Editorial

The September issue is an important one for the journal and as well for what it means in the *science of pelviperineology*: it is edited for the 12th ISPP Congress of the International Society of Pelviperineology, an event to which we attribute multiple meanings.
Thanks to the support of the ISPP Scientific Board, of the local University Hospital well represented by the co-president Giulio Santoro, to the sponsors, and to the scientific national and international societies involved in the pelvic floor, this conference is definitely the full expression of the multidisciplinary and interdisciplinary spirit of pelviperineology, a branch of medicine that deals holistically with all the complex and fascinating components of that part of our body.
The journal contains a *supplement* with the abstracts of the congress and of the numerous workshops, where a central role in this overall and future-oriented vision is represented by the Integral Theory. For this we have requested contributors from the dedicated workshop to distil some of their thoughts in a short pithy resume as *Words of Wisdom*. We hope to present in Pelviperineology journal from time to time this new feature designed by Peter Petros.
As the presentation of the scientific program states, the chosen theme of the congress is *Current status, technological advances and perspectives*. We have the ambitious aim to provide not only a consensus on the management of pelvic floor disorders, according to the evidence-based medicine and the international guidelines, but to look forward considering which are the perspectives of the new technologies. For this reason many experts in the field of the pelvic floor from Italian and international societies have been involved into an open debate during the round tables representing a fundamental opportunity to the growth of what is becoming a real new *specialty* as evidenced by the multiplication of pelvic floor specialist centers in the most advanced countries around the world. This leads to an editorial of this journal, still named "Journal of Coloproctology", in 1990 when we invented the word *perineology* foreseeing and hoping for it an interesting future.
The approach to the pelvic floor belongs to urologists, gynecologists, colorectal surgeons, gastroenterologists, physiatrists, obstetricians, nurses, physiotherapists, psychologists, radiologists, sexologists, andrologists: a patient-centered vision is obviously needed and is being accepted. All these figures are represented in the Treviso meeting as well as they are in this journal, which is the voice of ISPP.
Aims of ISPP are to realize Masterclasses, Fellowships, the *School for the Pelvic Floor Surgeon*, as well as to develop technology partnership with all the interested Companies in this field.
Research and education are the basis of the progress in science. Many functions and dysfunctions of the pelvic floor commonly met in the everyday life are still mysterious, as Darren Gold states in his Word of Wisdom, and a great effort is needed to improve our knowledge.

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Words of Wisdom

Knowing what you don't know

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Einstein said, "Any fool can know. The point is to understand." The perpetual problem with pelvic organ dysfunction is that the lack of understanding of normal physiology has hampered progress in the management of these conditions for well over a century. How we empty our bladder and bowel and also maintain continence is still considered a mystery. The most significant breakthrough came in 1990 with the advent of the mid-urethral sling, that was based on a new and still controversial understanding of stress incontinence and pelvic organ function. It revolutionised the management of stress incontinence and became one of the most studied operations in the history of surgery. It was adopted by almost all practising urogynaecologists and is still considered the gold standard. It introduced the use of prosthetic materials as standard practice for the management of stress incontinence.
The problem was that very few understood how the midurethral sling (MUS) restored the continence mechanism, but once they knew how to do it there was no going back. Unfortunately, the lack of understanding of its mechanism of restoring continence led to personal modifications, a misunderstanding of the role of prosthetic material in the management of these conditions and what was later to be known as the 'mesh disaster'. The largest group to lose in this tale of woe are women themselves. They have lost their trust in all forms of prosthetic reconstructive surgery and many will refuse to have surgery, remaining incontinent and miserable.
We must take stock and start again. We must rebuild from the ground up by understanding the normal mechanisms of bowel and bladder emptying and continence and relearn our anatomy and reassess our understanding of physiology in order to appreciate how these mechanisms may be restored by surgical techniques that are based on this understanding. The knowledge is there. It is not too late, but time is running out.