Pelvic Floor Dysfunction in Female Patients

Pelvic floor dysfunction is a group of conditions that is common in women, especially after menopause. It is caused by weakness of the muscles in the pelvis. This weakness can affect urination, defecation (bowel movements), and support of pelvic organs, leading to prolapse (bulging out) of the vagina or rectum.

These conditions can cause a lot of discomfort. Accurate diagnosis is important for proper treatment.

Imaging tests can help diagnose the problem. These include fluoroscopy (video x-rays), MRI, and ultrasound (US). These tests may require the use of contrast (liquid or dye) that is given orally, injected in the vein, or placed in the vagina, bladder, or rectum, depending on the test. Some tests are done while the patient is urinating or defecating.

The usually appropriate imaging tests are based on the specific type of pelvic floor problem. Fluoroscopy and MRI are usually appropriate tests for women with prolapse (bulging out) of the vagina or rectum.

Fluoroscopy is usually appropriate in the initial diagnosis of people with urination problems (urine leaking, urinating frequently, strong urge to urinate, and difficulty emptying the bladder). Specialized types of US and MRI may also be appropriate.

In people with defecation problems (incontinence, straining, strong urge to defecate, difficulty passing bowel movements), specialized types of fluoroscopy, US, and MRI are usually appropriate.

In people who have had pelvic floor surgery, or with other chronic complications, specialized MRI tests are usually appropriate.

For more information, see the MR Defecography (http://www.radiologyinfo.orgdefecography-mri) *page.*

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