Urogynecology & Pelvic Reconstructive Surgery

Helping you return to your best, healthiest self.
Welcome

Welcome to the University of Chicago Section of Urogynecology and Reconstructive Pelvic Surgery.

We offer world-class treatment for pelvic floor disorders, so patients of all backgrounds can feel welcome and confident that they will receive optimal care to restore their quality of life. Our mission is to reduce barriers to care and the stigma surrounding pelvic floor disorders to empower our patients as we dedicate ourselves to finding solutions to their problems.

Our philosophy of care is rooted in excellence, innovation, and empathy. In our Center for Pelvic Health, we often collaborate with colleagues from other departments at UChicago Medicine, such as Colorectal Surgery, Urology, Radiology, and Gastroenterology, to provide comprehensive multidisciplinary care to patients.

Our physicians are fellowship-trained and board-certified in female pelvic medicine and reconstructive surgery (FPMRS). Our team works with you to develop a treatment plan tailored to meet your individual needs and unique circumstances, with the main goal of returning you to your best, healthiest self.

We offer in-person or telemedicine consults, advanced gynecologic ultrasound, urodynamic testing and other office procedures, such as cystoscopy, Onabotulinum toxin (Botox™) injections, urethral bulking, and pessary fitting. To make urogynecology care accessible and close to home, we offer our services at our Hyde Park (DCAM), River East, Hinsdale, New Lenox, Orland Park, and Schereville, Indiana offices.

Thank you for choosing our practice. We look forward to working with you on your path towards wellness!

Dr. Sandra Valaitis
Section Chief
Urogynecology & Pelvic Reconstructive Surgery
University of Chicago
Meet the Team

Dr. Sandra Valaitis
Dr. Valaitis is a Urogynecologist at the University of Chicago and board-certified in OB/GYN and FPMRS. She received her medical degree from the University of Chicago Pritzker School of Medicine. She then completed residency in Obstetrics and Gynecology at the University of Chicago and fellowship in Female Pelvic Medicine and Reconstructive Surgery at St. George’s University Hospital in London, United Kingdom.

Dr. Dianne Glass
Dr. Glass is a Urogynecologist at the University of Chicago and board-certified in OB/GYN and FPMRS. She received her MD/PhD from The Ohio State University. She then completed residency in Obstetrics and Gynecology at Baylor College of Medicine/Texas Medical Center and fellowship in Female Pelvic Medicine and Reconstructive Surgery at New York University Langone Medical Center.

Dr. Shilpa Iyer
Dr. Iyer is a Urogynecologist at the University of Chicago and board-certified in OB/GYN and FPMRS. She received her medical degree and master’s in public health from the University of Illinois College of Medicine, Chicago. She completed residency in Obstetrics and Gynecology at Brigham and Women’s Hospital/Massachusetts General Hospital. Dr. Iyer then completed her fellowship in Female Pelvic Medicine and Reconstructive Surgery at the University of Chicago/NorthShore University HealthSystem.

Dr. Juraj Letko
Dr. Letko is a Urogynecologist at the University of Chicago and board-certified in OB/GYN and FPMRS. He received his medical degree from Comenius University in Bratislava, Slovakia. Dr. Letko then completed residency and board certification in Urology in Slovakia. He also completed an internship in General Surgery at New York Medical College/Sound Shore Medical Center and residency in Obstetrics and Gynecology at Bronx-Lebanon Hospital Center in New York. Dr. Letko completed his fellowship in Female Pelvic Medicine and Reconstructive Surgery at the University of Chicago/NorthShore University HealthSystem.

Laura Fetzer, APN
Laura is a board-certified Women’s Health Nurse Practitioner and has been practicing since 2003. Her areas of interest include pessaries for pelvic organ prolapse, treatment of overactive bladder, recurrent urinary tract infections and bladder pain. Laura received her bachelor’s degree from the University of Michigan, her BSN from Wayne State University and her MSN from the University of Illinois, Chicago.
Pelvic Health Conditions We Treat

Incontinence, pelvic organ prolapse, and other pelvic floor disorders are widespread and affect women of all ages. These conditions are greatly undertreated, leaving millions of people to struggle with symptoms that can, and should, receive medical care.

Our experts are committed to helping patients, including those who have been treated unsuccessfully elsewhere, find relief from their conditions so they can live their lives to their fullest.

Urinary Incontinence

Urinary incontinence is a loss of bladder control, which causes urine leakage.

Types of Urinary Incontinence

There are two main types of urinary incontinence: Stress and urge.

**Stress incontinence** is leaking urine when you laugh, cough, sneeze, or exercise. Stress incontinence is quite common, especially after childbirth.

**Urge incontinence** is when you are not able to make it to the bathroom in time, or a sudden strong urge to urinate. This is a common problem often caused by an overactive bladder (OAB).
Causes of Stress Incontinence

There is no one cause for urinary incontinence, but several risk factors do exist, such as:

» Childbirth
» Menopause
» Prior pelvic surgeries, such as hysterectomy
» Increased weight
» Advanced age

Treatments for Stress Incontinence

If you have stress incontinence, our urogynecologists will likely recommend a non-surgical approach and medication as a first-line treatment. Treatment options include:

» **Pessary**: A pessary is a ring that the physician or nurse inserts into the vagina. This helps support the urethra to help reduce stress incontinence.

» **Pelvic Floor Physical Therapy**: This is where you see a trained pelvic floor physical therapist to work on increasing the strength in your abdominal and pelvic floor muscles.

» **Urethral Bulking**: This is a minor procedure during which the physician injects a gel-like substance into the wall of the urethra to “bulk it up” to help reduce leakage.

» **Vaginal Sling (Midurethral Sling)**: This is a common, minimally invasive outpatient procedure where a strip of lightweight mesh is inserted under the urethra through a small incision in the vagina. The mesh helps support the urethra, preventing involuntary urine leakage.
**Overactive Bladder (OAB)**

Overactive bladder syndrome is a common condition resulting from bladder spasms that cause frequent and bothersome urination. This includes waking up to go at night.

When you leak on the way to the bathroom it is called urge incontinence.

**Causes of OAB**

Conditions that can prompt overactive bladder:

- Heart disease and uncontrolled diabetes, which can affect the nerves to the bladder
- Pelvic floor nerve damage after a vaginal birth
- Low levels of estrogen after menopause
- Uncontrolled diabetes and/or sleep apnea, which can cause hormonal changes that affect how the body processes urine

**Treatment Options for OAB**

**Dietary changes:** What and how much liquid you drink can affect how much you urinate. Caffeine, carbonated beverages, and alcohol increase urination, which means reducing your intake of those drinks could also be helpful.

**Behavioral changes:** Sometimes we get in the habit of going to the bathroom frequently even if we truly don’t have to. By distracting yourself, you can retrain your bladder to be less bothersome. Our physicians can help you learn how to do this at your clinic visit.

**Medication:** If dietary and behavioral changes do not help, we recommend various medications that act on the nerves to your bladder. These medications help you go longer between bathroom visits and leak less urine.

**Additional Treatment Options for OAB**

If more advanced treatment is needed, our urogynecologists are knowledgeable on the latest OAB treatment options, including posterior tibial nerve stimulation, cystoscopy with Botox™ injection and sacroneuromodulation. These options can be discussed in your initial clinic visit if indicated.
Urodynamic Testing

Urodynamic testing is the term used to describe a number of tests that investigate your bladder functions. One of which is called cystometry, which measures your bladder’s ability to store and pass urine.

The results gained from this test will allow your physician to understand the reason why you have the symptoms you have and can be instrumental in choosing the best treatment for your condition.

Urodynamic testing will normally require the patient to have full bladder. It takes about 30 minutes and does not require dieting, fasting or anesthesia. We recommend wearing comfortable clothing, as you may need to remove your lower clothing and change into a gown.
Pelvic Organ Prolapse

Prolapse is when the ligaments, attachments and connective tissue of the vagina weaken and the walls of the vagina start to fall. You can feel a bulge sensation, a pressure, and, at times, a pulling sensation. The uterus, bladder and rectum are all located around the vaginal canal, and one or more of these organs can be affected with prolapse.

Types of Prolapse

Anterior vaginal prolapse or Cystocele: The top wall of the vagina sags and causes the bladder to drop.

Apical or Uterine prolapse: The uterus or top of the vagina drops in the vaginal canal.

Posterior vaginal prolapse or Rectocele/Enterocele: The back wall of the vagina pouches forward, causing the rectum or intestines to bulge into the vagina.
Causes of Prolapse

» Childbirth, which can stretch supportive structures in the pelvis
» Chronic coughing, chronic constipation and heavy lifting, which can cause straining of the abdominal muscles
» Menopause, which causes estrogen levels to decrease and, as a result, weakens pelvic tissues
» Obesity
» Normal aging
» Having a hysterectomy in the past

Treatments for Prolapse

We have three treatment categories for prolapse: pelvic floor physical therapy, pessaries and surgical options.

Vaginal surgery can be done along with a hysterectomy, if needed, and includes supporting the vaginal walls using your own connective tissue and ligaments.

Abdominal surgery, primarily performed robotically or laparoscopically, often uses a synthetic mesh graft to provide a more durable repair to support the vagina.

Surgical options are tailored to meet patients’ needs, desires, and level of activity.
Genitourinary Fistulae

A fistula is an abnormal passageway between urinary and genital organs. The most common reasons for this abnormality is trauma caused by surgical procedures or childbirth, but sometimes radiation or cancer treatments can play a role.

Types of fistulae

» **Vesicovaginal:** Between the bladder and vagina  
» **Urethrovaginal:** Between the urethra and vagina  
» **Rectovaginal:** Between the rectum and vagina  
» **Ureterovaginal:** Between the ureters and vagina

Treatment for Genitourinary Fistulae

If a fistula is small it may close on its own, but in many cases surgical intervention is needed. Only a specialist with training in the surgical correction of genitourinary fistulae should do this surgery. All of our physicians are fellowship-trained and are experts with this type of surgery.
Office Information & Locations

Phone: 773-702-6118

Hyde Park (DCAM)
5758 S. Maryland Avenue, Chicago, IL, 60637
• All providers

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• Laura Fetzer, APN

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Visit us online at UChicagoMedicine.org/Urogyn to learn more and book your appointment today.