INTRODUCTION AND OBJECTIVES: To compare the clinical outcomes of 3 different approaches for management of female Pelvic Floor Dysfunction; stress urinary incontinence (SUI) and pelvic organ prolapse (POP) either symptom based, clinical examination based and or MRI based correction.

METHODS: Prospective study including 60 female patients with pelvic floor dysfunction (SUI or POP or both) From June 2012 to June 2014 in Cairo University Hospitals . Patients preoperative evaluation included history, physical examination, urine analysis, uroflowmetry, Postvoiding residual urine (PVR) and MRI pelvic floor (static & dynamic). 60 patients were divided into 3 groups: Group A: include 20 patients whose treatments of SUI or POP were planned based mainly on the patients evident symptom.Group B: include 20 patients who underwent correction of all defects detected by clinical examination and are indicated for repair. Group C: include 20 patients in which the pelvic organ supporting system defects as well as functional abnormality that were detected with static and dynamic MRI were surgically repaired .surgical procedures were unified in all groups (transobtutator mid urethral slings (TOT) for SUI , Tailored prolene mesh for cystocele,posterior colpoperineorraphy for rectocele).postoperativly the patients in the 3 approaches were evaluated as regard cure rate,denovo events (SUI or urgency urinary incontinence (UUI)),failure or Worsening of pre-existing defect.

RESULTS: No statistically significant difference between the 3 groups as regard cure rate after 6 months (89%, 67%,67%) respectively . Denovo UUI or SUI was Highest in group A (50%) compared to other groups . Preoparative mixed urinary incontinence(MUI) improvment was high in group B & C compared to group A.MRI pelvic floor have a notable role in preoperative planning for surgical correction of POP whether to use native tissues or synthetic mesh for defect correction.

CONCLUSIONS: The concept of treating all pelvic floor dysfunction problems at one surgical setting makes sense, this approach may reduce the incidence of denovo urgency and urge incontinence , denovo postoperative SUI or worsening of POP. MRI pelvic floor may be an adjuvant tool for preoperative evaluation and decision making of patients with PFDs specially for multi-compartmental defects or complicated cases.