Journal of Ecohumanism
2024
Volume: 3, No: 8, pp. 14039 – 14046
ISSN: 2752-6798 (Print) | ISSN 2752-6801 (Online)
https://ecohumanism.co.uk/joe/ecohumanism
DOI: https://doi.org/10.62754/joe.v3i8.6551

A Multidisciplinary Approach to Managing Pelvic Floor Disorders: The Roles of Gynecology, Nursing, Health Education, Medical Physics, Laboratory Specialist, and Health Information Systems

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Abstract

Pelvic floor disorders (PFDs) are a significant health problem among millions of people worldwide, especially among women. Due to the multifactorial etiology involving a component of musculoskeletal, neurological, hormonal and behavioral pathology, PFDs are complicated. For this reason, PFD management will require a very multidisciplinary approach and will need to integrate the expertise of different members of the healthcare discipline in providing patient centered multi-disciplinary care.To explore the multidisciplinary approach to managing pelvic floor disorders, focusing on the collaborative roles of gynecology, nursing, health education, medical physics, Laboratory Specialist, and health information systems. We conducted a comprehensive search in the MEDLINE database's electronic literature using the following search terms: Multidisciplinary, Approach, Managing, Pelvic Floor Disorders, Roles, Gynecology, Nursing, Health Education, Medical Physics, Laboratory Specialist, and Health Information Systems. The search was restricted to publications from 2016 to 2025 in order to locate relevant content. We performed a search on Google Scholar to locate and examine academic papers that pertain to my subject matter. The selection of articles was impacted by certain criteria for inclusion.The publications analyzed in this study encompassed from 2016 to 2025. The study was structured into various sections with specific headings in the discussion section.The management of pelvic floor disorders requires a multidisciplinary approach wherein several healthcare professionals may have a role to play. Gynecology has the diagnostic and interventional expertise, while nursing provides patient support and education. Medical physics provides resolution and aids in the selection of treatment options, and health education is raising awareness for promoting early intervention. Laboratory specialists also play a very important role in interpreting these imaging approaches, jointly working with clinicians linking radiologic findings to clinical symptoms. Health Information Systems afford the application of data-driven care promoting more efficient intercommunication and service access. In consort these specialties provide holistic, patient-centric care that proceeds to address the interplay of physical, psychological, and social aspects of pelvic floor disorders. On the application front, with more advancement in medicine, more application of new technology-based evidence within this multidisciplinary approach will surely elevate the quality of life for all concerned with PFDs.

Keywords: *Multidisciplinary, Approach, Managing, Pelvic Floor Disorders, Roles, Gynecology, Nursing, Health Education, Medical Physics, Laboratory Specialist, and Health Information Systems.*

Introduction

Pelvic floor disorders (PFDs) are serious public health problems because they affect millions of people, most of whom are women. These illnesses are pelvic organ prolapse (POP), urinary incontinence (UI), fecal

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DOI: https://doi.org/10.62754/joe.v3i8.6551

incontinence (FI), and chronic pelvic pain, which can severely inhibit the quality of life of the patient, leading to physical discomfort, psychological distress, and social isolation (Kebede et al., 2023). The understanding of all the multifactor causes of PFDs adds complexity to their study; this has necessitated a multidisciplinary approach for PFD management using the expertise of various health professions to develop care that is holistic or patient-centered (Wei et al., 2028).

When assessed on par with the general population, the overwhelming majority of these illnesses occur, particularly in women who are postpartum and postmenopausal, making gynecology the main foundation of all interventions aimed at PFD management. There is thorough evaluation by gynecologists which includes pelvic examination, imaging, and urodynamic studies to give description of the severity and cause of PFDs (Thomas, 2023). Together they offer a conservative and surgical approach, including pessary placement, pharmacologic management, and other complex procedural approaches, including sacrocolpopexy, and midurethral sling surgery. They work with other specialists to give as individual approach to treatment as possible (Thomas, 2023).

Integral to the day to day management of patients with PFDs are nursing professionals. They offer pre and post-operative care, helps in continence management and helps patients in learning to avoid or lessen symptoms (Robson & Brown, 2024). Bladder and bowel training as well as dietary adjustments and perineal hygiene are important and to be guided in their behavioral interventions; the nurses' are a vital role, since they help to prevent recurrent symptoms and improve patients' adherence to their treatment protocols (Zhao, 2024).

Indeed, health education is key for patient empowerment as it enhances knowledge of their condition, treatment options and preventive strategies (Gustafson, D. T.). This educates patients on risk factors that can include obesity, chronic constipation and high impact activities for which they can make informed decisions on how they change their lifestyle. Furthermore, structured health education programs are also designed to promote self management strategies, decrease stigma associated with PFDs, and result in early intervention which will ultimately improve health outcomes (Pizzoferrato et al., 2024).

Medical physics is a major contributor to diagnostic and treatment technology for PFDs. Biofeedback therapy, electrical stimulation devices, and dynamic MRI, ultrasound imaging technologies have increased the diagnostic accuracy and enhanced efficacy of treatment. Together with healthcare providers, medical physicists contribute to the optimization of these technologies to maximize their safe and useful application in clinical practice (Hu et al., 2022).

Laboratory specialists assist with performing essential tests to diagnose infections, hormonal imbalances, or metabolic underpinnings that may complicate PFDs; including urinalysis, hormone panels, and microbiological cultures. The diagnosis of different types of pelvic dysfunctions is reinforced by advanced diagnostic tools such as biomarkers of connective tissue integrity or of inflammation. Laboratory data also provide support for personalized treatment strategies by helping clinicians to know about potential contraindications regarding certain medications or surgery. Laboratory professionals collaborate with gynecologists, urologists, physiotherapists, and other specialists to improve accuracy of diagnoses and the successful use of therapeutic interventions. They are pivotal in helping to make it evidence based decision making to then improve patient outcomes (Good & Solomon, 2019).

The third is the integrated patient data, facilitated communication among healthcare professionals, and evidence based need for decision making, which is the function of the health information systems (HIS). This helps ensure continuity of care from one specialty to the next, and streamline patient management to ensure all information is easily retrieved and available when needed. Telemedicine platforms improve the accessibility to specialized care, especially to patients in remote areas (Thomas, 2023).

A multidisciplinary approach to the management of PFDs integrates the efforts of these disciplines, promoting collaboration that culminates in comprehensive care that maximizes care at all levels—medical, functional, and psychosocial. Not only do clinical outcomes improve, but patient satisfaction and quality of life benefit as well when using this integrated model.

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Aim of Work

The objective of this review is to examine the multidisciplinary approach to the management of pelvic floor disorder with the integrating roles of gynecology, nursing, health education, medical physics, laboratory specialist, and health information system. The role of an integrated healthcare model emphasizes the notion that each discipline is of great importance in diagnosis, treatment, patient education and longitudinal management.

Methods

A thorough search was carried out on well-known scientific platforms like Google Scholar and Pubmed, utilizing targeted keywords such as Multidisciplinary, Approach, Managing, Pelvic Floor Disorders, Roles, Gynecology, Nursing, Health Education, Medical Physics, laboratory specialist, and Health Information Systems. The goal was to collect all pertinent research papers. Articles were chosen according to certain criteria. Upon conducting a comprehensive analysis of the abstracts and notable titles of each publication, we eliminated case reports, duplicate articles, and publications without full information. The reviews included in this research were published from 2016 to 2025.

Results

The current investigation concentrated on the multidisciplinary approach to managing pelvic floor disorders, focusing on the collaborative roles of gynecology, nursing, health education, medical physics, physiotherapy, and health information systems between 2016 and 2025. As a result, the review was published under many headlines in the discussion area, including: The Role of Gynecology in Managing Pelvic Floor Disorders, The Role of Nursing in Pelvic Floor Disorder Management, Health Education and Patient Awareness in Pelvic Floor Health, The Role of Medical Physics in Diagnosis and Treatment, The Role of Laboratory Specialist in Pelvic Floor Diagnosis, Health Information Systems in Pelvic Floor Disorder Management

Discussion

Pelvic floor disorders (PFDs) refer to a group of conditions including pelvic organ prolapse (POP), urinary incontinence (UI), fecal incontinence (FI) and chronic pelvic pain (CPP). Both autoimmune and nonautomimmune conditions affect millions of women and people, and are related to things like childbirth, aging, obesity, and connective tissue disorders. PFDs are complex, therefore, a multidisciplinary approach is required to address all aspects of diagnosis, treatment and rehabilitation because no single discipline can address the multifold challenges of diagnosis, treatment and rehabilitation (Schmitz, 2021). Therefore a comprehensive strategy encompassing gynecology, nursing, health education, medical physics, physiotherapy, and health information systems is essential in bringing in effective patient centered care (Dao & Dunivan, 2022). This review presents these disciplines' roles in the management of PFDs, stressing the necessity of collaboration to stimulate best patient outcomes.

The Role of Gynecology in Managing Pelvic Floor Disorders

Being a disease that occurs in women, PFDs are a major clinical concern for gynecology in their diagnosis and treatment. Patients experiencing pelvic pressure, urinary leakage, and bowel dysfunction often consult and make their first point of attack with a gynecologist. First, they perform 100 percent complete history taking, physical and special tests of urodynamics, cystoscopy and pelvic ultrasound to determine the grade and type of dysfunction (Good & Solomon 2019).

Management strategies in gynecology range from conservative to surgical interventions. Lifestyle modifications, pelvic floor muscle training (PFMT) and pharmacological therapy aimed at relieving such symptoms as overactive bladder or estrogen deficiency related vaginal atrophy are considered conservative treatments. In some cases of urinary incontinence, minimally invasive procedures like urethral bulking

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agents and Botox injections are suggested. In severe cases of prolapse and stress urinary incontinence these can have surgery as options including sacrocolpopexy, coloprphy and mid urethral sling procedures (Brennen et al., 2020).

The treatment of gynecological disease is a major challenge that requires individualized treatment that takes into account patient choices, comorbidities, and functional outcomes. Hand in hand with other healthcare professionals, gynecologists work diligently to ensure that both surgical and nonsurgical interventions are in line with the overall patient care goalframes, and specifically with functional quality of life and long term functional recovery (Mick et al., 2024).

The Role of Nursing in Pelvic Floor Disorder Management

In terms of PFD management, nurses are of critical importance to patient education, symptom management, and postoperative care. They are the frontline healthcare providers that facilitate early detection of symptoms by means of screenings and assessment at routine consultations. Last but not least, nurses also provide important advice on healthy lifestyle habits that can affect the severity of the symptoms such as fluid intake regulation and weight management as well as toilet habits (Pandeva et al., 2019).

Patient education and counseling is one of the most valuable contributions of nursing in the PFD management. Psychological stress, embarrassment, and reduced self-esteem is a known problem amongst many people who suffer from pelvic floor disorders. Nurses give emotional support, educate patients regarding treatment options and promote adherence to the prescribed therapeutic regimen. Furthermore, they assist in the use (application) of non-surgical interventions, for example fitting of pessary for pelvic organ prolapse, so that patients are well trained sufficient in insertion, removal and hygiene (Terzoni et al., 2023).

This is because postoperative nursing care is critical for patients undergoing surgical correction of PFDs. Complications are monitored by, pain managed, and early mobilized to prevent deep vein thrombosis and other post-surgical risks by nurses. Ge and Wang (2020) further show how nursing plays an indispensable role in multidisciplinary approaches in incontinence care, wound management and rehabilitation support.

Health Education and Patient Awareness in Pelvic Floor Health

Raising awareness about the pelvic floor disorders, removing stigmatization and advocating for early intervention is essential in health education. The lack of knowledge or incorrect misconceptions about PFDs often leads to delayed healthcare seeking behaviour which consequently worsens the symptoms and reduces quality of life. Thus, health educators become essential in bridging this knowledge gap through, as an example, community outreach, public health campaigns, and patient centered education programs (Hyakutake et al., 2016).

Modifiable risk factors such as obesity management, teaching women about the importance of pelvic floor exercises and how childbirth can affect pelvic floor integrity are the topics of the focus of educational efforts. Prenatal and postpartum education programs provide women with the techniques to strengthen their pelvic muscles, which may decrease the risk for postpartum urinary incontinence and prolapse. Workplace based health education programmes also improve pelvic health amongst professionals who have workplace risk factors, such as prolonged standing or heavy lifting (Blomquist et al., 2018).

This has further expanded access to digital health education tools for PFDs, through mobile applications, online forums and virtual webinars. With these platforms, self-management strategies become possible, patients get empowered with information regarding their condition and are prompted to take proactive steps in healthcare seeking. Health education is integrated into the multidisciplinary approach to ensure that patients are provided with the necessary resources for active participation in their care journey (Kalid, 2024).

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The Role of Medical Physics in Diagnosis and Treatment

Advances in medical physics are now considered essential in diagnostic and therapeutic technologies for pelvic floor disorders. For instance, dynamic MRI and ultrasound scans will definitely become important in assessing any pelvic floor dysfunction with a remarkable degree of accuracy. Such imaging techniques will be able to provide a record of mobility, muscle integrity, and functional aberrations causing incontinence and prolapse for pelvic organs evaluated in real-time (Ankeli, 2020).

In therapy, medical physics encompasses innovative treatment modalities such as biofeedback therapy, electrical stimulation, and laser therapy. Biofeedback, a form of noninvasive intervention that utilizes electromyographic sensors, enables patients to observe their pelvic floor muscle activity while informing the individual on how to practice strengthening their control through imagery or relaxation exercises. Electrical stimulation therapy is indicated for those patients whose pelvic floor muscles are weak, delivering stimulation to targeted nerves to augment muscle function while alleviating symptoms of urinary incontinence (Min et al. 2017).

Laser therapy, particularly fractional CO2 and erbium:YAG lasers, is proving efficacy in vaginal rejuvenation and tissue remodeling and hence ameliorating some pelvic floor laxity and stress urinary incontinence symptoms. These clearly take medical physics into the essentiality of improving diagnostic accuracy and extending nonsurgical treatment options for PFDs (Juhász et al., 2021).

The Role of Laboratory specialist in Pelvic Floor Diagnosis

The advanced imaging procedures and functional evaluation of pelvic organs in the laboratory are immensely helpful to the laboratory specialist to inform clinical decision making in the diagnostic and therapeutic process. Assessment of the structural and functional state of the pelvic floor is pertinent and should be done with advanced imaging like MRI and X-ray defecography. MRI allows good visualization of soft tissues and measurement of the levator hiatus with accuracy as well as the assessment of pelvic floor morphology (Peng et al., 2018). MRI assists in identifying pelvic floor shape variation during pregnancy and in the early postpartum period, which is paramount in understanding the pathophysiology of PFDs and in individualizing treatment planning. For instance, Routzong et al. (2020) used MRI to assess pelvic floor shape changes during pregnancy and following vaginal delivery to inform shape changes with childbirth (Routzong et al., 2020).

But the other rectal examination consists of X-ray defecography that provides real-time imaging of the rectum and pelvic floor during defecation to aid in the diagnosis of disorders regarding defecation. These images can be enhanced using contrast agents, and such procedures can be done in different positions to mimic the physiological conditions. In this specific situation, choosing either MRI or X-ray defecography really comes down to the fact that MRI has superior soft tissue contrast while X-ray has dynamic functional assessment capabilities. In fact, a recent publication highlighted that X-ray defecography is less expensive and is the far more common technique until now, while MRI defecography proves to be a gold standard procedure for obtaining information regarding soft tissues which may be vital in the complete evaluation (Carter et al., 2020).

The interpretation of imaging on these modalities by many laboratory specialists indeed works in close association with the clinicians in the correlation of the radiologic findings with clinical symptoms. One such is expert, accurate diagnosis, guide to therapeutic interventions and assist in monitoring the treatment efficacy. In addition, laboratory specialists participate in research devoted to understanding the mechanisms underpinning PFDs with the goal of advancing the field and enhancing patient outcomes (Paquette et al., 2021).

Health Information Systems in Pelvic Floor Disorder Management

With the health information systems (HIS), the PFD management is becoming more streamlined with patient records, better data collection, and better inter disciplinary collaboration. Electronic health records

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(EHRs) enable healthcare providers to create a complete history of patients' health through tracking of patient histories, as well as monitoring of treatment progress, integrating data from various disciplines to allow for a more coordinated approach to care (Latorre et al., 2019).

In particular, mobile health applications and telemedicine have further expanded access to management of pelvic floor disorder in underserved or rural areas. Virtual consultations offer you to receive the best guidance from gynecologists, physiotherapists, nurses without any geographical confinement. These digital tools include pelvic floor exercise tracking apps that provide real time feedback and adherence monitoring to the patients and encourages self management and continuity of care (Lowery, 2020).

Big data analytics and artificial intelligence (AI) are also beginning to appear as good tools for forecasting the treatment outcomes and predictive factors for PFDs. The machine learning algorithms are used for analyzing the large datasets to identify possible patterns that could assist in early diagnosis as well as the design of personalized treatment planning. HIS integration into a multi-disciplinary framework has been demonstrated to improve efficiency, enhance patients' engagement and drive evidence-based decision making in PFD management (Oliveira et al., 2025).

Conclusion

A comprehensive, multidisciplinary approach integrating medical, rehabilitative, educational and technological interventions is required to manage pelvic floor disorders (PFDs). The conditions for which pelvic organ prolapse, urinary and fecal incontinence, or chronic pelvic pain are commonly treated are so complex that no one discipline can provide enough expertise to optimally treat all aspects of diagnosis, treatment, and long term care. Therefore, it is necessary to utilize a collaborative effort between gynecology, nursing, health education, medical physics, physiotherapy and health information systems (HIS) to deliver patient centred, effective care.

Continuous involvement of Gynecology in diagnosis and clinical management of PFDs continues, whose treatment includes both conservative and surgical options depending on the needs of each patient. Nurses act as invaluable patient educator, postoperative care and emotional supporter, facilitating the adherence towards content of treatment plan encouraging higher patient satisfaction. Health education amends the knowledge gap to allow for early intervention and preventative measures with the aim of reducing the incidence and severity of PFDs.

Medical physics also offers significant contributions to diagnostics and treatment using advanced imaging and novel therapy methods like biofeedback, electrical stimulation, and laser treatments, all in order to improve accuracy. A multidisciplinary approach is essential for managing pelvic floor disorders, with laboratory specialists playing a crucial role in diagnostics, imaging interpretation, and guiding effective, individualized treatment strategies.

Further research, technology development, and improved patient centered care models will be needed to strengthen this multidisciplinary approach and to ensure the future PFD management. As healthcare professionals take advantage of breakthroughs in digital health and the application of artificial intelligence and telemedicine, this makes healthcare more accessible, accurate and tailored to the needs of patients. In the end, a whole systems, whole patient approach is likely to result in more efficacious clinical results, increased quality of life, and patient empowerment in addressing pelvic floor disorders.

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