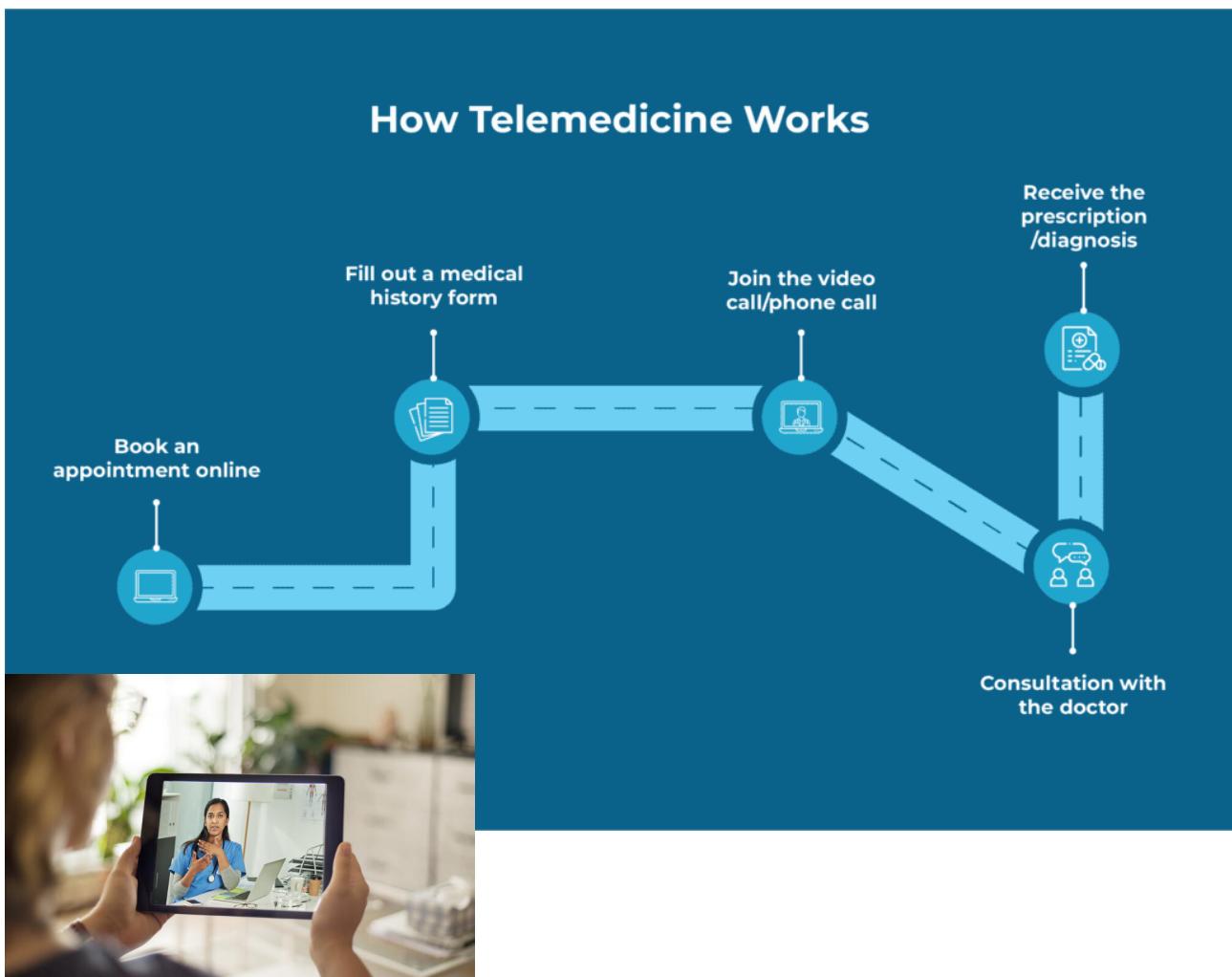




Telemedicine in
Urogynaecology

Telemedicine is transforming how urogynaecologists diagnose, treat and support patients with pelvic floor disorders. From initial consultations to follow-up check-ins, remote care can improve access, convenience and continuity, without compromising safety or outcomes. This article explores the benefits, challenges, best practices and practical considerations of delivering urogynaecology care via telemedicine.



What is telemedicine in urogynaecology?

Telemedicine in urogynaecology refers to the use of secure video visits, telephone consultations, messaging and remote monitoring to deliver:

- Initial assessments
- History-taking and symptom review
- Counselling on treatment options (behavioural therapy, medications, devices)
- Guidance on pelvic floor physical therapy (PFPT) and home exercises
- Postoperative follow-up and complication screening
- Preoperative education and consent discussions
- Administrative tasks (appointment scheduling, test result review)

Telemedicine does not replace all in-person visits but complements them by handling components that don't require a hands-on examination.

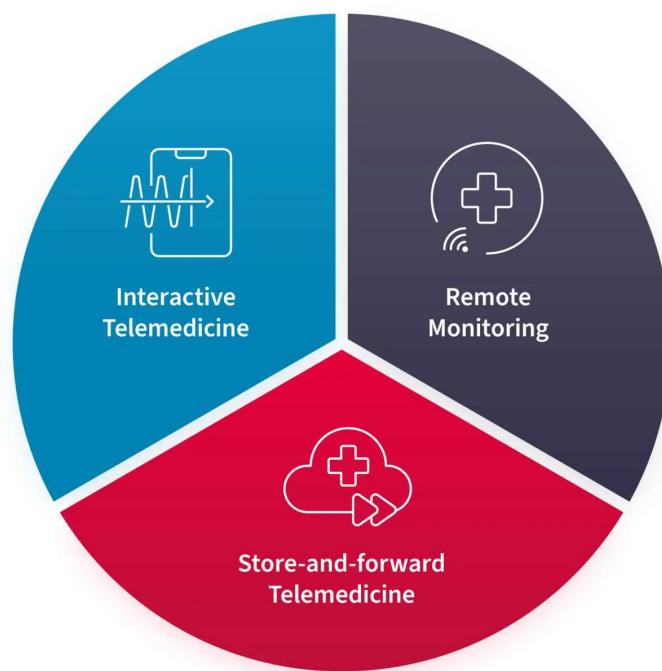
Benefits of telemedicine for patients

- Accessibility: reduced travel, especially for those in rural or underserved areas.
- Convenience: shorter wait times and flexible scheduling (including after-hours or weekend slots).
- Continuity of care: easier follow-up with the same clinician, improving adherence.
- Reduced time away from work or family responsibilities.

When telemedicine is appropriate in urogynaecology

- Q&A and counselling about symptoms (e.g., urinary incontinence, pelvic organ prolapse) and treatment options
- Pre and post-operative discussions that don't require a physical exam
- Pelvic floor muscle training and adherence
- Review of test results (ultrasound, urodynamics summaries) when images are available
- Medication management for symptoms like overactive bladder or nocturia
- Behavioural and lifestyle counselling (diet, fluid management, pelvic floor exercises) leading to fatigue and decreased energy.

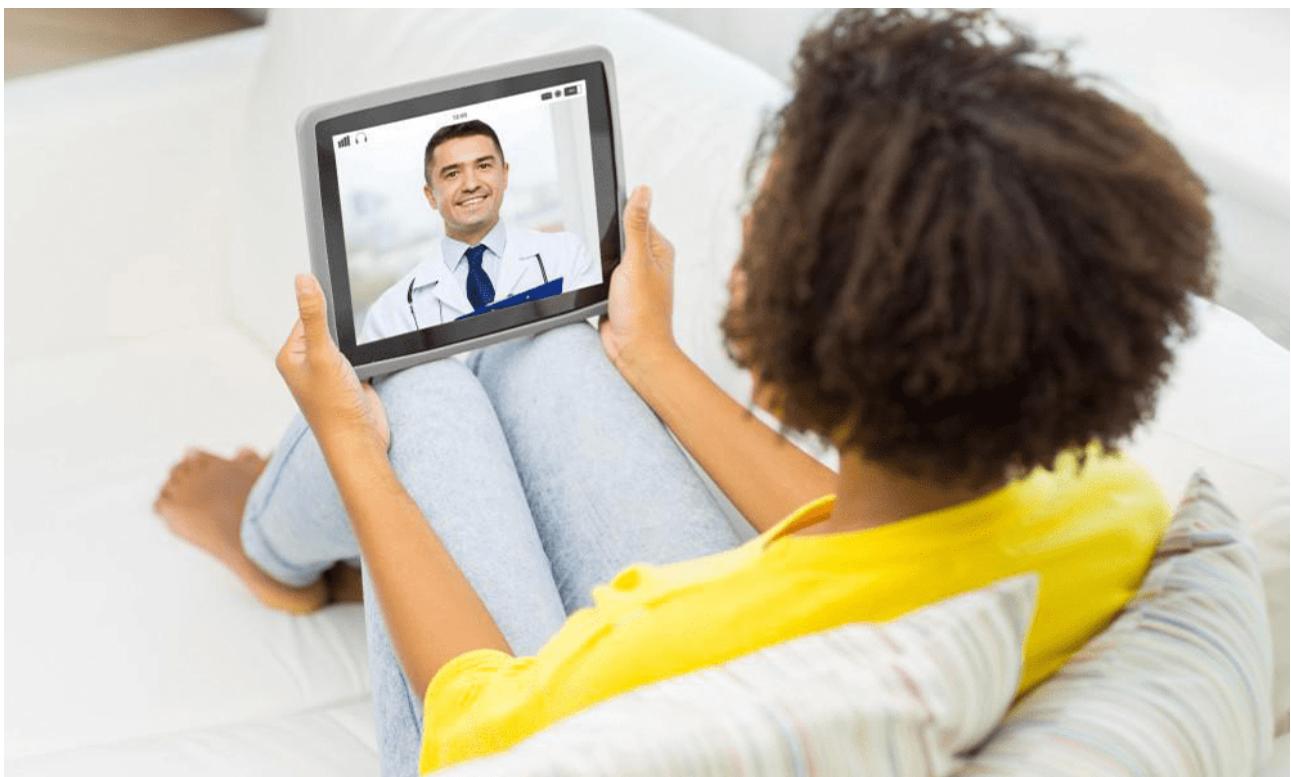
Types of Telemedicine



What It cannot do (typical limitations)

- Perform a hands-on pelvic examination (often essential for prolapse assessment or certain pelvic pain evaluations)
- Conduct procedures (e.g., cystoscopy, pelvic organ prolapse repair, mesh placement)
- Obtain immediate imaging or in-office testing unless arranged locally

When hands-on assessment or imaging is needed, telemedicine can be used as a bridge to in-person care.



Clinical scenarios: how telemedicine can fit in

1. A young patient with new-onset urge incontinence will be able to have their medical history, lifestyle factors, and initial treatment plan discussed and guidance can be provided remotely, with a plan for in-person urodynamics if symptoms persist.
2. A patient post mid-urethral sling treatment will be able to remotely check-in to assess symptom changes, pain and activity levels, with virtual instructions for postoperative care.
3. A patient with pelvic organ prolapse seeking advice on non-surgical options can discuss treatments such as pessary fitting, pelvic floor therapy and lifestyle modifications, with scheduling for an in-person pelvic exam if pessary care is indicated.
4. For those wanting preoperative education a telephone review will enable the patient to review procedure details, risks, expectations, and recovery timeline, followed by in-person localisation and consent for the operation.

Evidence and outcomes

Studies in urogynaecology have demonstrated that telemedicine can be comparable to in-person visits for certain follow-ups and chronic symptom management, with high patient satisfaction when care is timely, accessible and well-coordinated.

Telemedicine can also reduce wait times and geographic barriers, though outcomes depend on appropriate patient selection, platform reliability and integration with local services.



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The Lancashire Gynaecologist

Mr Eric Mutema is a highly experienced and respected Consultant Obstetrician and Gynaecologist. He founded his private practice, the Lancashire Gynaecologist, to provide a service to women in Lancashire and beyond and respond to the shortage of specialist gynaecological services available to women missing out on individualised care and treatment. The Lancashire Gynaecologist offers patients individual attention, an empathetic, compassionate approach and patient-centred care. His patients will receive a full consultation that takes their overall health into account and subsequent treatments will be tailored to meet the needs of the individual woman. So please don't wait and put off seeking treatment; we're available, convenient and we can help you.



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