

BERNHARD LIEDL

President ICOPF (International Collaboration of Pelvic Floor Surgeons)

Almost all modern urogynecological surgery has been inspired by 2 major scientific discoveries. In the 1990s, an entirely new theory, the "Integral Theory", by Petros (Australia) and Ulmsten (Sweden)^{1,2}, proposed that bowel and bladder problems originate mainly from damaged vaginal ligaments, not from the bladder or bowel itself.

The second discovery by Petros and Papadimitriou⁴, was a method for repairing these ligaments by creation of artificial ligaments. This had the effect of converting major operations with large incisions to relatively minor procedures performed through "keyhole incisions".

Application of these twin discoveries has revolutionized the treatment of stress incontinence, with more than 1,500,000 operations performed world-wide to date. The experience of myself and other surgeons world-wide, confirms that this method can cure or improve many other conditions besides stress incontinence, for instance, prolapse, and symptoms such as urgency, nocturia, pelvic pain, bowel and bladder incontinence⁵⁻⁷.

Many of these conditions were previously considered incurable.

It takes many years for a radical change in thinking to become widely known, especially when it involves a whole new approach to diagnosis and treatment.

This presentation, "A simplified clinical approach" has been especially prepared for those readers who are not familiar with the Integral Theory System. It begins with the basic anatomy of the structures. Then, step by step, the reader is introduced to the ligaments and other connective tissue structures, and their key role in pelvic floor function, dysfunction, diagnosis and surgery. A number of practical clinical examples outline in detail how to diagnose the site of connective tissue damage, and correction thereof, using the minimally invasive "keyhole" surgical procedures which derive from the Integral Theory System.

Some original articles based on the Integral System follow: 1.) 3 year follow-up data on an RCT of 80 patients between the TFS midurethral sling and a TOT approach; 2) a case report of hemorrhoid cure following TFS sling applications to the uterosacral ligaments and perineal body for cure of large rectocele; 3.) symptom cure of pelvic pain, nocturia, abnormal emptying, urgency and idiopathic fecal incontinence in 67 patients who had a posterior TFS sling; 4.) an interesting challenge to the theory's prediction that many symptoms of pelvic pain, vulvodinia, and interstitial cystitis may be referred pain from the uterosacral ligaments. Three patients with documented Interstitial Cystitis reported temporary disappearance of urethral and cervical tenderness, vulval hypersensitivity and lower abdominal pain following local anesthetic injection into the region of the uterosacral ligaments.

It is hoped that these presentations will stimulate researchers to go one step beyond presentation of observational data, and to reference their findings against the Integral Theory System's predictions, so as to test the Theory for truth or falsity.

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Correspondence to:

BERNHARD LIEDL

Chefarzt Urogenitale Chirurgie

Beckenbodenzentrum München, Denningerstr. 44, D-81679 München

E-mail: liedl@bbzmuenchen.de

Phone: +49-89-92794-1522