

# MEET MCLAREN UROGYNECOLOGY



McLaren Macomb's urogynecology program provides specialized evaluation and management of complex pelvic floor disorders affecting the bladder, bowel, and pelvic organs. These conditions can significantly impact quality of life and are often underreported. Our goal is to deliver advanced, individualized care while partnering closely with referring clinicians to ensure coordinated, seamless management.

## WHEN TO CONSIDER A REFERRAL

### Urinary Incontinence

- Leakage requiring pads
- Nocturia more than two times per night
- Urgency or frequency limiting daily activities
- Failure of first-line overactive bladder (OAB) medications
- Mixed stress/urge incontinence
- Prior sling or pelvic surgery with recurrent symptoms
- Refractory OAB despite lifestyle changes, medications, or pelvic floor therapy

### Pelvic Organ Prolapse (POP)

- Vaginal bulge or pressure
- Visible tissue at or beyond the introitus
- Difficulty voiding or defecating
- Recurrent prolapse following prior repair

### Recurrent Urinary Tract Infections

- Three or more culture-proven UTIs within 12 months
- Post-menopausal UTIs despite vaginal estrogen or behavioral measures

### Fecal Incontinence

#### (Accidental Bowel Leakage)

- Any involuntary stool loss impacting quality of life
- Urgency-related or passive leakage
- Symptoms following obstetric injury

### Voiding Dysfunction or Urinary Retention

- Elevated post-void residuals
- Incomplete emptying
- Hesitancy or straining (non-neurologic causes)

## Patients May Also Describe

- Vaginal Bulge
- Leakage
- Rushing to the bathroom
- Recurrent infections

## WHAT REFERRING PROVIDERS CAN EXPECT

Led by Dr. Andrew Agosta, the urogynecology program supports referring providers through timely access, clear communication, and coordinated return of care, including:

- Same-week urogynecology appointments when clinically appropriate
- Consult letters within 24 hours
- Routine care transitioned to the referring provider

## Treatment Options

Care is individualized and may include:

- Lifestyle and dietary modifications
- Medications
- Pelvic floor physical therapy
- Vaginal support devices (pessaries)
- Advanced pelvic floor therapies
- Minimally invasive or surgical interventions when indicated

Many patients experience meaningful improvement with non-surgical management.



Dr. Andrew Agosta

**McLaren Macomb  
Women's Health Associates**  
36500 Gratiot, Suite 202  
Clinton Township, MI 48035

**Direct Referrals:** (586) 493-3740

**Fax:** (586) 493-3723

**Cerner E-Referral:** Select  
Urogynecology/Dr. Andrew Agosta



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