WE ARE SPECIALISTS FROM VARIOUS MEDICAL DISCIPLINES WHO TREAT WOMEN, MEN AND CHILDREN AFFECTED BY PELVIC ORGAN DYSFUNCTION, BE IT THOSE WITH OR WITHOUT A NEUROLOGICAL DISEASE.
DEAR PATIENTS,

Many people affected by spinal cord or brain injuries, strokes, Parkinson's disease, multiple sclerosis or other neurological diseases suffer from pelvic organ dysfunction. Modern treatment concepts can effectively control these problems, thus avoiding medical complications and improving the quality of life of those affected. At the ZURICH PELVIC REHABILITATION PROGRAM, we offer careful and comprehensive evaluations and an extensive spectrum of individualized treatment options for pelvic organ dysfunctions.

Pelvic organ dysfunction can affect anybody – young and old, women and men. Thanks to enormous progress, embracing discoveries and new technologies, today effective treatments of bladder, bowel and sexual dysfunctions are possible. Complications can be avoided and quality of life can be reestablished. At the KontinenzZentrum Hirslanden, experienced specialists treat women, men and children affected by pelvic organ dysfunction, different types of incontinence and voiding dysfunction. Our longstanding experience and specialized expertise make it possible for us to evaluate a broad spectrum of medical problems, as we approach every person individually and go on to achieve successful treatments with them.

Don’t hesitate to contact us – we’ll help you to find your personal solution!
Pelvic organ dysfunction (associated with or without disease of the nervous system) includes one or more of these problems:

- Urinary tract dysfunction, including urinary incontinence or retention
- Pelvic floor dysfunction
- Bowel dysfunction, including fecal incontinence
- Sexual dysfunction in women and men
- Infertility in women and men
- Chronic pelvic pain syndrome

Nervous system injuries and diseases that can cause pelvic organ dysfunction:

- Traumatic spinal cord injury
- Congenital spinal cord lesion (spina bifida)
- Spinal cord compression and disc disease
- Spinal stenosis and spine surgery
- Traumatic brain injury
- Brain tumors and brain surgery
- Multiple sclerosis
- Parkinson’s disease
- Stroke
- Dementia
- Peripheral polyneuropathy, with diabetes mellitus or Guillain Barré syndrome
- Pelvic surgery
During their five-day hospital stay at the Klink Hirslanden, patients receive careful and comprehensive medical evaluations. Special consideration is given to the underlying neurological disease and its effects on one’s pelvic organ function.

Evaluation of lower-urinary tract functions
Basic evaluation includes medical history, urinalysis, blood chemistry and renal function tests.

Urodynamic evaluation and measurement of pelvic-floor muscle activity identify the reasons behind urinary incontinence and voiding dysfunction. Thanks to precise measurements and functional testing, it is possible to distinguish urinary storage problems from urinary voiding dysfunction – and identify the cause of incontinence.

Advanced ultrasound, radiology and endoscopy techniques evaluate shape and position of individual urinary tract organs.

Evaluation of bowel function using anorectal manometry and advanced ultrasound techniques evaluates bowel function in patients affected by constipation or stool leakage (fecal incontinence).

Evaluation of pelvic floor and sexual function
Pelvic floor and sexual dysfunctions can be consequences of disease of the nervous system. Neurophysiological tests of pelvic nerves including measurement of pelvic reflexes, nerve-conduction testing of the pelvic and leg nerves, electromyography or somato-sensory evoked potential of the pudendal and/or tibial nerve help to identify promising treatment options.
Pelvic organ dysfunction in a chronic neurogenic disease can vary considerably, even within a relatively short period of time. Meticulous follow-up and regular checks are necessary to preserve health and quality of life. Early diagnosis and treatment are essential in both congenital and acquired pelvic-organ dysfunction. Irreversible changes (especially within the lower urinary tract) may occur if not treated. Regular follow-up, early intervention and adequate treatment can prevent irreversible deterioration of both the lower and upper urinary tracts. Follow-up intervals depend on the individual-risk and complication profiles; in general, a follow-up is recommended every one or two years.

During a three-day hospital stay at the Klinik Hirslanden, the follow-up evaluation comprises a consultation with urine and blood tests and a urodynamic study that includes ultrasound, radiology and/or endoscopy. According to the results, the treatment of lower-urinary tract dysfunction can be adapted to minimize risk factors and complications, such as urinary tract infections and urinary incontinence. If needed, a bowel and/or sexual/reproductive function reevaluation would be performed.

**Additional medical services and consultations**
- Neurologic reevaluation
- Neurorehabilitation
- Physiotherapy
- Occupational therapy
- Reevaluation of other medical problems
- Second opinion consultations
We offer several conservative approaches and, in the event that surgery would be needed, our medical expertise would lead to effective surgical treatment. This would hold true in both clear-cut and complicated situations.

**Conservative therapies**
- Non-invasive therapies
- Medication for pelvic-organ dysfunction
- Pelvic-floor therapy in children and adult
- Bio-feedback in children and adults
- Functional stimulation of the pelvic floor muscles
- Functional stimulation of the tibial and of the pudendal nerves
- Elektro Motive Drug Administration, in the treatment of interstitial cystitis
- Intravesical electrostimulation

**Surgical treatments**
- Video- and endoscopic-supported training of the urethral sphincter
- Alternative medicine approaches (hypnotherapy, Mind-Body medicine)
- Instruction on the use of catheters and other tools
- Injection of a bulking agent into the urethra, to treat incontinence
- Injection of Botulinum toxin, to treat overactive bladder and urinary retention
- Urethral slings for women and men
- Interventions of pelvic-floor reconstructions
- Endoscopic intervention, to treat the urethra, prostate and bladder
- Urethral sphincter prosthesis, to treat incontinence after prostate surgery (ProACT, ATOMS, AMS 800)
- Sacral neuromodulation with INTERSTIM-therapy
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Please visit our website for further information:
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EXPERTISE YOU CAN TRUST.

PLEASE CONTACT HIRSLANDEN INTERNATIONAL FOR ADMINISTRATIVE SUPPORT. THE HIRSLANDEN INTERNATIONAL TEAM PROVIDES YOU WITH PERSONAL ADVICE.

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