

Experience Makes a Difference

Comprehensive Urology, a division of Michigan Healthcare Professionals, is committed to providing convenient, thorough, and compassionate urologic care.

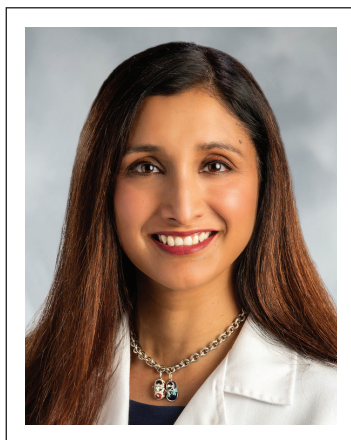
Female urologic issues, such as incontinence (accidental or incidental loss of urine) and prolapse (pelvic structure falling out of the vagina), are distressing and serious health problems. Yet, fewer than half of all patients are willing to report symptoms to their physicians. Gender alone is a predisposing factor, as women are affected by childbearing and the number of pregnancies they have.

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Dr. Priya Padmanabhan

According to Comprehensive Urology's (CU) Priya Padmanabhan, MD, MPH, FACS, these conditions carry a significant psychosocial and economic burden, leading to significant quality of life issues.

Dr. Padmanabhan, a native of Ann Arbor, is the most recent addition to a team of more than 40 doctors and advanced practice providers treating patients at 25 clinic locations throughout Michigan. Dr. Padmanabhan sees patients at CU's Royal Oak and Farmington Hills locations and at the Women's Urology Center at William Beaumont Royal Oak. She is a professor at Oakland University, William Beaumont School of Medicine, and brings with her an extensive history of public health, academic, and clinical experience. Her practice focuses on treating female and male patients, especially in the areas of voiding dysfunction and pelvic reconstruction, including incontinence, overactive bladder (OAB), pelvic organ prolapse, BPH, neurogenic bladder disease, neuromodulation, and fistulas.

“What makes our practice unique is that almost all of our physicians are fellowship-trained, with many having a commitment to academic growth beyond their clinical duties,” she says. “I have the best job, helping patients resolve issues they are otherwise too embarrassed to discuss. I am fulfilled, combining cutting-edge techniques with creative, individually based approaches to reconstruction.”

Procedures

Dr. Padmanabhan's practice is committed to utilizing open, vaginal, robotic,

and endoscopic techniques as needed on a case-by-case basis. “The pelvis can seem like a black hole—deep and daunting without the correct approach,” Dr. Padmanabhan says. In addition to vaginal approaches, advances in endoscopic surgery and robotic technology make treatment easier and are associated with less blood loss, less pain, shorter hospital stays, and faster recovery time. The outcomes and durability are similar to traditional methods of surgery.

According to Dr. Padmanabhan, “Neuromodulation therapy works to bridge the lapse in communication between our brains and the nerves that control our bladder.” Beyond conservative options and medications for OAB, neuromodulation, including intravesical Botox®, PTNS (posterior tibial nerve stimulation), and sacral neuromodulation, are all commonly provided in her practice. Botox and PTNS are both office-based procedures. Sacral neuromodulation is a minimally invasive, outpatient procedure. All of these bring profound improvement to symptoms and a patient's quality of life.

“The field has advanced so much in the last decade,” Dr. Padmanabhan notes. “As our population continues to age, those advances and others on the horizon are available to help our patients live their lives to the fullest. In addition to standard therapies, patients have access to multiple clinical trials, many of which are unique to patients treated in our practice through William Beaumont Royal Oak Urologic research. It is an exciting time, with new discoveries and procedures actively being implemented.”



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