

Editorial

Welcome to Pelviperineology. This is not a new journal. It began life in 1982 and for some years it provided a truly multidisciplinary forum for pelvic medicine and surgery in Italy. Pelviperineology is now also the official journal of the Australian Association of Vaginal and Incontinence Surgeons (AAVIS), the Integrated Pelvis Group and the Indonesian Society of Female Pelvic Floor Disfunction.

AAVIS is a multidisciplinary pelvic floor society founded in 1996. Initially it was a support group for the surgeons who were the first in the world to adopt the paradigm of Petros and Ulmsten and perform the tension free suburethral intravaginal slingplasty (IVS) procedures. The IVS was the beginning of a revolution in pelvic medicine. Advances in our understanding of anatomy and physiology and the development of surgical prostheses have provided new options for pelvic surgeons. From the IVS developed the Tension Free Tape (TVT) and in just a few short years over 50 prostheses have appeared to treat genital prolapse and urinary incontinence.

Around the world urologists, gynaecologists, urogynaecologists, proctologists and colorectal surgeons have worked independently in the pelvis. The colorectal surgeons often felt that the posterior compartment had been neglected by the other specialties. Whilst inspiring stories of collaboration exist in some places, communication between these groups was often absent so that diverse attitudes and separate bodies of knowledge have developed. Meanwhile a revolution was also happening in laparoscopic surgery and some surgeons were advocating a minimally invasive laparoscopic approach for every clinical situation. Traditional skills became less important as the focus shifted to endoscopy. A generation of older surgeons, sometimes disenfranchised as the leaders of their profession, struggled to keep up with the new developments. In gynaecology vaginal surgery seemed less relevant but a small group of surgeons were trying to preserve and promote vaginal surgery skills. Now some urologists and even some colorectal surgeons are interested in vaginal surgery as they have seen that the vagina can offer good access to the pelvis.

The Integrated Pelvis Group (IPG) considers the pelvis as a unit. The IPG is an example of how groups of doctors from different disciplines can work together to share knowledge, improve their skills and collaborate in research and training. The IPG is a new concept in communication. It is not another society. There are no fees, no formal meetings and no policies. We hope to bring as many diverse opinions together and work with the existing societies. Specialists of any field are welcome to join the group and this journal will become their voice. Pelviperineology will be published on the Internet and we hope it can become an important source of information for clinicians. The online connection with the Pelvic Floor Digest (www.pelvicfloordigest.org) and the related digest section in each issue will provide an important education resource and emphasises the commitment of the IPG to medical education. One of the aims of the IPG is to transform the management of pelvic floor problems from a multidisciplinary to an interdisciplinary approach. This journal will emphasise the integration of the three compartments of the pelvis as a single functional unit with a shared central cortical control system. Psychological factors, life experiences, sexual problems and the effects of hormones combine to create a complex matrix that we cannot hope to interpret or understand if we work alone.

Pelviperineology will seek to explore the integrated pelvis and publish articles from both the four corners of the world and the three compartments of the pelvis. We hope this journal can be free of politics and so rise above the self interest of any particular group. We will try to achieve this by being open to diverse views and consider alternative solutions when we can find them. We hope you can join us on this journey.

THE EDITORS