



Transforming Women's Healthcare

Center for Urogynecology and Reconstructive Pelvic Surgery
MANISH GOPAL MD, MSCE

Welcome to the Center for Urogynecology and Reconstructive Pelvic Surgery

At the Center for Urogynecology and Reconstructive Pelvic Surgery, our goal is to provide diagnostic and therapeutic options tailored to a patient's health needs. We offer comprehensive evaluation of the pelvic floor and recommended an individual treatment plan.

We are committed to providing you with the highest quality of healthcare.

Doctor Gopal completed his fellowship training at the Hospital of the University of Pennsylvania. He has published in peer reviewed journals, textbooks and he has presented at national and international scientific meetings, such as the American Urogynecological Society and International Continence Society.

He is currently Chief of Robotics at Saint Peters University Hospital and has recently been chosen by his peers as a Top Doctor in his field in the State of New Jersey.

Our office locations are listed below:

49 Veronica Ave. , Ste 207, Somerset, NJ 08873

111 Union Valley Rd. , Ste 202, Monroe, NJ 08831

312 Professional View Dr. , Ste 312, Freehold, NJ 07728

279 Third Ave. , Ste 103, Long Branch NJ. 07740

You can reach our office Monday through Friday 8:30 am to pm at 877-987-6496



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What you should know about Urogynecology

Urogynecology treats problems affecting the female pelvic floor – the urologic gynecologic, and rectal organs, which along with the pelvic floor muscles, occupy the space between the pubic bone and the tail bone.

Why do I need a Urogynecologist?

As the name implies, Urogynecologists have their expertise in gynecology, urology and bowel dysfunction in women. Due to the close proximity of the pelvic organs, there is a frequent coexistence of problems in adjacent organs. As such women with a "dropped" vagina may also have urinary incontinence or experience problems with bowel movements. It is estimated that more than 45% of women will at some point have problems with bladder control, 10% have problems with prolapse (dropping) of the pelvic organs, and 10% of women will require surgery for correction of these problems.

What is Urinary Incontinence?

Commonly known as lack of bladder control, Urinary Incontinence is a common problem in adult women. There are various types of Urinary Incontinence. Your Urogynecologist will evaluate your bladder function in order to precisely determine what is causing your bladder problem. This will allow him/her to recommend treatments specifically designed for your care. In order to evaluate your bladder function, you may be asked to complete a bladder diary, undergo a full pelvic exam, undergo bladder function testing (Urodynamic Testing) or undergo a Cystoscopy to examine the inside of your bladder.

What is Vaginal/Uterine Prolapse?

Due to the weakness of connective tissues, the Uterus, Vagina, Bladder, or Rectum can drop into the vaginal canal and even into the vaginal opening. This is termed Prolapse. This is analogous to a hernia which can occur along the lower abdomen due to weakness of the tissue of the lower abdominal wall. Prolapse can result in problems affecting the organ which has prolapsed. Urinary Incontinence if the bladder has prolapsed, problems with bowel movements if the rectum has prolapsed.

What Treatments are Available?

Based on your complete evaluation, your Urogynecologist will recommend treatment specifically designed for your case. They will likely be a few options to choose from. The options may include non-surgical treatment such as pelvic floor exercises, oral medications, patch or intra-vaginal devices to help elevate vaginal prolapse, or surgical therapy to correct the anatomic defects.

Pelvic Floor Muscle Rehab (PFMR) Therapy for Urinary Incontinence

What is PFMR?

PFMR can help you learn how to do effective pelvic muscle exercises that strengthen the muscle supports around the bladder, urethra, and rectum. Weak muscles can contribute to stress incontinence and bowel incontinence.

PFMR is also used to treat muscle dysfunction. When muscles are weak or damaged, it can be

difficult to know whether the appropriate muscles are being exercised and whether they are being exercised with the proper technique.

How Does PFMR Work?

PFMR involves the use of special electronic or electrical equipment to display information about your pelvic floor muscles. This information is transmitted by small sensors to a unit that creates a picture image on a screen. The visual image may be color bars or a polygraph display (like an EKG tracing). This information communicates the muscle strength, endurance, and function.

Doctors use PFMR to instruct and coach patients in the best ways to improve their muscle function. This may hasten the progress that you make in a pelvic muscle re-training program.

Because you learn the most effective techniques right away, you can concentrate on the strengthening exercises. Also, the techniques you learn during PFMR treatment sessions can be repeated during home practice sessions.

Without PFMR, some people with weak or damaged muscles have more difficulty identifying the pelvic muscles and exercising them to their full capacity.

How Is It Done?

The body signals are transmitted by way of an internal and external sensing device. For instance, an internal tampon-like device is fitted into the vagina, and a similar smaller device is placed in the rectum. External patches are also placed on the abdominal area.

The procedure is safe and non-invasive. None of these devices deliver any electrical current. The primary purpose is to detect and transmit the functioning of the muscle activity so that the person can look at a screen to associate the sensations that are felt during the pelvic muscle exercise with the picture on the screen. This helps the person identify and contract the correct muscles.

Most people are unaware of the pelvic muscles and how they contribute to bladder control. PFMR helps you learn how to become more aware of these important muscles and to use them regularly to improve bladder control.

See over.....

PFMR can offer such benefits as...

Helping to visualize and identify appropriate muscles
Helping to focus on exercising the correct muscle groups
Reinforcing efforts to perform the exercise correctly
Teaching how to repeat the exercise correctly
Motivating you to take control of your bladder problem
Recording progress at each session with computer print outs

What Is The Treatment Plan?

At each session, the information collected about your pelvic muscle strength, endurance, and function helps your doctor develop different exercise strategies for continued improvement of your muscle function.' Everyone will have slightly different treatment plans based on their muscle function. Your treatment plan is developed by you and your doctor together, to determine the most practical and effective approaches for muscle training.

How Long Does It Take?

PFMR sessions may take between 15 and 45 minutes, depending upon the goals of the session. Most people find the PFMR sessions interesting and helpful. Between 6 and 8 PFMR sessions may be needed for pelvic muscle re-training.

Tips For Self Care

PRACTICE. When practicing pelvic muscle exercises at home be sure to set aside time when you can concentrate on performing the exercises as done with biofeedback. Focus on the quality of the contraction, the intensity and the duration.

FOLLOW-UP. Attend your follow-up sessions; even if you feel you have not practiced your pelvic muscle exercises enough. Usually, the PFMR session will reveal improvements in muscle awareness, control, and function, even if strength has not increased. Even when muscles are exercised a little, there can be some improvements in function. Plus, the PFMR session will motivate you to continue the exercise program.



Center for Urogynecology and Reconstructive Pelvic Surgery
Manish Gopal M.D.MSCE

PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS

Last Name: First Name: Mid:
Address: City: State: Zip:
Social Security # Date of Birth: Age
Race: Preferred Language: Ethnic Background:
Email Address: Married Single Widow
Home Phone: Daytime Phone: Cell Phone:
Emergency Contact Name: Phone: Relationship:

Referring Physician Name: Phone: Fax:
Primary Care Physicians Name: Phone: Fax:
Address: City: State: Zip:
Gynecologists Name: Phone: Fax:
Address: City: State: Zip:
Pharmacy Name: Address: Phone:

INSURANCE INFORMATION:

Primary Insurance Name: ID# Group#
Name of Insured Date of Birth: Copay Amount:
Policy Holder Relationship: Self Spouse Partner Other
Secondary Insurance Name: ID# Group#
Name of Insured Date of Birth: Copay Amount:
Policy Holder Relationship: Self Spouse Partner Other

I authorize the release of medical information to process the claims for medical benefits and any payment of medical benefits to Lifeline Medical Associates LLC. I agree to pay all costs of collection, attorney's fees associated with collection due to services rendered and performed. I am financially responsible to Lifeline Medical Associates, LLC and its successors and assigns and any individual it may designate for balance not covered by insurance. I authorize the release of medical information to any providers and facilities participating in my care under HIPPA regulations.

Signature of Patient or Guardian

Date



PAST MEDICAL HISTORY FORM

NAME: _____ BIRTH DATE: ____/____/____ DATE: ____/____/____

PLEASE CHECK (X) IF YOU HAVE OR HAD ANY OF THE FOLLOWING:

- | | | | | | |
|------------------------|--------------------------|-----------|--------------------------|------|-------|
| Weight loss | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Weight gain | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Fever | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Fatigue | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Double vision | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Spots before eyes | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Vision changes | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Ear aches | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Ringling in ears | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Sinus problems | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Sore throat | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Mouth sores | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Dental problems | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Painful breathing | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Chest pain | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Difficult breathing: | | | | | |
| On exertion | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Swelling of legs | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Palpitations of heart | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Wheezing | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Spitting up blood | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Shortness of breath | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Cough, chronic | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Diarrhea, frequent | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Bloody stool | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Nausea/vomiting | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Constipation | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Blood in urine | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Pain with urination | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Urgency | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Frequency of urination | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Incomplete emptying | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Stress incontinence | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Abnormal periods | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |
| Painful intercourse | <input type="checkbox"/> | CURRENTLY | <input type="checkbox"/> | PAST | NOTES |

PLEASE CHECK (X) IF YOU HAVE OR HAD ANY OF THE FOLLOWING:

Muscle weakness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Pain in breast	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Nipple Discharge	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Masses/Lumps	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Rashes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Ulcers	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Dizziness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Seizures	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Numbness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Trouble walking	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Depression	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Crying, frequent	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Dry skin	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Abnormal thirst	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Hot flashes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Bruises, frequent	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Cuts do not stop bleeding	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Enlarged lymph nodes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Allergies	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Drugs, other	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES

MAJOR ILLNESSES YES NO MAJOR ILLNESSES YES NO

- Asthma Cancer YES NO
 Pneumonia Ulcers YES NO
 Chronic Lung Disease Depression/anxiety YES NO
 Kidney Infections/stones Anemia/Blood transfusions YES NO
 Tuberculosis Seizures/convulsions/epilepsy YES NO
 Venereal Disease Bowel trouble YES NO
 Heart Trouble/murmur Glaucoma YES NO
 Diabetes Arthritis/joint pain YES NO
 High Blood Pressure Fracture YES NO
 Stroke Hepatitis/Yellow jaundice YES NO
 Rheumatic Fever Thyroid Disease YES NO

Other Explain: _____

STATE OF TEXAS, COUNTY OF DALLAS

NAME	RESIDENCE	PROPERTY	ASSESSMENT
JOHN A. SMITH	1234 E. MAIN ST.	RESIDENCE	\$15,000
MARY B. JONES	5678 N. CENTRAL	RESIDENCE	\$18,000
WILLIAM C. BROWN	9101 S. RICHMOND	RESIDENCE	\$22,000
ELIZABETH D. WHITE	3456 W. LOOP	RESIDENCE	\$12,000
THOMAS E. GREEN	7890 E. UNIVERSITY	RESIDENCE	\$20,000
JANE F. BLACK	2345 N. DALLAS	RESIDENCE	\$16,000
CHARLES G. GRAY	6789 S. GARDEN	RESIDENCE	\$19,000
MICHAEL H. HARRIS	1011 E. WILSON	RESIDENCE	\$14,000
SARAH I. KING	4567 N. LEMAY	RESIDENCE	\$17,000
DAVID J. LEWIS	8901 S. HANCOCK	RESIDENCE	\$21,000
LUCAS K. MILLER	3210 E. JACKSON	RESIDENCE	\$13,000
ANGELA M. NELSON	7654 N. GILBERT	RESIDENCE	\$18,500
ANDREW O. PERKINS	2109 S. WASHINGTON	RESIDENCE	\$15,500
STEPHANIE Q. ROBERTS	6543 E. BROAD	RESIDENCE	\$19,500
ANTHONY R. TAYLOR	1098 N. RAVENWOOD	RESIDENCE	\$14,500
CHRISTINA S. WALKER	5432 S. MCKAY	RESIDENCE	\$17,500
JUSTIN T. YOUNG	9876 E. SHERMAN	RESIDENCE	\$20,500
AMANDA U. ZIMMERMAN	4321 N. WOODLAND	RESIDENCE	\$16,500

STATE OF TEXAS, COUNTY OF DALLAS

THE FOLLOWING IS A LIST OF THE NAMES OF THE OWNERS OF THE REAL ESTATE IN THE CITY OF DALLAS, TEXAS, AS LISTED IN THE TAX MAPS FOR THE YEAR 1998.

JOHN A. SMITH, 1234 E. MAIN ST., RESIDENCE, \$15,000

MARY B. JONES, 5678 N. CENTRAL, RESIDENCE, \$18,000

WILLIAM C. BROWN, 9101 S. RICHMOND, RESIDENCE, \$22,000

ELIZABETH D. WHITE, 3456 W. LOOP, RESIDENCE, \$12,000

THOMAS E. GREEN, 7890 E. UNIVERSITY, RESIDENCE, \$20,000

JANE F. BLACK, 2345 N. DALLAS, RESIDENCE, \$16,000

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JUSTIN T. YOUNG, 9876 E. SHERMAN, RESIDENCE, \$20,500

AMANDA U. ZIMMERMAN, 4321 N. WOODLAND, RESIDENCE, \$16,500

FAMILY HISTORY

High Blood Pressure NO Mother Father Sister Brother Other _____
Heart Disease NO Mother Father Sister Brother Other _____
Stroke NO Mother Father Sister Brother Other _____
Diabetes NO Mother Father Sister Brother Other _____
Drinking Problem NO Mother Father Sister Brother Other _____
Breast Cancer NO Mother Father Sister Brother Other _____
Colon Cancer NO Mother Father Sister Brother Other _____
Ovarian Cancer NO Mother Father Sister Brother Other _____
Other Cancers NO Mother Father Sister Brother Other _____

SOCIAL HISTORY

Habits

Smoking YES NO Packs / day _____ Years _____ If no longer smoking when did you quit? _____
Alcohol YES NO Drinks / day _____ Drinks / week _____ If no longer drinking when did you quit? _____
Drug Use YES NO
Seat Belt Use YES NO
Regular Exercise YES NO

Personal Profile

Marital Status:

Married Single Widowed Divorced

Number of Living Children _____

Number of people in household _____

Education Completed: High School College Graduate Degree Other

Current or most recent Job

Signature of patient: _____ Date: _____

Physician Signature: _____ Date: _____