



**ANDREW M. AGOSTA,
MD, MBA**

EDUCATION

Dr. Agosta completed a fellowship in Urogynecology / Reconstructive Pelvic Surgery at Methodist Hospital of Indiana. He is board certified in both Ob/Gyn and Urogynecology / Reconstructive Pelvic Surgery.

McLaren Macomb Women's Health

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WOMEN'S PELVIC WELLNESS

At McLaren Macomb Women's Health, Dr. Andrew Agosta, a subspecialist in urogynecology, focuses on the diagnosis and treatment of pelvic floor disorders. This service is designed with the patient experience in mind, offering accurate diagnosis and individualized treatment options in a single location.

CONDITIONS AND TREATMENTS

Female Urinary Incontinence/loss of bladder control

Dr. Agosta strives to help women improve bladder control, eliminate leakage and enjoy a more normal lifestyle. From conservative management to surgical interventions, there are many treatment options available depending on the severity of incontinence.

Treatment options also include:

- Pelvic floor physical therapy
- Pessary fitting
- Peri-urethral bulking agents
- Urethral sling surgery
- Intravesical botox
- Sacral neuromodulation

Pelvic Organ Prolapse (the dropping down of female pelvic organs including bladder, vagina, rectum due to loss of vaginal support)

Many women are able to reduce discomfort and pressure from a pelvic organ prolapse with nonsurgical treatment, which may include physical therapy, and/or using a removable device called a pessary that is placed into the vagina to support areas of prolapse.

Surgical procedures used to correct different types of pelvic organ prolapse include:

- Repair of the bladder (cystocele) or urethra (urethrocele)
- Removal of the uterus (hysterectomy)
- Repair of the rectum (rectocele) or small bowel (enterocele)
- Repair of the vaginal wall (vaginal vault suspension)

Accidental bowel leakage (Fecal Incontinence)

Accidental bowel leakage is the impaired ability to control gas or stool and can range in severity from mild difficulty with gas control to severe loss of control over liquid or formed stools on a daily basis. It is not an uncommon condition and it often coexists with urinary problems, but unfortunately, due to embarrassment, many patients do not seek treatment.

Many patients do not know medications and dietary changes can help. Pelvic floor physical therapy with biofeedback is an integral part of treatment. For people whose symptoms do not improve with these first-line therapies, there are innovative approaches including nerve stimulation, and surgery to repair muscle disruption.