

# Urogynecology/Reconstructive Pelvic Surgery at UTMB

Urogynecologists provide comprehensive, integrated care, offering patients evaluation and management strategies for disorders affecting the female pelvic floor.

Urinary and fecal incontinence can be sensitive and potentially embarrassing conditions. The bulging, pressure and body image changes that occur with pelvic organ prolapse can be managed conservatively or operatively. Patients can expect respect and understanding from our urogynecology team throughout all stages of treatment.



**Tristi Muir, MD**

**Medical School**  
Mayo Medical School, Rochester, MN

**Ob/Gyn Residency**  
Texas A&M Scott and White Hospital

**Fellowship Training**  
Urogynecology/Reconstructive Pelvic Surgery  
Cleveland Clinic, Cleveland, OH

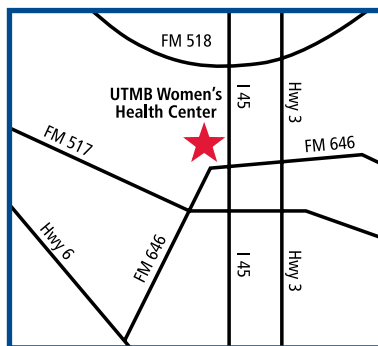


**Catalin Jurnalov, MD**

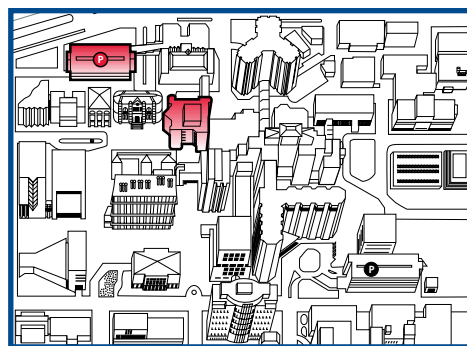
**Medical School**  
University of Kentucky College of Medicine

**Ob/Gyn Residency**  
University of Kentucky College of Medicine

**Fellowship Training**  
Urogynecology/Reconstructive Pelvic Surgery  
Mayo Clinic, Rochester, MN



**Women's Health Center at Bay Colony**  
1804 FM 646 West, Suite N (next to HEB)  
Dickinson, Texas  
Phone 281-534-6414



**UTMB Galveston**  
University Hospital Clinics Building  
1005 Harborside Dr.  
Galveston, Texas 77555  
Phone: 409-772-9507  
(Please park in UTMB Garage #2)

**UTMB ACCESS CENTER**  
409-772-2222; 800-917-8906



## What can your patients expect?

- Initial incontinence consultation and pelvic examination with a urogynecology specialist
- Pessary fitting and management, if desired
- Bladder testing (if appropriate) to help the health care team establish a diagnosis and treatment plan
- Education in bladder care habits that promote normal bladder function
- Endoanal ultrasound (if appropriate) to help the health care team establish a diagnosis and treatment plan for fecal incontinence
- Referral for anal manometry (if necessary) for further diagnostic accuracy
- Education in bowel care habits that promote normal bowel function
- Information about the different types of incontinence and recommend treatment options, both urinary and fecal
- Follow-up contact to evaluate patients' progress and make adjustments, as needed

## Comprehensive evaluation and diagnostic testing

### Urinary incontinence

- Stress urinary incontinence
- Urge urinary incontinence
- Overactive bladder

### Pelvic organ prolapse

- Uterine prolapse
- Anterior vaginal wall prolapse (cystocele/bladder prolapse)
- Apical vaginal prolapse (enterocele/vaginal vault prolapse)
- Posterior wall prolapse (rectocele)

### Fecal Incontinence

- Post delivery and post surgical

### Fistulas

- Vesicovaginal (bladder/vagina)
- Vesicouterine (bladder/uterus)
- Vesicocutaneous (rectum/vagina)
- Rectovaginal (rectum/vagina)
- Urethral reconstruction (fistula/diverticulum)

## Congenital anomalies – in consultation with reproductive endocrinology

- Vaginal agenesis
- Imperforate hymen
- Vaginal septum

## Diagnostic testing

- Complex urodynamic testing
- Cystourethroscopy
- Bladder instillation
- Endoanal ultrasound
- Anal manometry – in consultation with the colorectal surgery division or the gastroenterology division

## Treatments

Our urogynecologists offer a range of treatment options for patients, including:

### Conservative treatments

- Pelvic floor re-education
- Biofeedback
- Urge suppression drill
- Relaxation techniques

### Medical treatment for

- Overactive bladder syndrome
- Stress urinary incontinence
- Fecal incontinence
- Pessary for prolapse

### Surgical treatments

- Vaginal reconstructive surgery
- Abdominal reconstructive surgery
- Laparoscopic reconstructive surgery
- Pubovaginal slings, tension-free midurethral slings
- Vaginal mesh procedures, if appropriate
- Anal sphincteroplasty
- Sacral nerve stimulation
- Botulinum toxin injection

### Robotic-assisted surgery (*minimally invasive*)

- Vaginal vault prolapse
- Hysterectomy