



Pelvic Floor Anatomy and the Surgery of Pulsion Enterocoele

R.F. Zacharin

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It is in the surgical aspect of their specialty that the gynecologists' work may be most frequently judged by their peers or by the litigious society that currently exists. Great and commendable progress has been made over the past 30 years in the basic scientific, endocrinologic and obstetric aspects of the specialty, but this has occurred with a commensurate de-emphasis of surgical procedures and surgical training, a decline in devotion to technical detail and perfection, and a tendency to take surgery for granted. Obstetric and gynecologic residency programs provide increasing numbers of specialists with average competence in the performance of the common, rather standardized gynecologic operations. In general, technical skill in the extirpative operations can be acquired far more readily than proficiency in the art of reconstructive surgery. At present, for a number of reasons, gynecologic surgical training is most deficient in regard to the surgical correction of severe forms of obstetrically damaged genital tract supports. The operations for prolapse defy standardization and require great technical individualization; this must be based on the surgeon's judgment developed through experience, a thorough understanding of normal pelvic anatomy, and recognition of the deficiency responsible for the prolapse in individual cases.

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