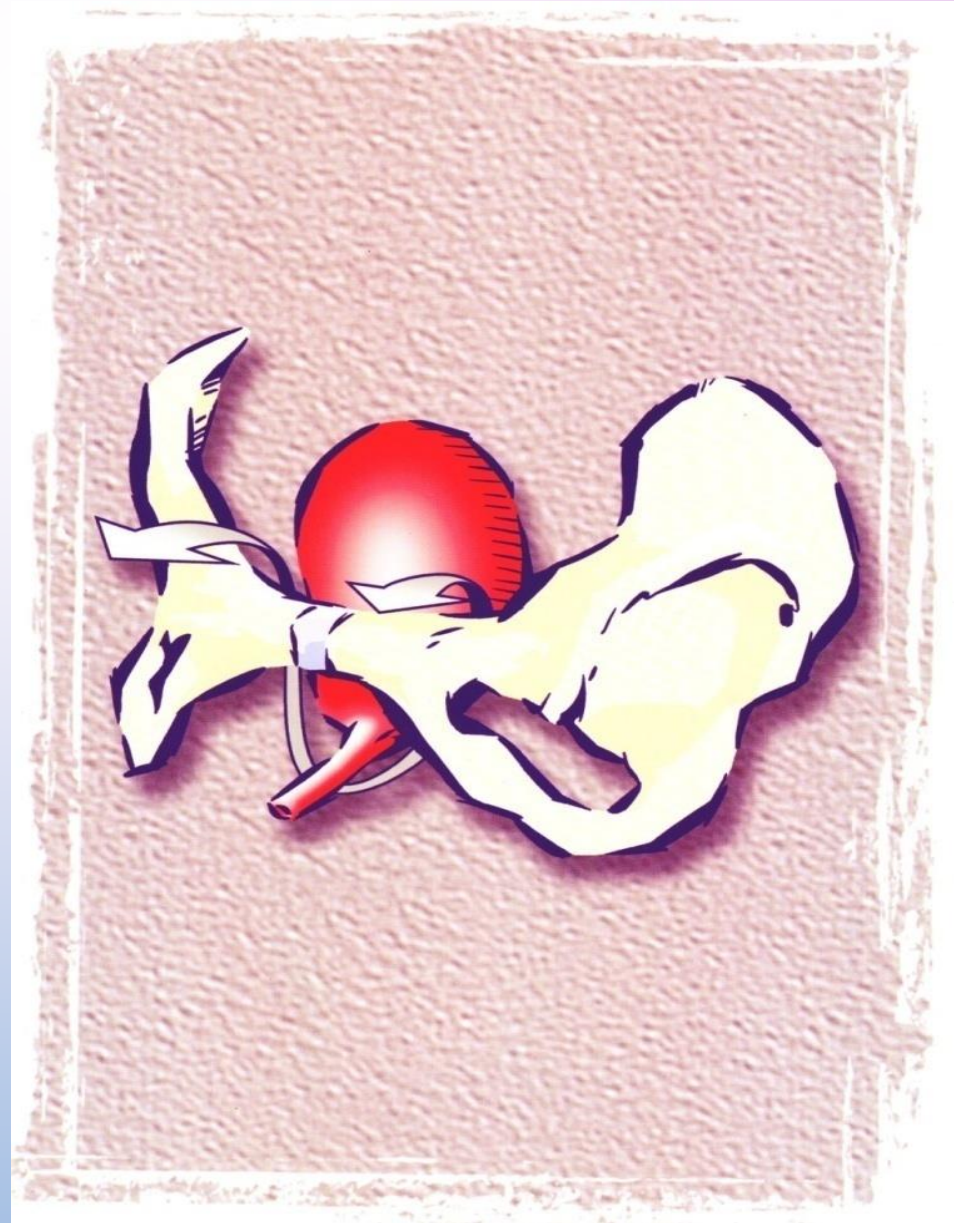
فوق العاده ۰ ۱ ۲ ۳ ۴ ۵ ۶ ۷ ۸ ۹ ۱۰ هیچ

۶ | نشت ادراری شما در چه زمانی اتفاق می افتد؟

- هرگز
- درست قبل از اینکه خود را به توالت برسانید
- وقتی سرفه یا عطسه می کنید
- وقتی خواب هستید
- وقتی فعالیت بدنی یا ورزش می کنید
- نشت وقتی که دفع ادرار تمام شده و می خواهید لباس زیرتان را بپوشید. بلافاصله بعد از تمام شدن دفع ادراری
- بدون دلیل مشخص
- همیشه

مجموع امتیازات: ۵ + ۴ + ۳ =

MINIMAL
INVASIVE
VAGINAL
SURGERY:
TVT



MINIMAL INVASIVE SLING OR TVT

ALTHOUGH
THE PROXIMAL URETHRA IS THE
PRIMARY CONTINENCE
MECHANISM, THE DISTAL
URETHRA APPEARS TO PLAY AN
ESSENTIAL ROLE AS A
COMPENSATORY MECHANISM.
REPAIRS DIRECTED AT EITHER
THE BLADDER NECK OR THE
DISTAL URETHRA APPEAR TO BE
EFFECTIVE.



Ulmsten U, Petros P. Intravaginal slingplasty (IVS): an ambulatory surgical procedure for treatment of female urinary incontinence. *Scand J Urol Nephrol* 1995; 29:75–82.

ALTHOUGH NUMEROUS SLING PROCEDURES HAVE BEEN DESCRIBED...

THE TOT
POLYPROPYLENE SLING
OFFERS AN INEXPENSIVE,
SAFE, AND SIMPLE
ALTERNATIVE TREATMENT
FOR PATIENTS WITH SUI.
THE PROCEDURE OFFERS
HIGH OBJECTIVE BUT
LOWER PATIENT-
DETERMINED, SUBJECTIVE
CURE RATES.



Delorme E, Droupy S, de Tayrac R, Delmas V.
Transobturator tape (Uratape): a new minimally-invasive
procedure to treat female urinary incontinence. *Eur Urol*
2004;45(2):203–207.



[J Res Med Sci](#). 2013 Jul; 18(7): 588–593.

PMCID: PMC3897027

PMID: [24516492](#)

Concomitant surgical correction of severe stress urinary incontinence and anterior vaginal wall prolapse by anterior vaginal wall wrap: 18 months outcomes

[Mahtab Zargham](#), [Farshid Alizadeh](#), [Farhad Tadayyon](#), [Mohammad-Hatef Khorrami](#), [Kia Nouri-Mahdavi](#), [Mohammad Reza Gharaati](#), [Mohammad Hossein Izadpanahi](#), [Mohammad Yazdani](#), and [Hamid Mazdak](#)

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PROLAPSE

SURGICAL MANAGEMENT OF
PELVIC ORGAN PROLAPSE





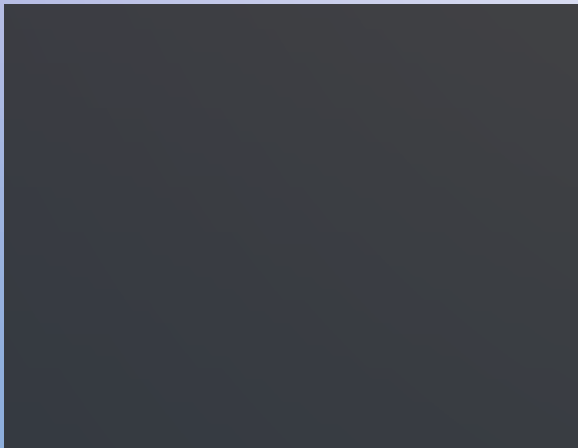
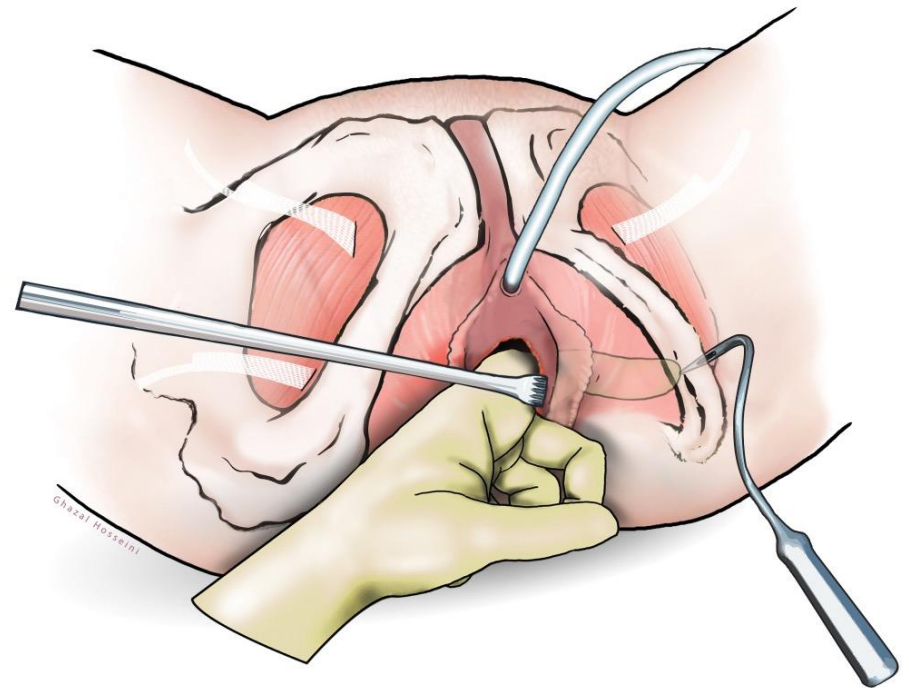
Transvaginal repair of anterior vaginal wall prolapse with polyvinylidene fluoride (PVDF) mesh: an alternative for previously restricted materials?

Mohammad-Javad Eslami¹ • Mahtab Zargham¹ • Farshad Gholipour² • Mohammadreza Hajian³ • Katayoun Bakhtiari⁴ • Sakineh Hajebrahimi⁵ • Melina Eghbal⁶ • Ziba Farajzadegan⁷

Received: 4 June 2021 / Accepted: 8 August 2021
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Abstract

Introduction and hypothesis To study the mid-term safety and functional repair using polyvinylidene fluoride (PVDF) mesh (DynaMesh®-PR4)



URODYNAMIC STUDY

- THE TERM URODYNAMICS ENCOMPASSES

A VARIETY OF COMPLEMENTARY TECHNIQUES OF VARYING COMPLEXITY

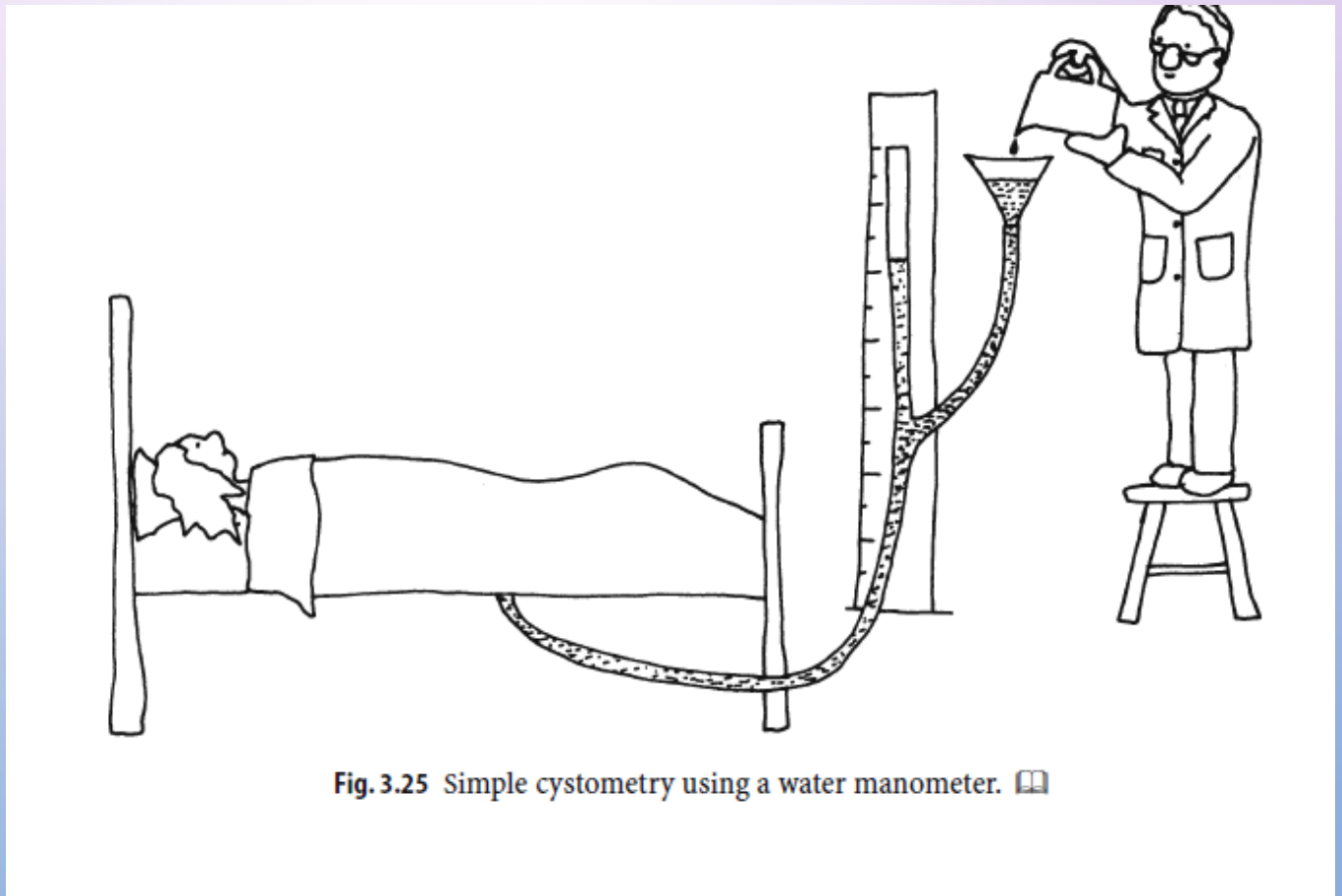
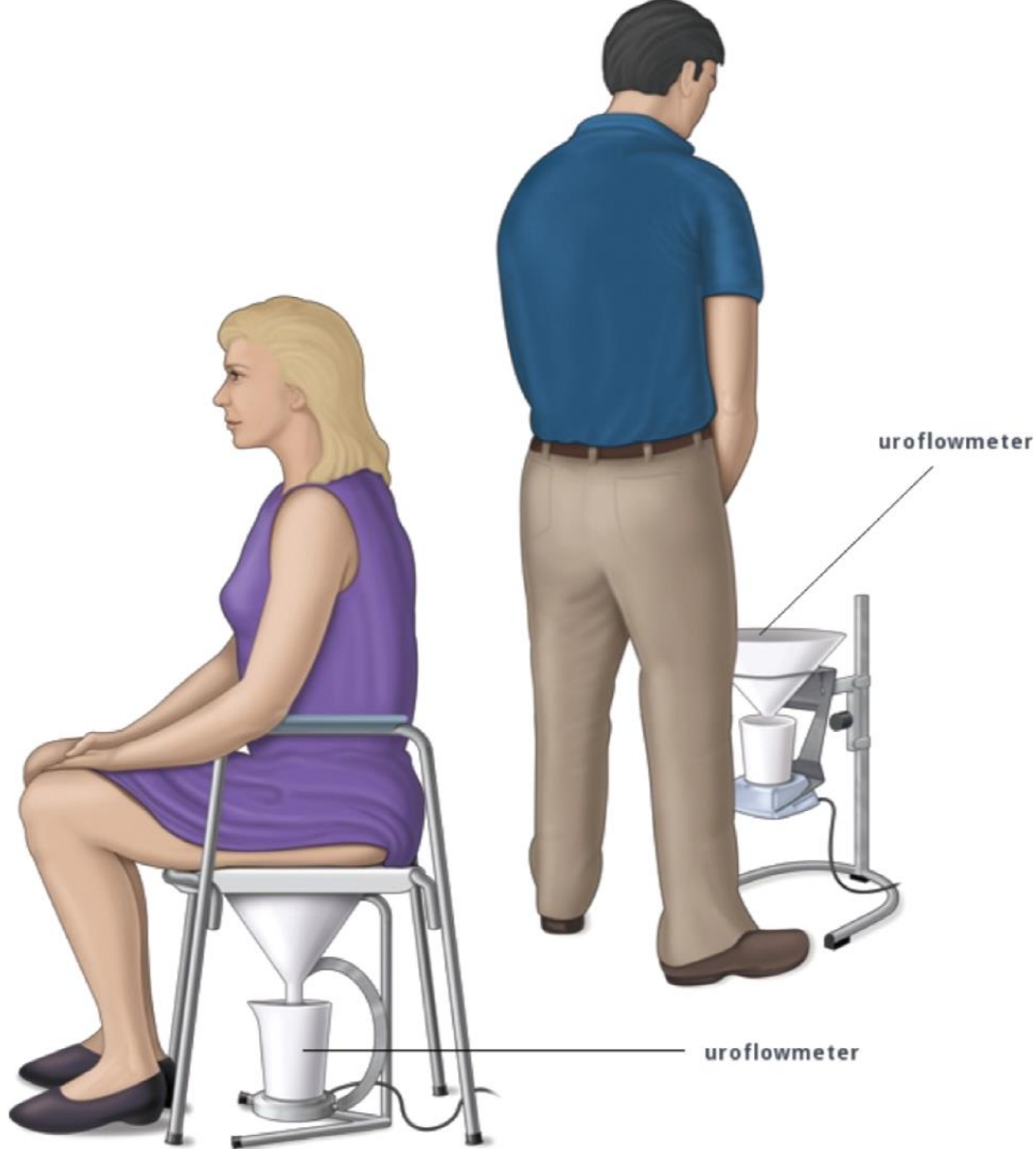
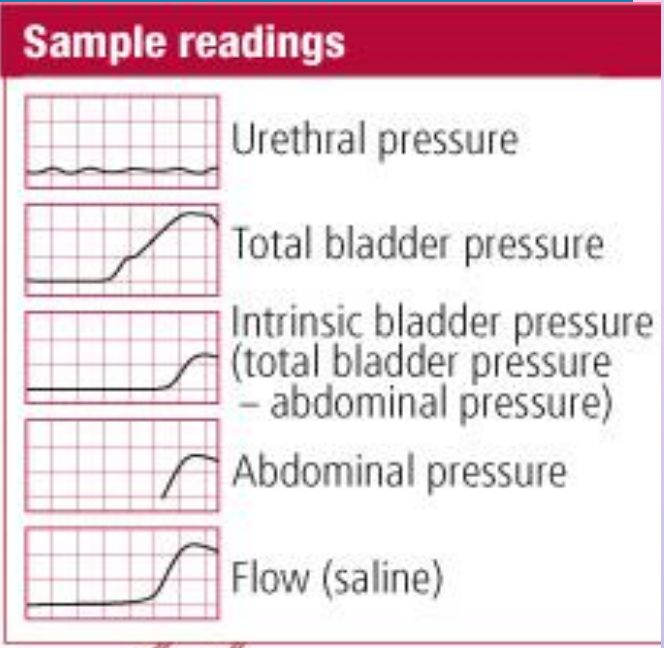
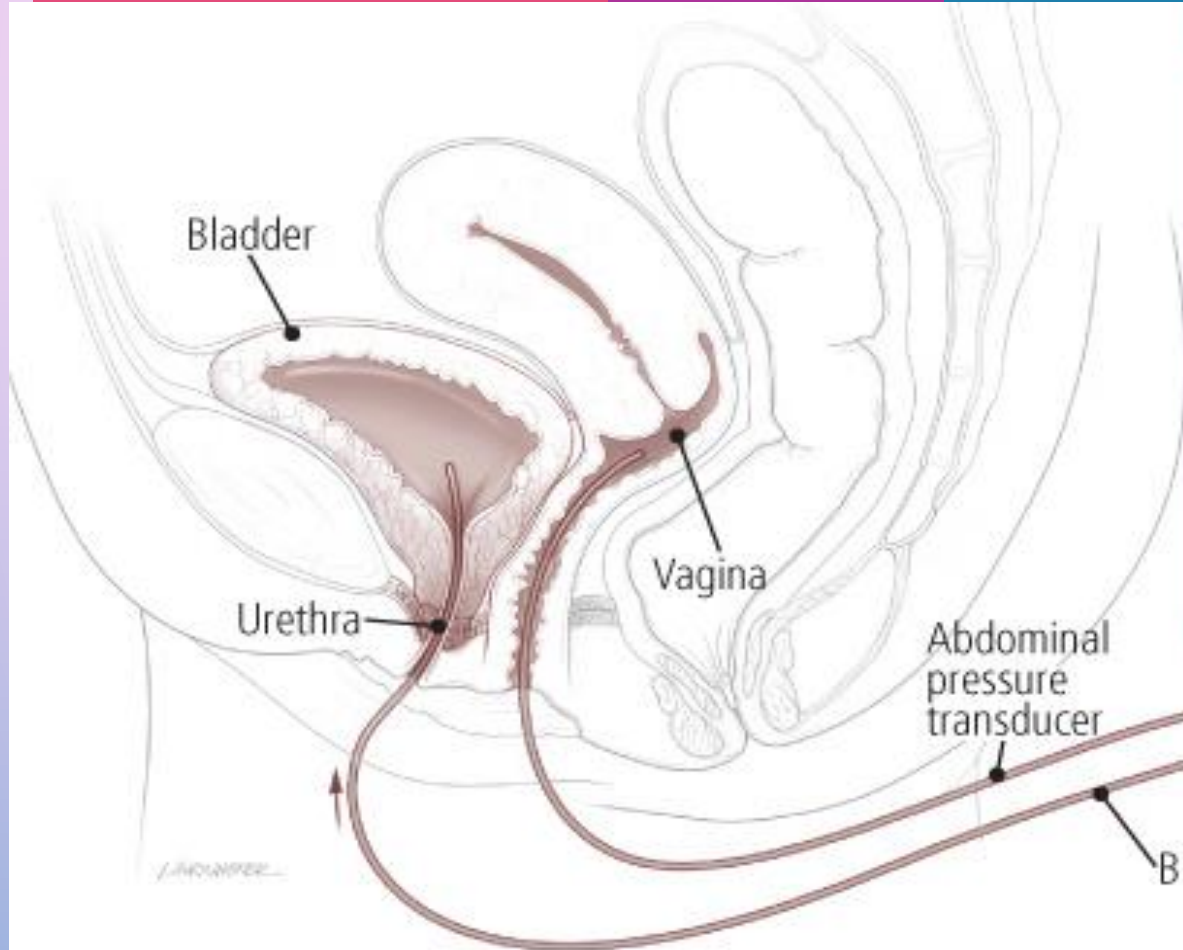


Fig. 3.25 Simple cystometry using a water manometer. 📖

UROFLOWMETRY





URODYNAMIC EVALUATION



دکارت طبقات و طبّاری
مدرسه طبّ و علوم طبّی

اطلس یورودینامیک و اختلالات ادرار کردن

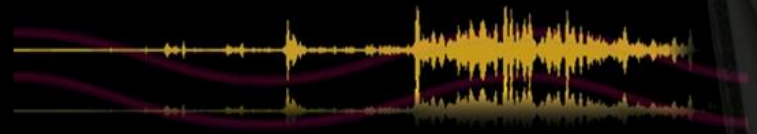


تألیف:








دکتر مهتاب ضرغام

و اعضاء هیأت علمی گروه اورولوژی

دانشگاه علوم پزشکی اصفهان



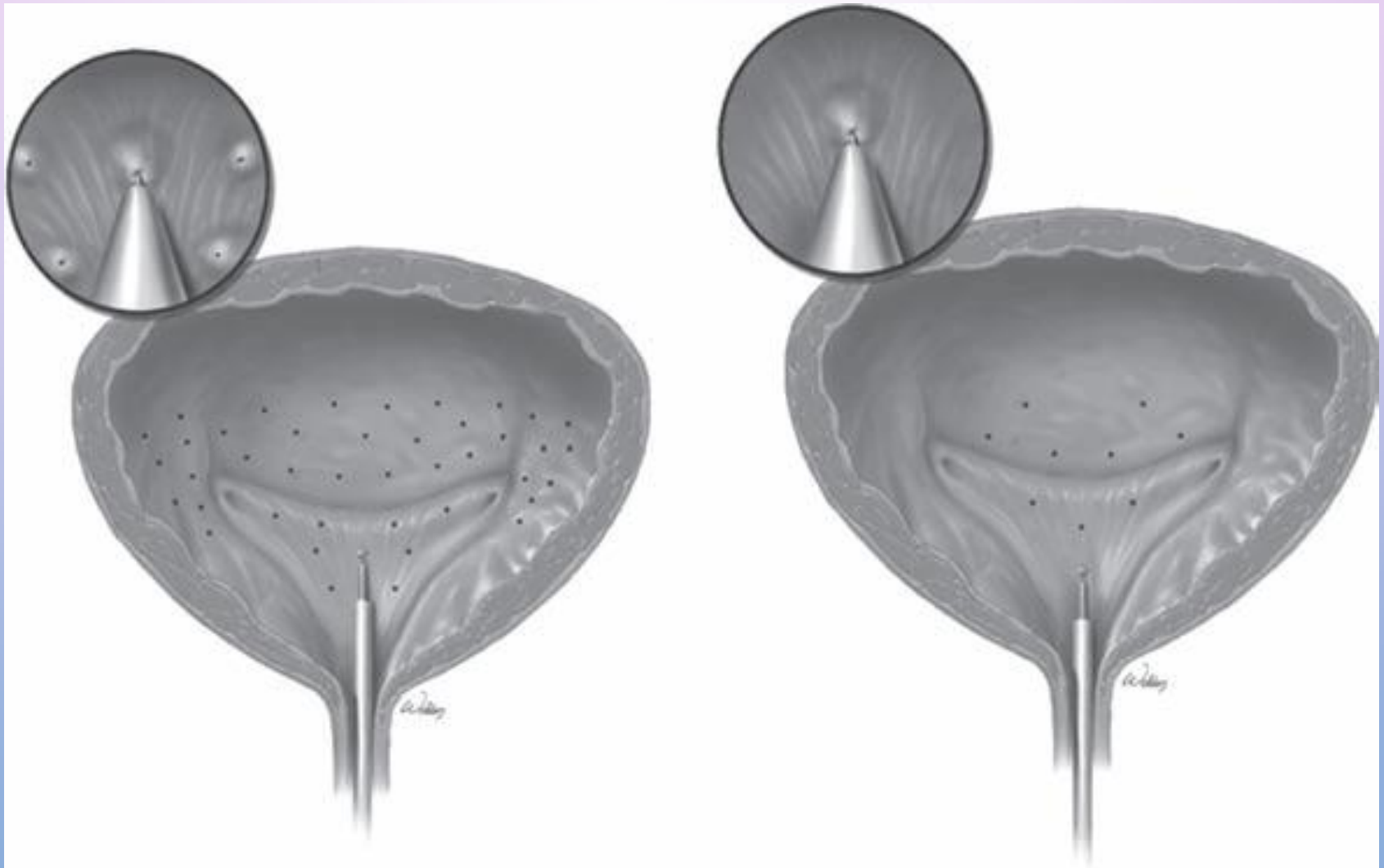
Association between lower urinary tract symptoms (LUTS) and obsessive-compulsive disorders (OCD) in women: A study based on urodynamic findings and micturition problem

Mohammad R. Rezaeimehr¹  | Mahtab Zargham²  | Zahra Jahanabadi¹  |
Firozeh Afsar¹  | Mohammad S. Rahnama'i³  | Mohammad R. Sharbafchi⁴  |
Hamid Mazdak⁵ 

- FEMALE INCONTINENCE IS BEST MANAGED IN A MULTIDISCIPLINARY FASHION.



**DIAGRAM DEPICTING BOTULINUM
TOXIN INJECTION SITES WITHIN THE
DETRUSOR MUSCLE OF THE BLADDER.**





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March-April 2021

Vol. 18 No. 02 (2021)

Evaluation of Therapeutic Effect of Intratrigoanal Injection of AbobotulinumtoxinA(Dysport) and Hydrodistention in Refractory Interstitial Cystitis /Bladder Pain Syndrome

Mahtab Zargham ; Mahdieh Mahmoodi ; Hamid Mazdak ; Farhad Tadayon ; Mansooreh Mansori ; Maryam Kazemi ; Mohamad Hatef Khorami ; Narjes Saberi

Urology Journal, Vol. 18 No. 02 (2021),, Page 203-208

<https://doi.org/10.22037/uj.v16i7.5879>

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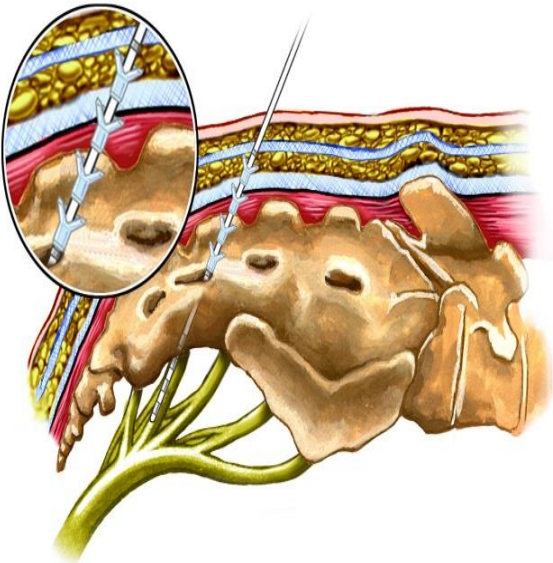


SNM

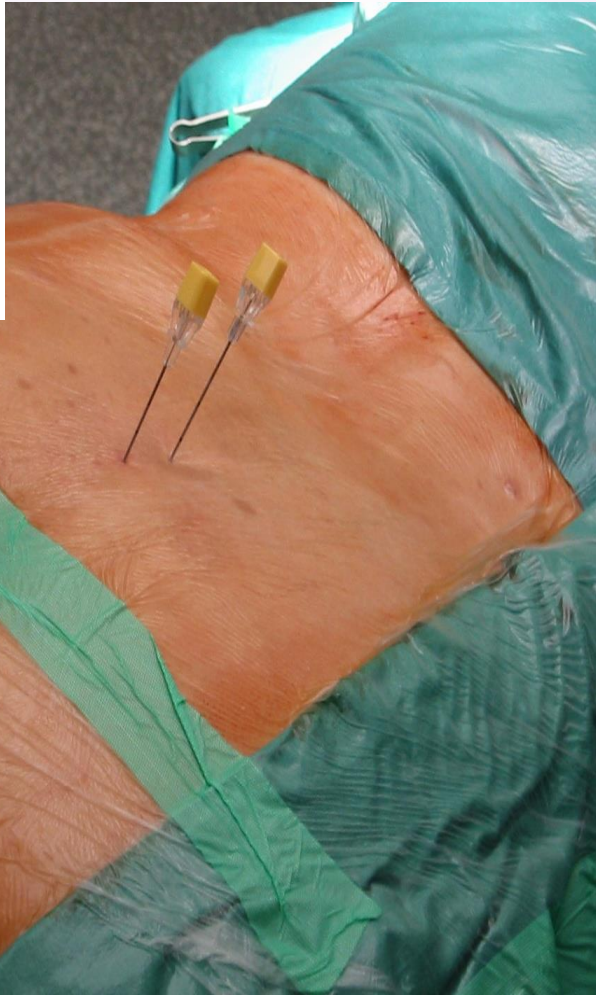
SACRAL NEUROMODULATION
INFLUENCES BOTH
THE CENTRAL AND PERIPHERAL
NERVOUS SYSTEMS THROUGH
A VARIETY OF PATHWAYS.

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