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# **Urogynecology in the Philippines: Past, present, and future**

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#### **Abstract:**

Urogynecology and Reconstructive Pelvic Surgery has long been recognized specialty in the field of obstetrics and gynecology and it is not new to any of us. In 1979, the American College of Obstetrics and Gynecology officially recognized this field as a subspecialty. In the Philippines, however, urogynecology is still in its infancy stage. Urogynecology concerns problems of the female genital tract and lower urinary and lower intestinal tract disorders. More commonly, we provide care to women with various pelvic floor disorders such as pelvic organ prolapse, fecal incontinence, and bladder control problems, specifically urinary incontinence. They are, at present, aspects of women's health that are frequently neglected or ignored. With the recent emphasis on women's health and quality of life, caring for women with various pelvic floor disorders would become an increasingly important aspect of women's healthcare. Moreover, for a rapidly growing and aging population, the demand for such care will inevitably escalate.

#### **Keywords:**

Female pelvic medicine, pelvic floor disorders, urogynecology

### Introduction

Urogynecology and Reconstructive Pelvic Surgery has long been recognized specialty in the field of obstetrics and gynecology. In 1979, the American College of Obstetrics and Gynecology officially recognized this field as a subspecialty. In the Philippines, however, urogynecology is still in its infancy stage.

The subspecialty focuses on conditions that are frequently neglected or ignored aspects of women's health. With the recent emphasis on women's health and quality of life, caring for women with various pelvic floor disorders would become increasingly important. Moreover, for a rapidly growing and aging population, the demand for such care will inevitably escalate.

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### Urogynecology as a Subspecialty

The field of urogynecology concerns problems of the female genital and lower urinary and lower intestinal tracts, which, being close and having a common embryologic origin, often have coexistent disorders. Urogynecologic disorders are, more often than not, conditions of the female pelvic organs that have been damaged by pregnancy, childbirth, menopause, surgery, or malignancy and its treatment. The subspecialty of urogynecology and pelvic reconstruction deals with disorders that include, but are not limited to, those listed in Table 1.

In Southeast Asia, there are already several urogynecology centers, such as those in Singapore, Thailand, Malaysia, and Taiwan. Only recently, there has been a growing interest in this field of pelvic reconstruction in the Philippines. Although the volume of patients is not wanting, more subspecialists would be needed to adequately provide care to the growing number of women who need them.

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## Table 1: Scope of urogynecology and pelvic reconstructive surgery

Pelvic organ prolapse

Conditions of the lower genitourinary tract

Urinary incontinence

Recurrent urinary tract infections

Voiding dysfunction

Bladder neuropathy

Genitourinary fistula

Urethral masses

Benign genitourinary neoplasms

Urinary tract involvement of obstetric or gynecologic disorders

latrogenic injury to the lower genitourinary tract

Painful bladder syndrome

Conditions of the anorectum

Fecal incontinence

Defecatory dysfunction

Rectovaginal fistula

Obstetric anal sphincter injuries

Episiotomy site endometriosis

Abnormal placentation with involvement of the urinary bladder

Placenta accreta/percentage

Dense pelvic and genitourinary adhesions

Labial/vaginal synechiae

Pelvic reconstruction for mullerian tract anomalies (such as vaginal agenesis)

Female sexual dysfunction

# The Philippine Society for Urogynecology and Reconstructive Pelvic Surgery

The Philippine Society for Urogynecology and Reconstructive Pelvic Surgery (PSURPS), officially created in October 2007, is a nonprofit organization composed of highly specialized gynecologists who manage various pelvic floor disorders. The members are board-certified obstetricians—gynecologists who underwent further subspecialty training in urogynecology locally and abroad.

It all began in 2005. At that time, the Philippines had five formally trained urogynecologists – namely, Lennette C. Chan, Maria Teresa C. Luna, Manuel S. Ocampo J. R, Lisa T. Prodigalidad-Jabson, and Judith M. Sison. One afternoon, they decided to get acquainted with each other in the hopes of future collaborations. They each had their urogynecology training abroad, particularly in Australia (Lennette C. Chan), Japan (Maria Teresa C. Luna), Singapore (Manuel S. Ocampo Jr), and the United Kingdom (Lisa T. Prodigalidad-Jabson and Judith M. Sison), respectively.

In 2007, the group was called upon by the incoming President of the Philippine Obstetrical and Gynecological Society (POGS), Dr. MA. Corazon Zaida N. Gamilla, and the Asia-Oceania Federation in Obstetrics and Gynecology Secretary-General, Dr. Walfrido S. Sumpaico, to take the lead in a joint project with the International

Urogynecological Association (IUGA). This was the 2008 IUGA exchange program – a 2-day workshop conducted by international and local faculty to local obstetriciansgynecologists. The appointed Chair of the Local Host Faculty was Dr. Lisa Prodigalidad-Jabson.

In October 2007, the PSURPS was formally established. The elected officers were as follows: Lisa Prodigalidad-Jabson as Founding President, Judith Sison as Vice President, Maria Teresa Luna as Secretary, Lennette Chan as Treasurer, and Manuel Ocampo J. R. as Public Relations Officer. The seven founding members consisted of the five board members, with the addition of Almira J. Amin-Ong MD and Jennifer Marie B. Jose MD.

The IUGA eXchange Manila program was held in March 2008 in Universidad de Sto. Tomas (UST) and consisted of a day of didactic lectures and a day of hands-on workshops including an Obstetric Anal Sphincter Injuries (OASIS) Workshop. In attendance were six IUGA international faculty including then IUGA President Professor Charles Su.

Following the success of the society's first international collaborative activity in 2008, the society then sought official registration and recognition from national organizations. Then came the birthing pains of any new society. Initial resistance to PSURPS came from the Philippine College of Surgeons and the Philippine Urological Association. In November 2009, the POGS President Lourdes B. Capito and Board of Trustees officially recognized the Philippine Society for Urogynecology and Reconstructive Pelvic Surgery (PSURPS) as a subspecialty society of POGS. Then, by December 2009, through the intervention of the Philippine Medical Association (PMA) and the active support of the POGS incoming President Regta L. Pichay, the PCS and the PUA acquiesced.

At this time, the Philippine Board for Urogynecology and Reconstructive Pelvic Surgery (PBURPS) was also created to ensure the quality of training and education. Dr. Judith Sison stood as its first chair.

In the years that followed, the society also became an affiliate society of the IUGA and was recognized as well by the Asia-Pacific Urogynecological Association (APUGA).

Since then, the society has conducted a second IUGA exchange program in 2010, continued medical education activities, and yearly Obstetric anal sphincter injuries (OASIS) hands-on workshops since 2014, including precongress workshops to the POGS annual convention. During the COVID pandemic, PSURPS continued its mission to teach through regular webinars and by conducting several OASIS hands-on workshops virtually.

At present, the PSURPS has 18 active members, four of whom are based outside the National Capital Region. Its members are often invited to speak at various international, regional, and local conventions and symposia and help disseminate urogynecological knowledge and skills.

PSURPS may be young, but it has placed the Philippines in the Urogynecology map both regionally and internationally. Moreover, it shall continue its mission of enhancing the quality of life and female pelvic health through education, training, and quality health-care delivery.

# Training in Urogynecology and Reconstructive Pelvic Surgery

Cognizant of the need for improved care of women with pelvic floor disorders, the Department of Obstetrics and Gynecology of the University of the Philippines College of Medicine-Philippine General Hospital, with guidance and support from the Chair, Dr. Virginia De Jesus, modified the core curriculum of its Residency Training Program to include a 1-month rotation in urogynecology for year level four resident physician trainees to enhance the knowledge and experience of the resident trainees.

In March 2004, the first Urogynecology and Pelvic Reconstruction Clinic was opened in the Outpatient Department of the Philippine General Hospital. It was the first of its kind and served as a specialty clinic that would determine appropriate investigative or diagnostic work-up and develop a proper plan of management. Postoperative patients, as well as patients undergoing medical and/or behavioral therapy, were seen and followed up at the clinic. At that time, an average of 10-15 patients were seen per day at the outpatient clinic with various diagnoses including pelvic organ prolapse (55%), urinary incontinence (39%), urinary retention/neurogenic bladder (2.5%), urethral diverticulum (2.5%), vesicovaginal fistula (1%), neglected fourth-degree laceration (1%), recurrent urinary tract infection (1%), vaginal mass (1%), and congenital anomalies (1%).

An urogynecology laboratory was likewise created in the hospital ward and served as the unit for urodynamic evaluation and other urogynecological studies. Both the clinic and the laboratory were handled by the year-level four resident physician trainee and directly supervised by Dr. Lisa T. Prodigalidad-Jabson.

By 2005, a proposal for a 2-year postgraduate fellowship training program in Urogynecology and Pelvic Reconstructive Surgery was approved by the training committee of the hospital. The curriculum of the proposed training program was patterned after training centers in the United States of America and the United Kingdom with the aim of allowing future linkages with international centers. The program's curriculum had as its core objectives both clinical and surgical skills training and research development. Only one fellow per year level was planned. Then, in 2006, the postgraduate fellowship training program in urogynecology officially began with Dr. Almira J. Amin-Ong as its first trainee.

It is, to date, the first and only fellowship training program in urogynecology in the country. And, it is currently composed of 5 faculty staff members upon the addition of Almira J. Amin-Ong, Joanne Karen S. Aguinaldo, Ira Dominique T. Alatraca-Malonzo, and Mary Rani M. Cadiz. All of whom are graduates of the training program. Accredited by the PBURPS, it is likewise recognized by POGS, APUGA, and IUGA. Moreover, since its inception in 2006, the division has produced 12 subspecialists, five of whom practice outside the National Capital Region (two in Northern Luzon, one in Southern Luzon, one in Cebu, and one in Davao). Individually, they have each made their mark contributing to training, research, and service.

Already, there is a growing awareness among physicians, and among patients themselves, of age-related conditions of prolapse and dysfunctions of the pelvic floor. Unfortunately, in the Philippines, subspecialists in urogynecology and urogynecologic centers are still lacking, especially in areas outside of Metro Manila.

### Conclusion

The field of Urogynecology and Reconstructive Pelvic Surgery in the Philippines has come a long way from being an individual interest to becoming a nationwide need. Moreover, although much has been done, much more work is still needed. In a country with a population of >100 million, female pelvic health is often not a priority. However, quality of life is and should be an important aspect of female health. More importantly, female pelvic health should not be neglected nor ignored, for even the elderly deserve a seat at the table.

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### **Conflicts of interest**

There are no conflicts of interest.

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