

ICS news

The Official Magazine of the International Continence Society

Volume 9 Issue No 2 July 2013

**ICS Website – New
Interface Launched**

**Big Changes for the
P & CC**

**Prolapse with
Urinary Stress
Incontinence in
Rural India**

**Don't Miss
ICS Barcelona 2013!**



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The International Continence Society

The International Continence Society is a registered charity with a global health focus which strives to improve the quality of life for people affected by urinary, bowel and pelvic floor disorders by advancing basic and clinical science through education, research, and advocacy.

Within a global scientific and scholarly environment which supports clinical and basic research in continence and pelvic floor disorders, the ICS strives for excellence in:

- international cooperation through affiliation with the ICS by other national and international societies working in related areas and through collaborative projects.
- global education of professionals by holding workshops and conferences and offering research and travel awards to centres of excellence;
- outreach programs to improve access to continence care for the developing world through education, advocacy and service;
- research by publication of research results at annual meetings, in the journal and by providing research scholarships and bursaries for professionals;
- developing and advancing standards and guidelines for good clinical practice by dedicated committees, educational sessions, and local workshops;
- advocacy and public awareness by developing fact sheets, holding an annual consumer meeting, having accessible information on the web site, and linking with other similar consumer groups.

The International Continence Society is a company limited by guarantee.

Registered Office: 9 Portland Square, Bristol BS2 8ST, United Kingdom.

Correspondence address: 19 Portland Square, Bristol BS2 8SJ, United Kingdom.

Email: info@icsoffice.org

Website: www.ics.org

Tel: +44(0)117 944 4881

Fax: +44(0)117 944 4882

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Editor-in-Chief:
Jane Meijlink

Associate Editors:

Jacqueline Cahill, Simone Crivellaro, Pamela Ellsworth, Katherine Moore, Susie Orme

Editorial Board: Jerzy Gajewski, Nina Davis, Stergios Doumouchsis, Jeffrey Garris, Daniela Marschall-Kehrel, Tomasz Rechberger
Design: Rosemary Rivlin

Email: ICSNews@ics.org

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The ICS does not necessarily endorse any products that may be mentioned in ICS News.

ICS Staff:

Daniel Snowdon (*Administration Director*)

Dominic Turner (*IT Director*)

Roger Blackmore (*Flash Developer/Graphic Designer*)

Ashley Brookes (*Senior Analyst Programmer*)

Avicia Burchill (*Projects & Events Manager*)

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Tracy Griffin (*Administration Assistant*)

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Don't Miss ICS Barcelona 2013!

Dear Members and Colleagues,

ON BEHALF OF the ICS Local Organising Committee and all the Spanish members of the International Continence Society, we have great pleasure in warmly encouraging you to take part in the 43rd ICS Annual Scientific Meeting to be held in Barcelona, 25-30 August, 2013.

There will be a truly outstanding education programme, starting with two days of 31 workshops, focused on many aspects that we all face in daily practice, followed by three days of scientific programme covering most of the current 'hot topics' in the field of incontinence. Together with the ICS Scientific Committee, we have put together what we believe is an excellent programme which includes State-of-the-Art lectures, Round Table discussions, Debates, a Clinical Case Session on Geriatric Urinary Incontinence, as well as the very popular 'Meet-the-Experts' discussions where delegates can interact with experts who will give their undivided attention for an hour over lunch, for knowledge, insight and networking.

There are also several new sessions for 2013. We have three committee activities running alongside the workshops which are free to all delegates. These sessions welcome those who are interested in the subject matter and want to get involved in the discussion and creation of standardisation and educational modules. A session has also been created specifically for our up and coming members of the ICS in our new Trainee session. This will offer something to those starting their careers and allow some of them to present in a relaxed environment with an expert panel for valuable feedback. Lastly we must not forget the Ethics Lunchtime lecture on Stem Cell research by Professor Robin Gill. To find out information about any of these sessions please visit the Programme section of the ICS 2013 website.

We received more than one thousand abstracts from which (after blind review) almost 300 have been accepted for presentation in nine podium sessions, 22 podium poster sessions and one podium video session. This high scientific participation leads us to estimate an attendance of around 3,000 delegates from all over the world.

Barcelona is a very attractive, cosmopolitan city from both cultural, social and entertainment points of view. It is the capital and most populous city of the Autonomous Community of Catalonia and the second largest city in Spain. It is also the most visited city in Europe and 11th in the world, having consistently ranked as one of the best cities in Europe in terms of quality of life. It also has a fascinating history and is the cradle of many cultures and has witnessed major transformations. Barcelona has a Mediterranean climate and at the time of the meeting temperatures are likely to range from a maximum of 29° C to a minimum of 21° C.

The venue will be the International Convention Centre of Barcelona which is located close to the Olympic Pier in one of the best areas in town, with most hotels within walking distance. The airport is located just 12 km away from the city and very well connected by efficient bus and train services.

The local committee has put much effort into organising an enjoyable social programme for you which will have a distinctly Spanish atmosphere, making the most of local Catalanian culture and customs. The Welcome Reception and Annual Dinner will give you the opportunity to experience local specialities and to meet old friends, as well as making new acquaintances. We are sure that you will enjoy ICS Barcelona 2013.

We very much hope you will take this opportunity to visit Spain and we look forward to meeting you in Barcelona in August. ■



David Castro-Diaz
Annual Meeting Chair



Montserrat España-Pons
Scientific Co-Chair



Letter from Sender Herschorn, ICS General Secretary



Sender Herschorn

Dear Members,

BARCELONA IS THE hub of one of the major metropolitan areas of Europe, the largest on the Mediterranean Sea, with a population of five million people. Barcelona was founded as a Roman city, but the area has been populated since pre-Roman times. Today, it is a cultural, historic, financial and tourist centre that has eight UNESCO declared World Heritage Sites within its borders.

This year's meeting promises to be very well attended and a scientific success. David Castro-Diaz, Meeting Chair, has put together a wonderful social program with a distinctly Spanish feel. He and his Local Organising Committee have been busy for well over a year to make sure that the meeting is successful. Monserrat Espuña-Pons heads this year's Scientific Committee. The committee considered over one thousand abstracts that were submitted and triply reviewed. The amount and quality of the abstract submissions represents an enormous amount of scientific productivity in all aspects of incontinence and pelvic floor disorders. Apart from the venue, the scientific content will be a great draw for attendance at the meeting.

The State-of-the-Art lectures and plenary debates will cover Tissue Engineering, Biomechanics Research on Pelvic Floor, Idiopathic OAB, Pelvic Floor Ultrasound, Geriatric Urinary Incontinence, and Treatment of Symptomatic Pelvic Organ Prolapse. Other highlights will be Meet the Experts, the Nursing Forum, Pelvic Floor Exercise Class, Physiotherapy Round Table, and an Ethics Lunchtime lecture. For those interested in upgrading their clinical and applied skills there will be 31 basic and advanced workshops from which to choose. The ICS Education Committee had to decide from among many excellent submissions to create the educational session that has been shortened by half a day this year. As always there will be multiple other sessions and meetings that will keep the Barcelona International Convention Centre busy throughout the meeting.

The ICS Strategic Planning process has continued to develop over the past 6 months. The Trustees reviewed the first member survey that was obtained in autumn and attended a planning session one day in advance of the Annual January Executive Meeting in Chicago. Another meeting took place at the time of the EAU Meeting in Milan for those of the Trustees who were attending. A third weekend meeting was held in May in Toronto to put together the document. We are very hopeful that a draft of the strategic plan will be ready for all members to review and comment on within the next few months.

Please note that the ICS website is now www.ICS.org thanks to the persistence and thoughtfulness of Dominic Turner, Director of IT, who convinced the previous owner of the URL to allow us to purchase the name. If you have not yet done so, please visit the new ICS website with its new look and improved functionality, thanks largely to the designs of Roger Blackmore our Graphic Designer. Thanks as well to other members of the staff for their hard work in providing tremendous support for all of the projects and activities that take place over the year – Dan Snowdon, Administration Director; Avicia Burchill, Projects and Events Manager; Jenny Ellis and Sophie Mangham, Projects and Events Coordinators; Ashley Brookes, Senior Analyst Programmer; Tracy Griffin, Administration Assistant.

The website is only one of many ways that you can communicate with your ICS. Please check out the website and for those who use social media, please notice that we are on Facebook, LinkedIn, and Twitter. Do not forget the more traditional forms of communication including email, monthly ICS eNews, and the biannual ICS News.

The upcoming Annual Scientific Meeting is our most important event of the year. Please make every effort to attend this 43rd Annual Meeting, the first ever in Spain. I look forward to seeing you there. ■

New: ICS Trainee Session in Barcelona

27 August 2013, 16:00 -18:00

THE ICS IS pleased to announce a new session at ICS 2013 for trainees, students and fellows. We have prepared a relaxed session with a combination of lectures and presentations which we think will be of great interest to those just starting their careers. Young ICS members will present lectures relating to research; which will be followed by presentations from those with non-discussion posters who will then receive feedback on their presentation skills, slides and scientific content.

The session will be followed by the ICS Welcome Reception in the conference centre.

The session is free of charge but pre-registration is required. Please contact Daniela Bloch dbloch@kenes.com to register. We welcome ICS members and non-members from all disciplines who are training, or have graduated or completed their education in their specialty field within the last five years.

The programme is as follows:

16:00 - 16:05	Introduction and Welcome – <i>accompanied by tea/coffee</i>	Adrian Wagg – <i>ICS Board of Trustees</i>
16:05 - 16:25	The dos and don'ts of abstract submission	Kari Tikkinen and Rufus Cartwright
16:25 - 17:45	ICS Trainees Abstracts Forum	Panel of multidisciplinary ICS Experts
17:45 - 17:50	What the ICS has to offer	Frederico Furriel
17:50 - 18:00	Open Discussion	All

The New ICS Guidelines on Urodynamic Equipment Performance Session

Tuesday, 27 August 2013, 09:00 - 11:00

- Andrew Gammie, Chairman of Urodynamic Equipment Group



Andrew Gammie

THE ICS STANDARDISATION Steering Committee has commissioned new guidelines on urodynamic equipment performance to update and build on the 1987 paper by Rowan et al. In order to enable members to use the guidelines fully, this workshop will cover the practical application of the specifications they contain. There will also be discussion on using the guidelines in the testing of equipment performance in the clinical department and also in the design of equipment. Attendees will be able to deepen their understanding of technical issues relating to urodynamic equipment. The session will form a part of the consultation process for the guideline with the ICS membership. Attendees will be given the opportunity to comment on document contents and suggest improvements to the committee.

Please note that this session is free to attend but pre-registration is required. Please contact Ms. Daniela Bloch at dbloch@kenes.com in order to register. For further questions please contact the ICS Office.

The programme is as follows:

09:00 - 09:10	What the guideline is for and what it contains Chair: Andrew Gammie , United Kingdom
09:10 - 09:30	What the technical specifications mean Becky Clarkson , United States
09:30 - 09:50	The role of the guidelines in clinical urodynamics Werner Schaefer , United States
09:50 - 10:05	Using the guideline in calibrating and testing equipment Ron van Mastrigt , The Netherlands
10:05 - 10:15	A view from industry Andrew Gammie , United Kingdom
10:15 - 10:30	Discussion – All

Writing Quality Questions: the Single Best Answer Format

ICS Faculty Development workshop:
Tuesday, 27 August 2013, 09:00-12:00

Learning objectives

On completion of this workshop, the attendee will be able to:

- Demonstrate knowledge of the educational theory underlying the use of single best answer (best of five) questions
- Demonstrate an understanding of the ICS house style and the requirements for questions
- Gain experience, in a safe setting, of writing questions in ICS style
- Demonstrate ability to self check the quality of questions for submission to ICS

The programme is as follows:

09:00 - 09:15	Introduction and Objectives
09:15 - 09:45	The Single Best Answer format
09:45 - 10:15	ICS house style for SBA questions
10:15 - 10:30	Pitfalls and quality control
10:30 - 10:45	Coffee
10:45 - 11:30	Question writing in small groups
11:30 - 12:00	Feedback, group quality checking and wrap up

Please note that this session is free to attend but pre-registration is required. Please contact Daniela Bloch dbloch@kenes.com in order to register. For more information on this session please contact the ICS Office: info@icsoffice.org. ■

ICS Meets the Continence Societies

Thursday, 29 August 2013, 13:00-14:00

THE ICS IS pleased to confirm that the working lunch between the ICS and international continence societies will take place again at ICS 2013 in Barcelona. This will last approximately 45 minutes. National medical societies, together with national and international patient/consumer organisations concerned with urinary and faecal incontinence and bladder, bowel and pelvic floor disorders are invited. Existing ICS Affiliate Members are welcome to come and meet with others and we welcome those interested in furthering their relationship with the ICS.

For more information about the ICS affiliation programme please visit www.ics.org/Affiliates/Affiliates.aspx

Lunch will be served from 13:00 and we request that guests arrive ready for a 13.15 start.

The programme is as follows:

An overview of the history and current status of the ICS. Update on minutes of last meeting. Presented by Sender Herschorn , ICS General Secretary
Affiliation of national continence societies with the ICS and the benefits. Presented by Ajay Singla , ICS Honorary Treasurer & Foreign Affairs Chair
Continence awareness initiatives of the ICS Continence Promotion Committee (CPC) and its associated patient/consumer organisations. Presented by Tamara Dickinson , Chair of ICS Continence Promotion Committee
Discussion – What do you expect from the ICS and what more can the ICS do?

If you would like to attend this working lunch, please email Daniela Bloch dbloch@kenes.com. Please be aware that only 2 tickets can be allocated per society/organisation. For the sake of clarity, you need to be registered for the ICS Annual Scientific Meeting and the ICS regrets that it is unable to refund any costs of attending the ICS meeting which will be your own responsibility. ■

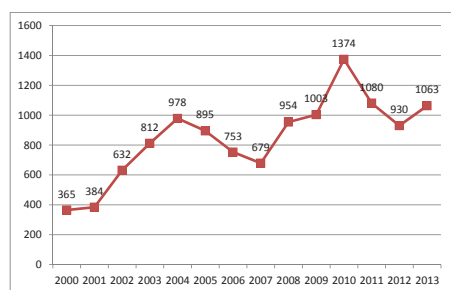
ICS 2013 Abstracts Submissions – Huge Response!

● Dominic Turner, IT Director



Dominic Turner

THIS YEAR WE have had a fantastic response to the call for abstracts, with 1,063 submitted by 1 April. This was a great total for a stand-alone meeting, only beaten by Glasgow in 2011. The quality of the submissions this year was also outstanding.



Scientific Committee Meeting, 27– 29 April

Status	Total
Accepted	929
Incomplete	31
Not Accepted	95
Withdrawn	8
Total	1063

The ICS Scientific Committee recently met in Barcelona to review all abstract submissions for 2013. Dominic Turner and Ashley Brookes from the ICS office attended the meeting to provide scientific support. All abstracts were reviewed by at least three reviewers, both from the Scientific Committee and external

reviewers from the Editorial Board of *Neurourology and Urodynamics*. The meeting lasted three days in which selections were made for the forthcoming Annual Meeting.

Scientific Programme

An exciting programme of 40 podium presentations, 250 podium posters and 356 non-discussion posters was created, with six video abstracts also chosen for podium presentation.

Presentation	Total
Podium	40
Podium Video	6
Podium Poster	250
Non-Discussion Poster	356
Non-Discussion Videos	16
Read by Title	261
Total	929

In response to the very well received OAB debate session in Beijing the format of the State of the Art sessions has been crafted to give more debates and give more coherent themes to different days – from Basic Science, Surgery and Conservative Management there is something for everyone, with Abstract sessions topics relating to the State of the Art programme for each day. Since Beijing, authors have been able to upload their posters onto the ICS website giving each poster much greater longevity and impact factor than just for the few days of the poster exhibition.

Presentation Type	Podium	Podium Poster	Podium Video	Non-Discussion Poster	Non-Discussion Video	Read by Title	Not Accepted
Published in N & U†	x	x	x				
Oral Presentation (minutes)	5	2	5				
Audience Questions (minutes)	10	3	5				
Powerpoint Presentation	x	x					
Poster Exhibition		x		x			
Poster Available on ICS Website		x		x			
Video Available on ICS Website			x		x		
Abstract Available on ICS Website	x	x	x	x	x	x	

Rejection Reason	Total
Low Score	48
Anonymity	32
References in Abstract	7
Incomplete Manuscript	3
Missing Section	2
Non-ICS Topic	1
Case Report	1
Not English Language	1
Total	95

Sadly some 95 abstracts were not accepted for the meeting. Half were for formal reasons where the rules of submission were broken – 48 were rejected as their score was below the threshold for read by title acceptance.

This year we published a matrix online to explain the different types of presentation at ICS meetings: (see table below left)

All abstract submitters have been notified of the status of their abstract, and the final programme was published in mid-June. All reviewers agreed that the quality of the submissions this year was unparalleled and our exciting programme is set to make Barcelona a landmark meeting for ICS.

Watch the latest interviews with the ICS 2013 Scientific Committee about the programme for Barcelona on ICS TV (www.youtube.com/icstelevision). ■



† The Official Journal of the International Continence Society is 'Neurourology & Urodynamics' Published by Wiley Periodicals Inc.

An Overview of the 2012 Consolidated Accounts for the International Continence Society and Conticom–ICS Limited

● Ajay Singla, Honorary Treasurer



Ajay Singla

AS OF 31 December 2012, the consolidated balance sheet showed that the Charity and its subsidiary had combined, carried-forward funds of **£1,242,990**, (2011: £1,669,018), covering the calculated operation costs for 2013 and 2014 and thereby meeting the ICS Reserves Policy. It needs to be noted that this calculation does not take into account charitable activities which have been committed to, of approximately £200k per year. It is anticipated these costs will be met from the surplus of the 2013 Barcelona meeting. Also, a strategic process planning committee has been put in place to undertake the task of increasing the future financial resources of the Charity and therefore making it better equipped to ensure continued success in the future.

Principle Funding sources

Although the Beijing Annual Scientific Meeting was a success in terms of reaching a new audience, it did not make a surplus. Therefore, for the first time in many years, the principal funding source of income was membership fees generating £127,809, (2011: £132,642), with the annual meeting bringing in £117,733, (2011: £528,353), donations and gifts totalling £42,437, (2011: £54,074), and income from investments amounting to £21,348, (2011: £21,597).

Resources Expended

The Charity's principle resources expended in the year under review were Educational Activities £254,330, (2011: £204,034), Annual Meeting expenditure £219,356, (2011: £201,166), Publication of Research £219,008, (2011: £349,821), and Governance Costs £42,661, (2011: £73,294).

The complete Annual Accounts can be viewed at: www.ics.org/Documents/Documents.aspx?FolderID=16

Overview of Annual Meeting income, expenditure and surplus

	£ 2008	£ 2009	£ 2010	£ 2011	£ 2012
Sponsorship & exhibition	654,254	941,487	1,385,400	1,026,913	883,308
Registrations	721,975	821,835	1,148,963	785,112	919,464
Other income	76,252	106,211	88,983	80,147	36,412
Total income	1,452,481	1,869,533	2,623,346	1,892,172	1,839,184
Total expenditure	1,144,711	1,533,450	1,787,507	1,460,935	1,959,449
Surplus	307,770	336,083	835,839	431,237	(120,265)
Surplus of which Conticom received including Scientific Services Fee	* 457,148	* 426,032	**496,588	*518,399	***80,190
Donation to ICS	227,912	266,444	338,432	327,035	NIL

* Due to Kenes International now being the permanent congress organiser for the ICS Annual Scientific Meeting, all surplus after costs is due to Conticom.

** In 2010 the surplus was shared with IUGA as this was a joint meeting

*** Please note: In 2012 the surplus stated relates to the Scientific Services Fee only

Investment Performance

With the continuance of investments into NatWest Fixed Rate Bonds, a return for the group of £21,348 has been declared as Investment Income, for the year to 31.12.2012, (2011: £21,597).

Summary

The Trustees are satisfied that despite the challenging economic climate and ultimate financial consequences to the Charity, it has still been able to meet its objectives.

As a result of there being no surplus of funds from the Beijing meeting, the charity was required to use some of its brought forward reserves to finance activities in the year.

The £NIL surplus from the annual meeting ultimately generated a loss of £101,593 in the trading subsidiary, making a donation to the Charity impractical, in comparison with 2011 which made a profit of £327,433, of which £327,035 was gifted by donation to the Charity.

Plans for the future

As part of the strategic planning process, the Board is looking at other sources of income outside the Annual Scientific Meeting. The Board is also actively looking into an investment strategy with the aim of increasing return on investment.

Please do not hesitate to contact me should you have any questions. ■

Physiotherapy Committee

Physiotherapy Committee Activities in Barcelona

- Stephanie Knight, *Communications and Membership subcommittee of the Physiotherapy Committee.*



Stephanie Knight

THE PHYSIOTHERAPY COMMITTEE has once again organised a number of activities to take place during the 2013 Annual Scientific Meeting in Barcelona. As in past years, there will be a number of workshops hosted by and featuring physiotherapists and conservative management. Physiotherapists will also be involved in the 'Meet the Experts' luncheons.

Pelvic floor muscle exercise classes will be offered again in Barcelona. After reviewing current group-therapy evidence for urinary incontinence in women, participants will actively take part in a pelvic floor muscle group therapy session aimed at treating urinary incontinence in women. The class on Tuesday 27 August from 12:30 to 13:30 will focus on pre- and post-natal exercise, while on Wednesday 28 August from 13:00 to 14:00 the focus of the class will be on the elderly patient. Both male and female practitioners and researchers will benefit from this experience.

The Physiotherapy Committee, in combination with the Education Committee, will host a free talk outlining the role of physiotherapy in pelvic floor dysfunction on Tuesday 27 August from 14:00-18:00 hours (workshop W30). This is an introductory level course. Workshop W17 on Tuesday morning from 09:00 to 12:00 will be a free workshop discussing the nursing component of conservative management.

The 12th Annual Physiotherapy Round Table will be held on Monday 26 August from 13:30-20:00 hours. It is an opportunity for physiotherapists, or anyone interested in physiotherapy, to network, enjoy presentations from prominent speakers, and most of all have fun. During the meeting there will be an update on the work of the Physiotherapy Committee, presentation of scientific projects and workshops. Scientific project topics include: chronic pelvic pain, physiotherapy treatment following radical prostatectomy, and prevention of pelvic floor injuries in labour. Kari Bø will give the state-of-the-art lecture entitled 'Exercise programmes for the pelvic floor: Is there evidence for an optimal programme?' Attendees will have the opportunity to attend two workshops of their choice. Workshop topics include: Sexual dysfunction, chronic pelvic pain, physiotherapy treatment following radical prostatectomy, virtual reality and pelvic floor muscle training, and EMG registration.

In the evening, guests will enjoy a buffet meal while making new and rekindling old friendships. Pre-registration to this session is required at the cost of € 40. This fee includes the evening meal. Space is limited, so please register early. Please see the conference website for registration. Please note: You must be registered for the ICS Annual Meeting in order to also register for this session. We look forward to seeing you in Barcelona! ■

Urodynamic Committee

Urodynamic Committee focuses on teaching modules

- Peter Rosier



Peter Rosier

THE ICS URODYNAMIC Committee is still working hard to provide the ICS with teaching modules. At the last annual scientific meeting, we presented the first four provisional modules in draft. We received many useful comments on those presentations and concluded that most of the modules could be improved by being shortened and also by separation into a 'basic' and an 'advanced' module. We will present four modules at a new workshop in Barcelona at the annual meeting. An aim of this workshop is also to video-record the teaching modules. It is anticipated that the final drafts of the modules: 'Cystometry', 'Pad-testing', 'Pressure flow analysis (basics)' and 'Video-urodynamics (basics)' will be presented. This committee activity is free for everyone interested in teaching urodynamic testing.

The teaching modules will form the basis for ICS education of techniques related to the lower urinary tract and pelvic dysfunction, starting with modules that explain urodynamic techniques. The modules to be recorded will hopefully be the first of a large series. Every teaching module will consist of a 'slide set' but will also include a two-page manuscript submitted to and published in *Neurourology & Urodynamics* and a video-recorded presentation of the slide-set that will be available on the ICS website. These teaching modules open the way to modern, cost-saving continuous internet teaching of ICS 'Good Practice'.

Every teaching module is developed by a balanced working group of experts, coached by the ICS Urodynamic Committee. The Urodynamic Committee has developed a manual to make the teaching modules, so that they are uniform and recognizable as an ICS module. A teaching module has a presentation length of maximum 30 minutes and a maximum of 30 slides. The modules will usually be presented by the working group chairman.

New committee members

The committee will also select 2 new committee members from a long list of candidates resulting from our call for new committee members. It is important that the production of teaching modules reaches full speed. So once again we invite all ICS members to form a working group and apply to the Urodynamic Committee for permission and guidance to develop a module. In particular, the many excellent candidates who applied to join the committee who cannot be selected due to limitations on the number of committee members will be invited to chair a working group to develop a module.

...continued on page 9

Nursing Committee

Nurses' Forum at ICS 2013: Exciting Programme

● Sharon Eustice



Sharon Eustice

THE NURSING COMMITTEE is delighted to announce that the Nurses' Forum will be held at the ICS annual scientific meeting in Barcelona on Monday 26 August from 12:00 to 18:30 hours. This is a key opportunity for nurses to contribute on focused talks and discussions in the field of continence nursing. Furthermore, we welcome nurses to hear lectures on recent research and experiences of nursing in Spain. A new component of the Nurses' Forum this year will be an open round table, offering insights from experts from around the world. We will provide a lunch for all registered delegates and hope that many nurses will join us for what promises to be a very interesting afternoon. In addition to the Nurses' Forum, many nurses will be taking part in a variety of workshops held on the Monday and Tuesday.

Nursing represented at Meet the Experts

ICS 2013 in Barcelona will continue to host the ever popular Meet the Expert sessions. The Nursing Committee is proud that this year we will again see the return of the session for nursing. The aim of these sessions is to provide an informal atmosphere where delegates can interact with experts who will give their undivided attention for an hour over lunch, for knowledge, insight and networking. The session will be open to all, but strictly on a first-come-first-served basis. Due to popularity, there is a small fee of €10 for registration to guarantee attendance. A lunchbox will be provided to all delegates registered for Meet the Experts. It is important to note that delegates should arrive in good time for the session. In the event that they arrive after the first 15 minutes, the place will be given to the next delegate on the waiting list. Tickets are non-refundable. The nursing Meet the Expert session will take place on Thursday 29 August between 13.00-14.00 with Donna Bliss and Sharon Eustice.

New working groups

The Nursing Committee has two new working groups;

1. CareHome working group: the Care Home working group is a working party under the ICS Nursing Committee, chaired by Joan Ostaszewicz, previously Chaired by Mary Palmer until April 2013. For more information visit www.ics.org/ViewCommittee.aspx?ViewCommitteeID=75

The Nursing Committee would like to thank Mary Palmer for all her hard work as Chair of the Care Home working group.

2. The Intra and Post Partum working group: this is a joint working group under the ICS Nursing and Physiotherapy Committee. For more information visit www.ics.org/ViewCommittee.aspx?ViewCommitteeID=76

Urodynamic Committee/...continued from page 8

Educational Modules Session: Tuesday, 27 August 2013, 14:00 - 17:00

Please note that the educational modules recording session at the meeting in Barcelona is free for all to attend, but that pre-registration is required. See ICS Barcelona website for details or contact Ms. Daniela Bloch at dbloch@kenes.com in order to register. ■

Education

During January 2013, a joint ICS/IUGA educational event was held in Cape Town South Africa that focused on the assessment and management of women post-delivery. The programme included nursing contribution covering the assessment of post partum patients with an emphasis on appropriate history taking, evaluation of properly completed bladder diaries, determination of post void residual and assessment of pelvic floor and perineal health. The ICS was represented by Lesley Hanson, Nurse Continence Advisor, Edmonton, Alberta and Julia Herbert specialist physiotherapist in Continence and Women's Health and Trustee of the Bladder and Bowel Foundation. The ICS would like to thank Lesley and Julia for speaking at this course on behalf of the ICS.

Since 2011, a nursing workshop has been included in the Pan-Arab Continence Society (PACS) annual meeting. The aim of the workshop is to offer a range of key bladder and bowel health topics to the local nurses. In February 2013, PACS held its meeting in Dubai and the nursing workshop included many nurses from nearby hospitals. On this occasion topics included lower urinary tract clinical assessment, care of the elderly, and physiotherapy. A nurse and physiotherapist delivered the workshop and this collaboration enabled a rich session, highlighting that working together is fundamental for better health outcomes for the patient.

The Nursing Committee is delighted that the nurses in Brazil have been successful in securing a multidisciplinary course that has been approved by the ICS. Our Brazilian colleagues will host an ICS Add-On Course to SOBEST in October 2013.

An educational course based on the assessment and management of women post-delivery was jointly sponsored by the International Continence Society and the International Urogynecology Association.

A final word...

The Nursing Committee continues to strive for a stronger voice and opportunities to influence education, research and practice. We welcome our nurse member colleagues to use the online nurses' public forum to raise any issues, share ideas and network via www.ics.org/Documents/Documents.aspx?FolderID=129

Our voice will become even stronger by being collegiate and demonstrating our passion for better quality of care. We look forward to seeing many of our nursing colleagues in Barcelona. ■

The programme will be as follows:

Start	End	Topic:	Speakers:
14:00	14:30	Cystometry	Carlos'd Ancona, Brazil
14:30	15:00	Pad testing	Jan Krhut, Czech Republic
15:00	15:30	Video urodynamics (basic)	Mário João Gomes, Portugal
15:30	16:00	Break	
16:00	16:30	Pressure flow analysis (basic)	Peter Rosier, Netherlands
16:30	17:00	Questions	All

Neurourology & Urodynamics Update



Chris Chapple

Dear Colleagues,

IT IS A great pleasure to update you once again on the journal. The impact factor is maintained at 2.958 with a five year impact factor of 2.729. The journal remains ranked as 17th out of the 73 journals in the urology and nephrology section. There has been a steady increase in the impact factor since 2006.

Over the last 12 months, the average time from submission to first decision has been 31 days, with a final decision being taken by a mean of 52 days. We have reduced our acceptance rate following on from previous editorial board discussion down to 37.8%.

The editorial team are indebted to SUFU, ICS, and Wiley-Blackwell for supporting the extra pages published in 2011 – all has to be considered against a backdrop of an increased number of papers being submitted to the journal. 382 papers were submitted to us during 2012, rising from 374 in 2011, 330 in 2010, 293 in 2009, and approximately 250 in 2008, 2007 and 2006. The current average waiting time for publication on paper is around 6 months.

None of this progress would be possible without the superb input from our reviewers, and in this context I would like to acknowledge the Top Reviewers for the last year. Selection of this group is always difficult because of the hard work that so many people put in to supporting the journal, but the individuals shown

below have all contributed enormously to the journal by virtue of the number of reviews they have undertaken and the rapidity of returning these. On behalf of the editorial team, I would like to thank everyone for their strong support.

I am also grateful to Jen Tidman in the Editorial Office, and must acknowledge the strong support of the publisher, in particular Cathy Krendel our Managing Editor and Ryan Sheehan our Production Editor. Please do direct any comments you may have to us at the journal office (neurourol@btconnect.com); we very much welcome feedback relating to Neurourology & Urodynamics and how you feel we can improve it in any way.

Last but not least, I would like to thank Jane Meijlink for her superb contribution to the ICS as the Editor of the ICS Newsletter. It has been a great pleasure liaising with her over the last several years. ■

With best wishes,

Chris Chapple, Editor-in-Chief

Editor-in-Chief, Neurourology & Urodynamics



Apostolos
Apostolidis



Stuart
Bauer



Rufus
Cartwright



Margot
Damasar



Marcus
Drake



Claire
Fowler



David
Ginsberg



Tomas
Griebling



Hashim
Hashim



John
Heesakkers

Continenence Promotion Committee

Update from the CPC

● Tamara Dickinson

World Continenence Week

World Continenence Week (WCW) is held around the world from the last Monday to Sunday in June and in 2013 this was 24-30 June. The ICS Office and the Continenence Promotion Committee worked hard this year to develop and approve World Continenence Week materials for distribution. These included labels, logos, branding guides, poster templates, press release template and event ideas. Thanks to Jenny and Roger at the office for all their tremendous work! We would like to ask everyone please to send the ICS Office an update and photos of their 2013 World Continenence Week events for the ICS website.

New Committee Members

We received 14 expressions of interest for the 3 CPC member positions and new members have been selected.



Tamara Dickinson

Public Forum

Lastly, we had the unfortunate experience of having to make the decision to cancel the Public Forum in Barcelona. Frankie Bates, Lynne Van Poelgeest, Jacqueline Cahill and Jenny Ellis worked tirelessly to try to secure a local organisation to take the lead as sponsor or organiser. The success of the forum relies heavily on local agencies and media support. Amidst lack of this support, there was also concern that attendance would be low as this is typically a holiday month for those living in Spain. We decided that it was not the best use of resources. However, we are pleased to announce that the Public Forum 2012 interviews are now available on ICS TV! The interviews can be found online here: www.youtube.com/icstelevision ■

Publications and Communications Committee

Big Changes for the P & CC

● Jerzy Gajewski

THE ICS PUBLICATIONS Committee was first established in 2004, with Chris Chapple as Committee Chair. The aims of the committee were “communicating important news, information and in particular scientific developments both to and from the membership and between The ICS and the outside world. In addition to the further development of existing ICS publications such as the journal *Neurourology and Urodynamics* and the website, important new projects will be the development of a topical newsletter for the membership, a press office and the development of a plan for future ICS publication policy.”

The first committee meeting was held at the Royal College of Surgeons, London on 24 January 2005. The appointed members present at the meeting were: Walter Artibani, Daniela Marschall-Kehrel, Jane Meijlink, Heinz Koelbl, Piotr Radziszewski, Stefano Salvatore, Jerzy Gajewski, Vik Khullar, Chris Chapple (Chair) and Dominic Turner (ICS Office). All members were formally elected in 2007. Since then, several more members have contributed to the work of the committee including: Katherine Moore, Sherif Mourad, Hashim Hashim, Tomasz Rechberger, Ian Pearce, Jacqueline Cahill, Nina Davis, Jeffrey Garris, Stergios K. Doumouchtsis and Pamela Ellsworth. In 2006, Chris Chapple stepped down as chair of the committee after being appointed Editor-in-Chief of *Neurourology and Urodynamics*. Jerzy Gajewski was appointed as interim chair and formally elected in 2007.

The name of the committee was change to Publications and Communications Committee (P&CC) on 29 November 2006. The new Term of Reference was as follows: “This committee has been charged with the important role of communicating important news, information and in particular scientific developments both to and from the membership and between the ICS and the outside world”.

One of the first major projects of the committee was development of a corporate identity, a new logo and the new ICS website. This process went through several stages over ensuing years. Since then, the ICS Website has been updated a number of times, with the latest version just released. Dominic Turner and IT colleagues from the ICS office has been instrumental in the Web design.

The most important activity of the committee is the publication of *ICS News*, which is available to the membership. The *ICS News* editorial board was set up on 13 January 2006. Jane Meijlink was appointed Editor-in-Chief with associate editors that have changed over the years and currently comprise Katherine Moore, Susie Orme, Simone Crivellaro and Jacqueline Cahill, ably and enthusiastically assisted by ICS Office staff. All have worked exceptionally hard to make this publication interesting and valuable to the membership, ensuring that all ICS members worldwide are kept informed of activities and developments in the Society. *ICS News* has become an important tool in communication with the members of the ICS. All members are encouraged to contribute to this publication

The P&CC also publishes and maintains a series of up-to-date and accurate Fact Sheets (currently under the direction of Nina Davis) which are used to communicate with the media and the public at large. It consists of 12 modules related to the ICS and many aspects of incontinence and pelvic floor dysfunction.

ICS eNews is a regular information service organised by the ICS P&CC. It keeps members informed about all relevant events on a regular basis. eNews is emailed once a month. Almost 60 issues have been delivered so far.



Jerzy Gajewski

P&CC defines general policies and plays a consulting role with the ICS Office coordinating and arranging Press and Public Relations for the ICS in cooperation with local organising agents.

I would like to thank all members of the committee for their dedication and hard work for the benefit of our Society. I would like particularly to recognise several members of P&CC who – along with me myself – will complete their final term on the committee this year: Daniela Marschall-Kehrel, Katherine Moore, Susie Orme and our Editor-in-Chief Jane Meijlink. Jane was instrumental in transforming *ICS News* into a very important and successful publication. We are also happy to announce that Pamela Ellsworth has agreed to take on the role of our new Editor-in-Chief. In addition to being a paediatric urologist and Associate Professor of Surgery (Urology) at Alpert Medical School of Brown University, Pamela Ellsworth also has extensive experience in writing, editing and publishing that will be of great value to the *ICS News* Editorial Board.

We also greatly appreciate the help and support from the ICS office staff in Bristol: Dan Snowdon, Dominic Turner, Avicia Burchill, Jenny Ellis, Tracy Griffin, Sophie Mangham, Ashley Brookes and Roger Blackmore. ■



Outgoing Editor Jane Meijlink, with new Editor Pamela Ellsworth at the P&CC meeting in London, February 2013.

Ethics Committee

Ethics Committee – Code of Conduct

● Edward Stanford



Edward Stanford

THE ETHICS COMMITTEE (EC) has been active in 2012/2013. Most recently, the board of trustees asked the EC to produce a code of conduct for the general ICS membership. Several important issues were brought forward in working on the code of conduct. The ICS is a global health organisation and its mission is to improve quality of life and to advance science in urinary, bowel, and pelvic disorders. Strengths of the ICS include its cultural diversity, global education efforts, research and publication of quality research, and the development of standards and guidelines for good clinical practice. The membership and leadership of the ICS are represented by many nations, languages, and specialties. Cultural diversity is evident in the ICS.

How does such a diverse organisation function in harmony? Without much surprise, it does! And the key to growing as a leading international organisation consistent with our mission is by embracing our cultural diversity, communicating as peers at all times, and being transparent in our scientific efforts. To this end, all research presented at ICS meetings must be accompanied by disclosure of any conflicts. The EC has followed the successful implementation of this effort and is proud to report a nearly 100% disclosure was achieved at last year's meeting in Beijing. Since we, the EC and ICS, look to improve on transparent disclosure, the disclosure requirement will be extended in the future to include educational presentations as well. Another way the ICS can function in harmony is by requiring civil and respectful behaviour between members. To that end, all ICS members will agree to and sign a code of conduct. We, as members of the ICS, need to remind ourselves that we are all leaders with the ICS. One individual does not make an organisation! We all make virtuous and moral decisions everyday as healthcare providers and this represents and promotes the strong moral culture of the ICS through its members.

Ethics Lunchtime Lecture in Barcelona: Thursday, 29 August 2013, 13:00-14:00

The EC is proud to announce that at this year's annual meeting will host a lunch time lecture featuring Professor Robin Gill. The one hour lecture will be on the 'Relationship between Research and Ethics: Stem Cell Research'. We look forward to all ICS members coming to hear this year's lecture. We know it will be worthy and worthwhile.

Professor Gill is currently the Professor of Applied Theology at the University of Kent at Canterbury and formerly Professor of Applied Theology to the University of Newcastle. For sixteen years he was an advisor to the Archbishop of Canterbury on ethical issues and is an Honorary Canon of Canterbury Cathedral. He is also on the ethics committees of the British Medical Association, the Nuffield Council on Bioethics and the Royal College of Obstetricians and Gynaecologists, as well as being on the Medical Research Council committee on stem cell research. Dr Gill comes from a medical family where his father was a London consultant physician and both his wife and grandfather were general practitioners. He will cover the following topics for the ICS:

- Ethics and research
- Ethics relating to sources of stem cells
- Ethics of testing
- Issues related to research ethics approval
- Issues of donor consent
- Issues related to research ethics approval
- Enforcing decisions

This one hour lecture is open to all for €5 which includes lunch. Pre-registration is required. To register please contact Daniela Bloch dbloch@kenes.com.

Standardisation Steering Committee

Standardisation Progress Update

● Marcus Drake



Marcus Drake

Survey on LUTS definitions

We recommend you to look out for our survey on definitions of lower urinary tract symptoms, especially storage LUTS. Discussion on storage LUTS can arouse passionate feelings, and we really want to respond if areas need to be improved. So if you have strong feelings – either in favour of or against current terminology – please let us know through the survey. It will be distributed by the ICS Office to all ICS members and also to anyone else interested in having the opportunity to comment. The responses will be published on the Wiki, so everyone can get a feel for the debate. Very importantly, the Standardisation Steering Committee is about to initiate a Working Group to revise the Terminology of Lower Urinary

Tract Function [Abrams et al., 2002]. The results of the survey will provide us with a timely sounding of all views, giving us the best chance to meet the requirements of as many people as we can when it comes to the updated terminology.

'Core Terms' document planned

The range of SSC publications is considerable, and perhaps too much for some people where continence management is only one component of their professional

...continued on page 13

Fistula Committee

Fistula Workshop in Kampala with 10 Trainees

● Sherif Mourad



Sherif Mourad

AN IMPORTANT COMPONENT of the Fistula Committee's activities comprises its regular surgical workshops for the repair of vaginal fistula and the possible complications resulting from previous repairs. Our latest workshop took place at Mulago University hospital in Kampala, Uganda with 10 trainees from Africa, United Kingdom, India and Latin America. The trainers were Sherif Mourad, course director and Chair of the Fistula Committee, Ahmed Saafan, committee member, Mohamed Yassin and Mohamed Metwaly. This workshop included 12 cases of complicated vaginal fistula that were repaired successfully and all trainees were able to have real hands-on training and gained experience in evaluating and deciding upon the proper action for such difficult cases. According to the feedback, the workshop seems to be delivering a great deal of knowledge and experience for participants, despite the many difficulties encountered in working in Africa.

Fistula Committee Chair Sherif Mourad has a vision of a Fistula Centre in Kampala (Uganda). There have been discussions with the Minister of Health of Uganda together with the Chief of Mulago University hospital and the Chairs of the Urology & Gynaecology departments of Mulago Hospital. They are all very supportive of the opportunity and a proposal to establish a centre is under consideration. This could become a centre of excellence and serve as a training facility for fistula care. Sherif also held meetings with FIGO (International Federation of Gynecology and Obstetrics) and shared in the philanthropic initiatives of the EAU, AUA and SIU, aiming to get them on board to help create this centre. The support of the multiple organisations will be critical and complex in terms of human resources, equipment and sponsorship. It is an ambitious goal and, if successful, may lead to significant improvements in quality of life of fistula sufferers. ■



Trainers and trainees outside the hospital



The doctors with their fistula patients



Sherif Mourad with Mugalo University Hospital staff

SSC/...continued from page 12

work. We are therefore starting work on a 'Core terms' document. We see this as a summary of the most crucial terms: the ones which can legitimately be considered 'expected knowledge' for all people seeing patients in this field. The prevalence of LUTS and range of specialties encountering them (Primary Care, Care of the Elderly, and many more) means that awareness of basic standardised terminology should be made easily accessible. We aim to develop a self-test mini-certificate to incentivise people to get familiar with the core terms and to reinforce their knowledge.

Working Groups

Several working groups are active. The Urodynamic Equipment group, chaired by Andrew Gammie, has produced its preliminary report. The Chronic Pelvic Pain working group, chaired by Ragi Doggweiler with the assistance of Kristene Whitmore, aims to have its first report in time for the Barcelona meeting. The Terminology for Conservative Management of Female Pelvic Floor Dysfunction working group, a joint group with IUGA chaired by Kari Bø, is making good progress. About to start is the working group which will revise Good Urodynamic

Practices [Schafer et al. 2002], and you will also soon be seeing an advert for a working group on Terminology in Neuro-urology.

ICS WIKI

The ICS Wiki now has a group of interested individuals, who are forming a forum to inject the activity and life that will yield the best value from this project. We are targeting a lively and thriving Wiki in time for the ICS meeting in Barcelona. Anyone else interested, please let me know; you will be very welcome.

Learning Standardisation Workshop

Finally, we will run a workshop at the meeting in Barcelona for all those interested in this key area. It will offer insight into the basics of what standardisation is all about, and how you can get involved. All members of the SSC and its working groups will be asked to attend, but the workshop is open to all and there will be no charge for attending. It will be advertised in the near future by the ICS Office. Because it is a committee activity, it does not feature in the workshop programme. ■

Education Committee

ICS Guest Lectures in Collaboration with Associazione Italiana di Urologia Ginecologica e del Pavimento Pelvico (Aiug), November 2012, Palermo

‘Female Pelvic Floor Dysfunction in the Mediterranean: a Multi-Disciplinary Approach’

THE ICS PROVIDED guest speakers Sherif Mourad and Mandy Wells at the Associazione Italiana di Urologia Ginecologica e del Pavimento Pelvico conference 2012 held in Palermo, Sicily. Sherif gave four lectures on: Female Voiding Dysfunction, UI in women– Description, Types and Evaluation by ICS Algorithms, Urodynamic studies for female UI and Surgical treatment of genito-urinary fistulae in women, while Mandy lectured on Conservative management of POP, Prevention of UI in women and Conservative Management of female Stress UI.

According to the organisers, there are cross-cultural, logistic and practice aspects of the perceptions, management and consequences of female pelvic floor dysfunctions that need addressing in the Mediterranean region through a multi-disciplinary approach. The course organisers assembled multi-disciplinary international, regional and local experts representing obstetrics, urogynaecology, urology and nursing in a course/workshop to discuss the challenges of preventing and managing pelvic floor dysfunction (pelvic organ prolapse, urinary incontinence and sexual dysfunction) in women from Sicily and the Mediterranean Region. This is a prevalent yet preventable condition that represents not only an individual, but also a public health problem in the region. Attention was drawn to an often over-looked yet vital component of improving care of incontinent patients, namely the role of the multi-professional holistic concept in improving the management of female pelvic floor dysfunctions. This illustrated how such an approach can benefit all stakeholders by increasing physician engagement and collaboration, streamlining referral pathways, aligning healthcare systems with patients’ needs and lobbying the policy makers to increase funding of multi-disciplinary incontinence services, thereby improving patient management and access to treatment as well as providing a valuable patient and medical professional resource for cross-sector alliance. The event was attended by 188 participants and after the course there were many requests for ICS membership.

This ICS Educational Course activity was designed to meet the educational needs for primary care practitioners, specialists including gynaecologists, urologists, obstetricians, nurses, physician assistants, and other Obstetric care and public health providers as well as patient advocacy group representatives and health policymakers. Feedback from event attendees was collected using paper evaluation forms. According to the course and speakers evaluation forms, the event was very useful (80%), the quality of education excellent (60%), and the significance of the topics good (70%).

The event attendees suggested further topics to be explored, for example forensic issues, pelvic floor rehabilitation, the anatomy of the pelvic floor, pelvic floor exercises, pelvic floor disorders during birth labour and their resolutions, diagnostic and clinical examination of the patient, prevention and support of the woman with pelvic problems. ■



Julia with Mariette, Ruth and Lindsay from the WH committee



Participants at the end of a very interesting day



Lesley with Ina van der Walt, one of the SA presenters

Joint ICS / IUGA Educational Course

24 January 2013, Stellenbosch University, South Africa

● Julia Herbert & Lesley-Ann Hanson.

An educational course based on the assessment and management of women post-delivery was jointly sponsored by the International Continence Society and the International Urogynaecology Association. The course preceded the South African Urogynaecology Association (SAUGA) annual meeting which was being held over the following 3 days in the impressive surroundings of the Law Faculty of Stellenbosch University. The majority of delegates were Women's Health Physiotherapists, with specialist urology nurses, midwives and continence nurses also attending.

The meeting was opened by Steven Jeffrey, a specialist obstetrician and gynaecologist from the University of Cape Town. The first speaker was a local specialist physiotherapist, Ina van de Walt, who spoke about the epidemiology and patient characteristics of peri-partum incontinence in South Africa. It was very helpful to set the context of the programme in relation to the patients that the delegates would be seeing in their own clinical practice. Ina was also able to share her own research developed as part of her MSc work looking at ethnic differences in pelvic floor muscle function.

The next speaker was Nurse Continence Advisor Lesley Hanson, an invited Canadian speaker from the ICS faculty. Lesley's presentation covered the nursing assessment of post partum patients with an emphasis on appropriate history taking, evaluation of properly completed bladder diaries, determination of post void residual and assessment of pelvic floor and perineal health. The nursing treatment of post partum women with incontinence was covered. This involves dietary management of bladder and bowel health, fluid management, pelvic floor muscle education, recommendations for treatment of short term vaginal atrophy and use of pessary support devices. Pessary use by nursing for the treatment of incontinence after all other strategies have failed and prior to surgery was a major focus of her presentation. Case studies were discussed to illustrate the processes of nursing intervention.

After lunch, the international theme was continued with a second international speaker, Julia Herbert who is a UK specialist physiotherapist in Continence and Women's Health and also a Trustee of the UK Bladder and Bowel Foundation. Julia's presentations looked in more detail at the therapeutic assessment and treatment of post-partum pelvic floor muscle dysfunction including the grading systems used to evaluate function and dysfunction in the pelvic floor muscles.

The treatment session concentrated on clinic-based treatments and education that physiotherapists can use during the post partum time when women present with pelvic floor dysfunction. Julia highlighted the fact that pelvic floor muscle dysfunction is multifactorial and that we should remember that it can involve not just urinary problems but also bowel dysfunction, sexual dysfunction, pelvic organ prolapse and pelvic pain. A variety of treatment modalities were discussed including pelvic floor muscle exercises, EMG and Dynamic Ultrasound Biofeedback and Neuromuscular electrical stimulation.

The use of case studies helped to promote some audience discussion about how these problems may be approached in South Africa. It quickly became evident that there is less equipment currently available to physiotherapists in South Africa, with only one delegate having access to real time dynamic ultrasound. Discussion focused on using simple strategies such as myofascial release to normalise the tone in the pelvic floor and small hand held equipment for EMG Biofeedback and stimulation to help retrain both power and endurance.

The final speaker was a South African physiotherapist, Corlia Brandt who gave us some insight into psycho-sexual problems in post partum women in South Africa. Corlia was given quite a challenge as there appears to be very little literature focusing purely on this issue in South African women. However, she gave an interesting presentation about the types of issues that affect post partum women, and food for thought as to how to deal with these issues in our own patient population.

The day closed with a discussion among the delegates about areas for further research and development and it was certainly very positive to see a growing positive relationship between the specialist nurses and physiotherapists present. ■

ICS Guest Lecture at AUA 2013 in San Diego

● Jane Meijlink

THE ICS WAS represented by Francisco Cruz (Portugal) as guest lecturer at the AUA annual meeting in San Diego, participating as a panellist on The Science of Female Pelvic Health three-session course programme presented by the AUA, SUFU and the ICS on Saturday 4 May. His presentation concerned Urgency/Bladder Afferent Signalling/Urothelial-Afferent Signalling, a field in which he is highly experienced, and his talk focused on TRPV1 and afferent signalling in the urinary bladder. He noted that TRPV1 is a functional receptor

in bladder afferents and urothelial cells. It is fundamental for signalling pain and bladder overactivity associated with bladder inflammatory conditions and is over-expressed in overactive bladder and neurogenic detrusor overactivity. Nerve growth factor (NGF) and bradykinine are important regulators of TRPV1 expression and function in nerve fibres and urothelium and he concluded that TRPV1 may represent a potential target to treat LUTS in several bladder conditions. ■



Francisco Cruz

Upcoming Education Courses & Workshops

Education Course, Cadaver Workshop Oporto, Portugal, 19-20 August 2013 – [Read more>>](#)

Education Course in assoc. with SIU – Vancouver, Canada, 8 September 2013 – [Read more>>](#)

Education Course, Hands on Urodynamics Course – Oporto, Portugal, 27-28 September 2013 – [Read more>>](#)

Education Course, in assoc. with Turkish Continence Society – Antalya, Turkey, 3 October 2013 – [Read more>>](#)

Education Course in assoc. with the Hungarian Continence Society – Sopron, Hungary, 11-12 October 2013 – [Read more>>](#)

ICS Education Course at SOBEST – Salvador, Brazil, 13-14 October 2013 – [Read more>>](#)

Incontinence: The Engineering Challenge IX

● Alan Cottenden, Organising Committee Chair

DEVELOPING IMPROVED INCONTINENCE products is not a popular choice among those seeking to make their mark in academia, industry or the clinical world: the first Nobel prize for a non-blocking catheter, a leak-free drainage bag tap or a skin-friendly incontinence pad has yet to be conferred! Incontinence technology has a serious image problem and is in need of new ideas, new energy and new blood. So it was that the Incontinence: the Engineering Challenge series of biennial conferences was started in the 1990s by the Institution of Mechanical Engineers' Engineering in Medicine and Healthcare Division to provoke fresh thinking on this neglected topic. The ninth in the series – co-sponsored by the ICS – is scheduled for 5-6 November 2013 at the IMechE's London headquarters.

From the start, these conferences have aimed to be highly multi-disciplinary, drawing together a rich mix of all those involved with incontinence products, from incontinent users through their informal and professional caregivers to academic clinicians, engineers and scientists, social scientists, health economists and industry folk with responsibilities in R&D, or sales and marketing, for example. The lecturers are invariably similarly diverse in background and they face an interesting challenge in making their expertise accessible to such a mixed audience.

Over the years, we have evolved a pattern in which the afternoons of the programme are given over to conventional papers in which recent research findings are presented challenged and debated, while the mornings focus specifically on highlighting needs and introducing fresh thinking on possible new approaches. We always invite along some people with incontinence to talk to us, explaining how their bladder and/or bowel misbehaves, the impact this has on their quality of life, how they currently manage it, and what they think the research community should



be doing to improve matters. It's wonderful how freely they share their experiences with an audience keen to learn, understand and make a difference. Similarly, we are keen to learn from experienced clinicians and caregivers.

Another regular and popular feature is the invited lectures given by people who know nothing about incontinence. Eminent engineers, scientists or clinicians, they are selected because they have knowledge and expertise we suspect may be applied to incontinence products: they have the distinct advantage of being unfettered by over-familiarity with existing solutions. It's great fun inviting them: they invariably protest that they know nothing about incontinence to which the stock answer is, "We know, that's one of the main reasons we are inviting you!" We've had, for example, a space scientist explain to us how toilets work aboard spacecraft (how do the urine and faeces know which way to go in the absence of gravity?); a dental materials scientist describes the challenges of designing materials for the challenging environment of the mouth (not unlike the incontinent groin: warm, wet, full of microbes, mechanically challenging); a biometricist reviews the different mechanisms adopted by nature to shift fluid from place to place (the core challenge for incontinent product designers); and an olfaction physiologist enlightens us on how smell works, in the hope of identifying new strategies for addressing the perennial fear of people with incontinence that they may smell.

If you are interested in joining in the lively debate at this year's conference, we'd be delighted to hear from you. Please get in touch with Anissa Bensahih (health@imeche.org) or find out more at www.imeche.org/events/S1770. ■



Alan Cottenden

New American Board Subspecialty Certification

● Jeffrey Garris

After many years of discussion and debate, the American Board of Obstetrics & Gynecology (ABOG) and the American Board of Urology (ABU) have successfully collaborated along with the leadership of the Society of Urodynamics and Female Urology (SUFU), American Urogynecologic Society (AUGS), and the Accreditation Council for Graduate Medical Education (ACGME) to create and provide certification for the subspecialty in Female Pelvic Medicine & Reconstructive Surgery (FPMRS). While this subspecialty has been practiced for years by many noted urologists, gynaecologists, urogynaecologists and a few colorectal surgeons, it is only now that these physicians and surgeons who specialize in female urinary and faecal incontinence, urodynamic testing, advanced pelvic surgery, pelvic organ prolapse, fistula repair, bladder pain syndromes, sexual function and tissue transfer will be "officially recognised" and certified for their efforts.

Certification began this year with the written boards in June 2013. All applicants seeking this initial certification were required to have completed an accredited residency training programme and be board-certified in the respective field of specialty. ABOG also required that the gynaecology and urogynaecology candidate's clinical experience include either a minimum of 5 years' practicing FPMRS or completion of a FPMRS fellowship prior to July 2012. These initial applicants, known as "senior candidates", were expected to have a current directed clinical practice in the field of Female Pelvic Medicine & Reconstructive Surgery. Application further included a written case log documenting "sufficient depth and breadth of FPMRS" to be submitted by the applicant to either ABOG or ABU for

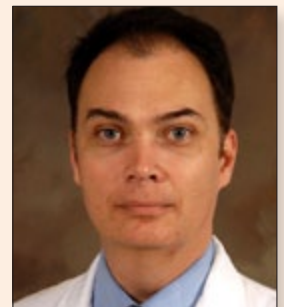
determination of the applicant's qualifications and specific practice patterns.

Applicants who have completed residency training after June 2010 will be required to have completed additional training in an accredited 2-year ABU or 3-year ABOG fellowship program in FPMRS. These future candidates will be asked to complete the resident education, general board certification, case log and written examination requirements as noted for senior candidates along with further requirement to successfully undergo an additional oral examination in FPMRS. (Any applicant who has completed a non-accredited FPMRS fellowship after June 2012 will not be considered eligible for certification in FPMRS.)

It is of interest to note, that along with subspecialty certification in FPMRS, there are now 47 accredited FPMRS fellowship programs in the United States (36 Gynecology, 7 Urology, 4 Combined Gynecology/Urology). It is planned that ABOG and ABU will ultimately transition program accreditation to the ACGME.

Certification by the American Board in FPMRS represents a giant leap in standardizing physician education and improving specialty healthcare to women with bladder, bowel, prolapse and sexual function complaints. ■

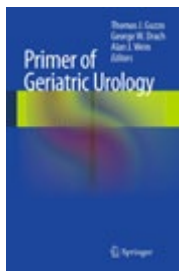
More information can be found at abog.org; abu.org; acgme.org.



Jeffrey Garris

Book Reviews

● by Jane Meijlink, Pamela Ellsworth, Jerzy Gajewski



Primer of Geriatric Urology

Editors: Thomas J. Guzzo, George W. Drach, Alan Wein
Publisher: Springer 2013, Hardcover, 209 pp.
ISBN 978-1-4614-4772-6 (print), 978-1-4614-4773-3 (eBook).
Price Guide: € 148.35 (hardcover), € 118.99 (eBook)

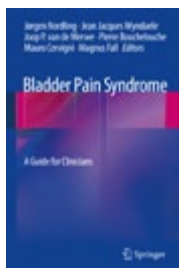
With most countries currently faced with an aging population (65+ years), this primer – while USA-based – will nonetheless be of great interest worldwide to urologists, allied health professionals, including physician's assistants and nurse practitioners, as well as primary care providers treating elderly patients with urologic problems. The book underlines the need for a detailed assessment of comorbid conditions and medication history to reduce the potential for drug interactions in this population, also emphasising that elderly people may minimise their symptoms out of fear of losing their independence. Chapter 6 looks at complications particular to the elderly, noting that patients presenting for surgery have continued to get older. This group has a high risk of post-operative complications and mortality. Chapter 8 deals specifically with urology in the nursing home since this group may harbour many urologic problems that require attention. An extensive chapter on geriatric sexuality examines many aspects of this often ignored issue, although there is rather more here about men than women! This is a very useful, easy read book that fills an important gap.



Multidisciplinary Care of Urinary Incontinence A handbook for health professionals

Editors: Lewis Chan, Vincent Tse
Publisher: Springer 2013, Hardcover, 97 pp
ISBN 978-1-4471-2771-0 (print), ISBN 978-1-4471-2772-7 (ebook)
Price guide: € 105.95 (hardcover), € 83.29 (eBook)

This is a compact book that is filled with the 'need to know' information regarding urinary incontinence. It is concisely written, well illustrated and addresses incontinence in females, males, older patients and those with neurologic conditions. In addition, it provides useful information on faecal incontinence. This is an asset to primary care providers and other health professionals.

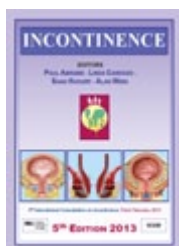


Bladder Pain Syndrome

A Guide for Clinicians

Editors: Jørgen Nordling, Jean-Jacques Wyndaele, Joop P. van de Merwe, Pierre Bouchelouche, Mauro Cervigni, Magnus Fall.
Publisher: Springer US 2013, Hardcover, 389 pp
ISBN 978-1-4419-6928-6 (Print) 978-1-4419-6929-3 (eBook)
Price guide: e-book € 142.79, hardcover € 180.15

This clinician guide from ESSIC will be useful for all professionals dealing with this group of patients. It takes a comprehensive look at the topic, including pathophysiology, clinical presentations, diagnosis, therapy and ending with a patient perspective. Pelvic floor dysfunction is included as well as the important aspect of sexuality. The really practical part for clinicians starts with Part III – Diagnosis and Part IV – Therapy. Chapter 13 on clinical evaluation and diagnosis points out that diagnostic evaluation is made more difficult by the overlap of its symptoms with a wide range of other disorders and a number of chapters look at these associated disorders. The therapy section includes complementary and alternative treatment, diet and physiotherapy as well as medical therapy. Since this is a complex disease area, what one misses here is a highlighted list or box of main points per chapter which would provide an easier overview.



Incontinence: 5th Edition

Editors: Paul Abrams, Linda Cardozo, Saad Khoury, Alan Wein
Publisher: ICUD-EAU, 2013, Hardcover & CD-ROM, 1980 pp
ISBN: 978-9953-493-21-3
Price: € 90.00

This is the 5th Edition of Incontinence from the International Consultation on Urological Diseases (ICUD). This edition incorporates the results of the 5th International Consultation on Incontinence, held in Paris in February 2012 and organised for the purpose of developing consensus statements for the diagnosis, evaluation and treatment of urinary incontinence, faecal incontinence, pelvic organ prolapsed and bladder pain syndrome. 200 experts divided into 23 committees presented their chapters, and received input from the audience. These chapters are followed by a section containing recommendations of the ICUD International Scientific Committee. The book includes a CD-Rom. The book can be ordered online via: www.uroweb.org/publications/other-publications/

ICS Website – New Interface Launched!

● Dominic Turner, IT Director



Dominic Turner

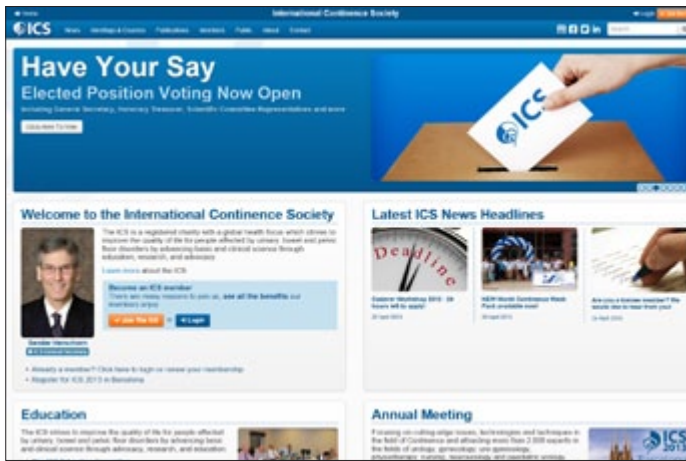
I AM PLEASSED TO announce the launch of the new ICS interface (codename 'Vanilla'). This new look for the official ICS website refocuses the ICS Brand on its core values and addresses key issues with the old website – ease of navigation, performance and screen 'real estate'. It also introduces a comprehensive content management system allowing administration staff to update all areas of the website. With a website that has grown organically over many years with new systems and databases introduced each year and terabytes of documents and information uploaded, the ICS website has become a vast and sprawling source of information, research and clinical publications. A fresh approach was needed to organise the site, to make it more accessible yet maintain the depth and scale of effort to date. The top-down process of organising the website was continued in the documents and forums system which had grown over the years to a huge size with thousands of posts – this was also rationalised into logical areas that reflected the website sitemap. Rolling this out on a live website with hundreds of systems in daily use is no mean feat – the launch represents the deployment of the core systems for content management, navigation, website promotions, news and search. All other systems will be migrated to the new look interface over the rest of the year.

Performance

A number of innovative techniques have been applied to the website to minimize network bandwidth, increase scalability and enhance performance to give the best user experience possible. Some pages that used to take a minute to download now display in tens of milliseconds.

Fluid Design

With the rise of mobile devices a website that is responsive and adapts well to small displays is vital – the new ICS interface is a fluid design that rearranges itself dynamically depending on the viewport available, seamlessly adapting itself to the demands of the user no matter how they are accessing it. At the other extreme, the new website will take advantage of larger display monitors and allow a cinematic experience to the desktop user.



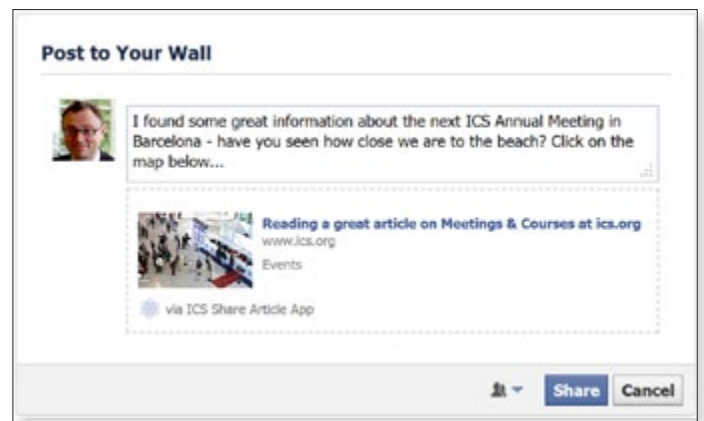
Navigation

With the new look website navigation is both easier to use and less obtrusive. From 22 sections in the old website we now have 7 main sections – this makes it far easier to find what you need. The new sections run along a minimal thin strip at the top, when hovering over them, a full screen 'doormat' appears with a full listing of all the areas in that section. This gives the advantage of the navigation system taking up no room in the interface, yet giving instant access to all levels of the website when needed.



Web 2.0 – Making the ICS Website a Good 'Net Citizen'

With the growth of Social Media the ICS has been developing its community channels with the membership over the last few years – many of you have joined our LinkedIn Group, followed us on Twitter, joined us on Facebook and watched our TV channel on YouTube. The new interface integrates these even further with the ability to share articles directly. Context sensitive tags allow other websites to interpret ICS pages and give rich links with additional information and relevant thumbnail images.



Content Management

The new website allows non-technical staff to edit web pages directly as soon as information is available keeping the website content fresh and relevant. Powerful tools allow sophisticated formatting while keeping all pages to a coherent house style. Images can be directly uploaded and cropped within the web page like Facebook, giving immediate results. Industrial strength security allows pages to be

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Review of the 1st World Congress on Abdominal & Pelvic Pain

● Jane Meijlink



Jane Meijlink

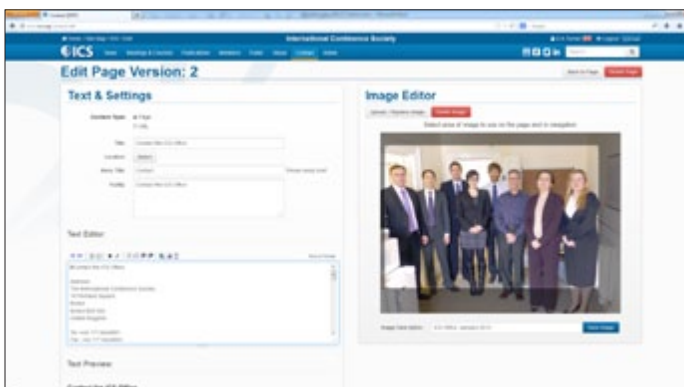
THIS 1ST WORLD Congress on Abdominal and Pelvic Pain, held at the historic Beurs van Berlage in the heart of Amsterdam 30 May – 1 June attracted over 500 enthusiastic abdominal and pelvic pain professionals from 10 disciplines and no fewer than 46 countries. Chaired by urologist/sexologist Bert Messelink from Groningen, it was jointly organised by Convergences PelviPerineal (ConPP), the International Pelvic Pain Society (IPPS) and the IASP special interest group Pain of UroGenital Origin (PUGO) and supported by the International Association for the Study of Pain (IASP), the European Federation of IASP Chapters (EFIC) and the European Society of Neurogastroenterology and Motility (ESNM). This thought-provoking meeting examined all aspects of abdomino-pelvic pain from basic science to multidisciplinary/interdisciplinary care approaches, and included a separate parallel patient organisation meeting on the Friday morning for discussions between patients and faculty on priority setting for research and care.

Issues raised during the congress included active patient involvement in management in partnership with healthcare professionals, and the importance of the doctor/patient relationship in chronic pain disorders. Holistic care is the key to treatment of patients in this field, taking all comorbidities into account. Multidisciplinary care should include medical care, physiotherapy, psychology and nursing, with adequate interdisciplinary coordination and communication. Further research is needed for the assessment and delivery of care, management strategies

and new treatments. If you go to the website www.pelvicpain-meeting.com, you will find photos and interviews, while speaker slide presentations can be viewed under 'Scientific programme' (click on the speaker's name). A full report of the proceedings will be published by IASP Press. It is planned to hold this congress every two years in different countries. The next congress is planned for January or February 2015 in Paris. ■



ICS Website/...continued from page 18



published to the world or restricted to groups, committees or individual members. Our content management system allows seamless integration with other web 2.0 sites, giving the ability to insert interactive maps, videos and other intelligent content from other websites into any page.

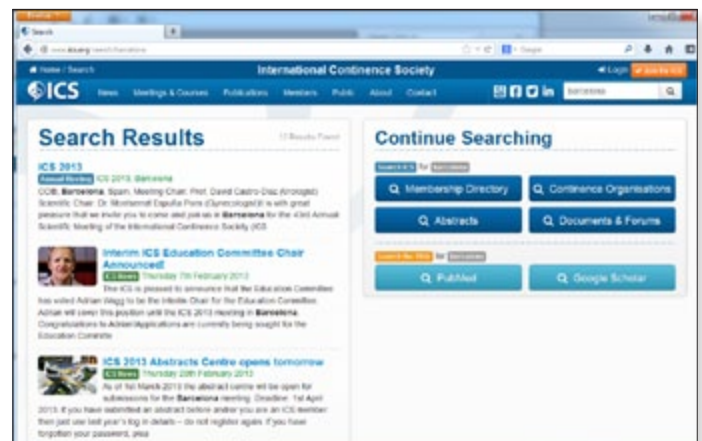
Friendly URLs, e.g. <http://www.ics.org/about>

The ICS is proud to have finally acquired the [ICS.ORG](http://www.ics.org) domain name after years of negotiation with the former owner (the Industrial Computer Society who registered it when the .ORG domain was launched in 1985). This is part of the ICS strategy for putting ICS at the forefront of medical education and research. In combination with this, the new website utilises 'friendly URLs' which are more human readable than internet addresses in the past. These measures are also

valued by search engine providers and over time will increase the impact factor of the ICS website.

New ICS Search Engine

The new website features a new integrated search engine that will bring together all the different platforms on ICS – currently news, events and content pages are integrated, with documents, abstracts, membership directory, faculty and research databases to come as these systems are migrated during the rest of the year. New algorithms are used to give the most relevant ranked results with fuzzy logic matching on 'near' terms – delivered at blindingly fast speeds by the new Vanilla interface. ■



FELLOWSHIP REPORT

ICS Research Fellowship 2011 at Bristol Urological Institute, Southmead Hospital, Bristol

● Kari Bø, Oslo, Norway

THE OBJECTIVES OF the ICS are to promote excellence and multidisciplinary work to advance basic and clinical sciences concerned with the function and dysfunction of the urinary tract, bowel and pelvic floor. Each year members of the organisation can apply for different grants and fellowships, and in 2011 I was the lucky recipient of the 'Research Fellowship'.

I started my work as a researcher in pelvic floor muscle training (PFMT) in 1986, collaborating with the Norwegian urologists Bernt Kvarstein and Bjørn Klevmark. In our studies, we used several urodynamic investigations and tests to diagnose and assess outcome. In our first randomized controlled trial (RCT) on PFMT for female stress urinary incontinence (SUI), we found a statistically significant increase in maximum urethral closure pressure (MUCP) between the control group and the 'intensive' exercise group (Bø et al 1990). The increase, however, was only mean 4 cm H₂O (95% CI: 0.3-8.9) and we have always questioned the clinical relevance of the results. Significantly more women in the intensive exercise group than the control group also changed a negative closure pressure during coughing to positive. In another RCT (Bø et al 1999), no changes in any urodynamic variables were found after 6 months of PFMT, electrical stimulation, vaginal weighted cones or control.

To date there is level A, grade 1 evidence that PFMT is effective to treat SUI, and that PFMT should be first choice of treatment for SUI and mixed incontinence (Hay-Smith et al 2008). Only a few studies have evaluated the effect of PFMT on urethral resting pressure or MUCP during PFM contraction and coughing, and the knowledge about the influence on one single contraction of the pelvic floor muscles on rise in urethral pressure is limited. Miller et al (1998) found that contraction of the PFM before and during coughing can reduce urinary leakage. However, to date there is no data on how strong the PFM contraction must be to prevent leakage. DeLancey (2010) found that MUCP was the single factor that differed most between women with and without SUI, being 43% lower in women with SUI. However, the variation in increase in MUCP during a single PFM contraction seems to be substantial. Hence, it is important to investigate the relationship between PFM strength and urethral pressures. However, both PFM strength and urethral pressure are difficult variables to measure and reliable and valid measurements are difficult to obtain (Belal and Abrams 2007, Bø and Sherburn 2007). Bristol Urological Institute, Southmead Hospital, Bristol, England is a centre of excellence for urodynamic assessments, and I was honoured and very happy to receive the ICS Research Fellowship to spend a month there in April-May 2012.

The aim of the Research fellowship was to make a project plan and pilot testing for a study investigating the relationship between urethral pressures measurements and PFM strength. Measurement of PFM strength can be reliably and validly measured with a fiberoptic microtip transducer connected to an airfilled balloon placed in the vagina (Camtech AS Norway) (Bø and Sherburn 2007). Urethral and bladder pressures can be assessed with conventional urodynamics and pressure profilometry during contraction of the PFM (Belal and Abrams 2007).

My main host and collaborator at the Institute was Professor and consultant urologist Marcus Drake. After initial discussions on urodynamic assessments and methodology, we decided that there was an immediate need for a systematic review of the literature on:

1. Influence of a voluntary pelvic floor muscle contraction on urethral closure pressure an
2. Influence of pelvic floor muscle training on urethral closure pressure

We were very fortunate to have a visiting physiotherapist, Rebecca Mallin-Jones, dedicated to working with us for the whole month. Together we spent a lot of time searching the literature, describing and classifying the studies for the systematic review. Mallin-Jones is a trained Women's Health physiotherapist and was in a programme for a clinical doctorate in physiotherapy. It was decided to change this to a scientific master and PhD with Professor Drake and me as supervisors, and we started the work with her project planning and searching for possible grants to finance the future project. The systematic review is now in the final stage before submission to an international peer review journal.

In addition, I spent time in the laboratory with urodynamic nurses and urologists attending urodynamic assessment of patients to be updated on techniques and practical issues concerning responsiveness, reliability and validity of urodynamic assessments. I attended assessments of both males and females of different ages and with use of different techniques.

Bristol Urological Institute has a database of many thousands patients who have undergone urodynamic testing. We started to study content of the database to plan a future study on normative data of urethral closure pressure in different age-groups in men and women. This is planned as one of the projects in Mallin-Jones' PhD.

After meetings and discussions with Professor Paul Abrams and Nikki Cotterill at the International Consultation on Incontinence Modular Questionnaires (ICIQ), we decided to make a project for the ICIQ to include questions on PFMT. As PFMT is a recommended first line treatment, health professionals are supposed to ask all patients whether they have done exercises before they are offered medication or surgery. However, to date there are no standard questionnaires for this purpose. Answers to a simple question on whether they have exercised or not can be very misleading. Questions need to address e.g. have the patients been properly taught and examined, who taught them, which training protocol did they follow, was the training supervised and did they adhere to the proposed protocol? A questionnaire on this must be developed and tested for reliability and validity according to the ICIQ recommendations for development of questionnaires, and would be part of Mallin-Jones' PhD. Following up on this, a prospective study was planned on patients attending the Bristol Urological Institute using the questionnaire of former PFMT and including clinical assessment of actual PFM function. Another study in planning is a reliability study of MUCP in sitting and standing position.

During my stay I was invited as a speaker to the following:

South West Urologists Meeting at Dillington House, Ilminster, Somerset, 26-27 April 2012

'Helping people with voiding dysfunction. The physiotherapist's role'

Local meeting for physiotherapists in the district at Southmead Hospital, 30 April, 2012

'Are there alternative methods to pelvic floor muscle training for stress urinary incontinence?'

...continued on page 21

FELLOWSHIP REPORT

Training under the Pope of Urogynaecology

● Mohan C Regmi, Nepal, ICS Clinical Fellow, 2011

BEING TRAINED UNDER Professor Eckhard Petri would be a dream come true for any youngster striding ahead in this field. In 2011 I was awarded a clinical fellowship by the International Continence Society (ICS), and I would like to extend my sincere thanks to ICS for providing me with the opportunity to make that dream become a reality.

The training period started at the end of July at the University of Greifswald, in the beautiful city of Greifswald, Germany. I attended the ward rounds, outpatient clinics and theatre, under Professor Petri's supervision. On account of his expertise and well-known name, most of the Professor's referral patients were cases of previous failed surgery and complications arising from alloplastic slings and meshes. This was a unique opportunity for me to learn how to manage these conditions. In the outpatient clinic, I examined many patients with incontinence, and also learned the basics of perineal ultrasound for paravaginal defects, bladder neck mobility and localization of slings and meshes.

The exhaustive work in theatre included colposuspension, revision of meshes and slings, urethrolysis, cystoscopy, slings (TVT, TOT), and prolapse surgery, including sacrospinous fixation. The highlights of my surgical observations were colposuspension (where Professor Petri has developed the technique of suspending the vagina laterally with ileopectineal ligaments with loose-hanging knots) and sacrospinous ligament fixation (with only 2 Brisky retractors and a needle holder, without the aid of any ligature carrier). These cost-effective techniques would be useful for developing countries like Nepal where resource constraints are the main factor for treatment.

Alongside the clinical observations, I was guided by Professor Petri in my research work. I focused on evaluation of the effect of pregnancy on the pelvic floor, with a



Dr Mohan C Regmi with Professor Eckhard Petri

special focus on incontinence, and I will continue my research looking at prolapse and faecal incontinence.

Nothing I have mentioned above in my report does justice to the vast clinical insight, and innumerable tricks for day-to-day practice taught to me by the so-called 'Pope of Urogynaecology'. Indeed, this was truly useful training and will help me to spread the light of Urogynaecology in my part of the world. ■

Kari Bø Fellowship Report/...continued from page 20

Workshop at the physiotherapy department, Southmead Hospital for Physiotherapists in Women's Health, 9 April 2012

'Pelvic floor muscle training in groups- pros and cons'

I would like to thank the fantastic staff at Bristol Urological Institute, Southmead Hospital, Bristol, for their great hospitality and for letting me attend urodynamic assessments during their busy days. I was extremely impressed about their knowledge and kind treatment of the patients. I am deeply thankful to Professor Marcus Drake for spending so much time with me, for interesting discussions and for sharing his knowledge at the lab. Thank you to Rebecca Mallon-Jones for her enthusiastic and thorough work, and to Professor Paul Abrams and Hashim Hashim for making recommendations and hosting me together with Professor Marcus Drake.

Also many thanks to Marcus Drake, his wife Peta Drake, Paul Abrams, his wife Kirsten Klevmark, Lucy Swithinbank, her husband David Swithinbank, and Angela Shepherd for their fantastic hospitality; taking



Rebecca Mallon-Jones, Peta Drake, Marcus Drake, Kari Bø, Hashim Hashim, Kirsten Klevmark, Paul Abrams

me to their homes for dinners, exercise sessions, sight-seeing, concerts and musicals. I had a fantastic time in Bristol thanks to all of you, despite the fact that it was raining cats and dogs for a whole month! Coming from Norway I am used to rain, but I have never seen anything like this, they said it was a record. . .

I sincerely thank the ICS for the fellowship making my stay at the Bristol Urological Institute possible. ■

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Prolapse with Urinary Stress Incontinence in Rural India

● Manuel Fillol



Manuel Fillol

FOR THE PAST three years, there has been a programme of cooperation between Spanish and Indian gynaecologists in the region of Anantapur, India, at the Kalyandurg Hospital of the 'Vicente Ferrer Foundation – RDT (Rural Developing Trust)' in a training programme for local gynaecologists in fields related to pelvic floor dysfunction. In this region, it is very difficult to know the prevalence of this pathology, although we believe that it is very high and it is a concern for the local gynaecologists to be able to offer a solution to this serious problem.

Anantapur is a region in the south of the state of Andhra Pradesh, in the central zone in the South of India, inhabited mainly by 'dalits' (the lowest caste) who are known as 'the untouchables'. Despite the abolition of the caste system, these people were deprived of access to education, housing and healthcare until the 'Vicente Ferrer Foundation-RDT' began to provide for them.

There are three main reasons why prolapse is so common in young women: they have deliveries at a very young age, the prevalence of hypoproteinaemia in the population and finally a genetic component passed from mothers to daughters, which has a greater significance because of the frequency of 'arranged' marriages, often between cousins. These problems also have some relation with their typical hard physical work on the land and also because the population is largely vegetarian. In addition, the perinatal mortality is very high, which is why there are frequent cases of prolapse in women who do not have a living child.

Women without access to healthcare, or with access to healthcare which is incapable of resolving their problems, have suffered the physical discomfort of prolapse, along with rejection by their partners and a feeling of hopelessness in the solution of their problems.

The women are usually extremely thin. They normally weigh between 40 and 45 kilos. Fourth grade prolapses with extra-abdominal bladder are common with a hypertrophic, keratinized and pigmented cervix due to the long evolution of the prolapse. The prolapse of the vagina is usually complete, accompanied by a large cystocele and enterocele. We find prolapses in nulliparous women and women

with one or two deliveries but no living child. They also frequently have urinary stress incontinence, which prevents them from carrying out their work on the land. It is common together with complete perineal tears in which the vagina, rectum and anus form one opening. Our objective is to find solutions, with the minimum morbidity, to improve the quality of life of these women.

In the region of Anantapur, the 'Vicente Ferrer Foundation-RDT' provides tube sterilization to any patient by means of a laparoscopy, in which the tubes are blocked with an elastic band. The women usually have the sterilization after having two or three living children. The majority of the women with prolapses are sterilized and for them it is not a problem to have a hysterectomy if they can resolve the prolapse with this procedure. It is only women with prolapse who do not have any living children who wish to keep their uterus.

In cases of third grade prolapses we carry out a vaginal hysterectomy in association with a McCall culdoplasty which prevents the appearance of an enterocele and an improved elevation of the vagina. For this we fix the uterosacral ligaments together with the cardinal ligaments and mark them, close the peritoneum high as possible, join together both uterosacral ligaments with three stitches, and join the highest stitch to the edge of the vagina. To finish, when we complete the anterior colporrhaphy, we fix the uterosacral ligaments that we had previously marked to the anterior compartment. This is the way that the anterior and posterior compartments remain joined together.

In cases of a fourth grade prolapse, when the entire uterus is prolapsed, we carry out a vaginal hysterectomy and also fix the vaginal vault to the bilateral sacrospinous ligament. In order to facilitate this surgery, we use the Nichols-Veronikis Ligature Carrier. With regard to a totally collapsed vagina in the case of a prior hysterectomy, these are also repaired by fixing the vaginal vault to the bilateral sacrospinous ligament.

In cases of prolapse where we need to retain the uterus, we implement a posterior colpotomy, mark the uterosacral ligaments and fix them to the sacrospinous

...continued on page 23





The waiting room at Kalyandurg Hospital

Prolapse with Urinary Stress Incontinence in Rural India / ...continued from page 22

ligaments, correcting the prolapse and maintaining the fertility of the patient. In case of pregnancy, we recommend a caesarean section.

The reconstruction of the perineum and the anal sphincter is carried out with an overlap of the sphincter and by placing the anal elevator muscle and the rectovaginal fascia between the vagina and the rectum.

It is impossible to acquire surgical kits for urinary incontinence due to the very high cost, so we use inventoried needles, with a dent at one end in order to fix a thread. In this way, with a polypropylene net cut and sterilized to the size of a tension free vaginal tape, to which we fix to both ends a prolene thread, we can perform the TOT without complications.

Initially the Spanish gynaecologists operated with the assistance of the local gynaecologists. After the first week of working together, the locals operated and the Spanish were assisting. Another notable achievement has been the incorporation of Indian female gynaecologists to pelvic floor surgery, which until our arrival was carried out by exclusively male gynaecologists. ■

Urodynamics: I Was There When It Was Born

● Francisco Javier Solé Balcells

MY INTEREST IN this field started with the contribution of Dr. Cifuentes (1966) entitled 'Neurogenic voiding dysfunction'. We first worked with cystomanometry and particularly with the CUMS (voiding cystogram) designed by Gosalvez and Claros, developed at the XXXII Annual Congress of the Spanish Urological Association, held in Torremolinos in 1968, with the topic 'Bladder Outlet Obstruction in Children'. But our urodynamics experience really became important after we started working with a DISA Urodynamics system (3 channels plus EMG) that we used as a kind of novel test at what is today the Hospital Val d'Hebron. We presented the main state-of-the-art lecture entitled 'Urodynamics of the Lower Urinary Tract' at the 39th annual meeting of the Spanish Association of Urology in Las Palmas de Gran Canaria in 1972, based on the studies carried out by Juan Conejero Sagrañes. Since then, we have seen how urodynamics has expanded so much, developing the subspecialty of Urodynamics, Functional and Female Urology.

With these words, I wish to express my recognition to the technology industry and investigators who have enormously contributed to knowledge of Lower Urinary Tract Function and Dysfunction. ■

Why Become an ICS Member?

Benefits of ICS Membership include:

- Full subscription to the journal *Neurourology and Urodynamics*
- Substantial reduction in registration for our Annual Meeting
- Access to the online ICS Newsletter, published twice annually
- Free membership to the EU-ACME Programme
- Access to all abstracts dating back to 1975
- View video abstracts online

Being an ICS member gives you eligibility to host an education course and an annual meeting in your country, entitlement to apply for fellowships, scholarships and research grants, and access to the wide network of ICS members via the directory on the website.

Once you are a member, you can become directly involved in the running of the ICS by becoming a committee member, being an official ICS speaker at international events, and voting on membership issues and committee positions.

There are several different types of membership to the society:

- **Full membership** – Individual ICS membership
- **SUFU membership** – This is for individual ICS members who are also members of SUFU and receive the *Neurourology and Urodynamics* Journal through SUFU, so your membership fee is reduced by £25.
- **Affiliate membership** – This is when your national society is affiliated with the ICS, and you become a member of the ICS through them and therefore receive a reduced rate. This is only available through group registration of a national society.

Type of membership	Cost per annum
ICS Membership	£70
SUFU Membership	£45
Affiliate membership (with journal)	£50
Affiliate membership (without journal)	£35

If you would like to find out more on membership please contact Tracy: tracy@icsoffice.org or visit www.ics.org/members

Urodynamic History in Spain

● Eduardo Martínez Agulló



Eduardo Martínez Agulló

MULTICHANNEL URODYNAMIC STUDIES of lower urinary tract functional abnormalities appeared in the seventies in Spain. In those days, urology departments of larger hospitals began to set up teams in charge of the assessment and knowledge of urinary dysfunction, where pioneering urologists were taught the diagnosis and treatment of this condition. Distinguished names include J. Conejero and J. Rovira-Rosell (Hospital Vall d'Hebrón, Barcelona), A. Leal and J.M. Pena (Hospital Virgen del Rocío, Sevilla), E. Martínez-Agulló, J. Gallego and J.M. Ciscal (Hospital La Fe, Valencia), M. Tallada, J. Romero and L. Perales (Hospital Ramón y Cajal, Madrid).

In 1973, the Asociación Española de Urología (AEU) approved the creation of a Urodynamic Working Group proposed by Professor I. Ponce de León. The main goal of the working group was the investigation and its influence on the management of lower urinary tract dysfunction. This Urodynamic Working Group consolidated thanks to advanced technology and newer knowledge on neurophysiology and pathophysiology of lower urinary tract. An annual meeting was established separate from annual AEU congresses. The coordinator of this group is elected every four years by its members and so far they have been: I. Ponce de León (1979), J. Conejero (1986), E. Martínez-Agulló (1990), D Castro (1994), J. Salinas (1998), P. Arañó (2001), L. Prieto (2006) and M. Esteban (2010). The "Ponce de León" grant was awarded to the best doctoral thesis related to urinary dysfunction.

In 1983, E. Martínez Agulló published "Neurogenic bladder: NeuroUrology and Urodynamics", a treatise in which neurogenic vesicourethral dysfunction is comprehensively explained as well as detailed urodynamic techniques. In 1987, Conejero founded the "Sociedad Iberoamericana de Neurourología y Uroginecología" (SINUG) during the combined "First Latin American meeting of Neurourologic Disorder and Urinary Incontinence" and "National Urodynamic Working Group". The aims of this new society were to improve the different medical, psychological and social considerations of patients suffering from urinary tract functional disorders and, as an immediate goal, to combine concepts and terminology in order to exchange experiences and to seek and maintain an optimal standard of Neurourology and Urodynamics.

SINUG's field of action not only comprises the medical aspects, but also looks at the environment of the person affected. Hence its innovative approach: to assess the incidence of human, psychosocial, working and educational aspects which surround these disorders.

SINUG is a multidisciplinary society integrating not only all professionals involved in the condition itself but also the patients as persons. Hence, doctors, psychologists, social workers, nurses and patient organisations themselves are gathered under SINUG. Concepts and terminology standardisation, multicentre working protocols, treatment indications, results assessment and novel methods and technological advances are some of the main commitments, but always searching for solutions focused on improving the patient's quality of life. SINUG is not intended to rival

ICS in any way; rather by following its example, it allows Latin American and Portuguese professionals to have the chance of communicating with each other. Its magazine "Urodinámica Aplicada" was founded in 1987, in addition to the official society journal. D. Castro, J. Conejero, E. Martínez-Agulló, R. Martínez-García and others reached agreement in seminars and working groups, on terminology and concepts open to the views of SINUG members.

SINUG integrated relevant gynaecologists in the field of urodynamic studies and diagnosis and treatment of urinary incontinence. J.L. Grangel along with M. Galbis gave a presentation on Urinary Incontinence at the Lusitanian-Hispanic Gynaecology congress in 1975 held in Porto. M. Fillol and MA. Pascual followed in the footsteps of J.L. Grangel, whereas M. Espuña focused on female urinary incontinence as a national reference authority in Spain.

In America, SINUG was warmly welcomed with renowned urologists and gynaecologists contributing to its development right from the beginning, with special mention of J.M. Guzmán, W. Fernández, J. Martínez-Torena, V. Romano, R. González, S. Raz, J. Lockart, C. Ercole, A. Torres and O. Jara among many others.

SINUG celebrates its biannual Congress, alternating its venue between Spain-Portugal and America: Barcelona (1987), Punta del Este (1989), Mallorca (1991), Cancún (1994), Valencia (1996), Buenos Aires (1998), Tenerife (2000), Sao Paulo (2002), Pontevedra (2004), Lima (2006), Faro (2008) and Cádiz (2012). SINUG was chaired by its founder until 1996, followed by P. Arañó, A. Marqués, while today David Castro holds this position.

The Urodynamic Working Group changed its name in 2003 to "Urodynamic and Functional Female Urology" (GUFFU) in an endeavour to adapt to newer philosophies. Very active from the beginning, many scientific meetings were organised in which leading foreign professors participated, including P. Abrams, R. González, Lockart, Buzzelin, S. Raz, P. Van Kerrebroeck, H. Madersbacher, J. Blaivas and many others. GUFFU shares the same scientific goals as SINUG and their members are almost the same. There is great cordiality between both organisations and they sometimes hold their working meetings simultaneously.

In summary, Spain's professionals have been very active since the birth of urodynamics and they have greatly contributed to its development as demonstrated by the many scientific meetings, congresses, studies and publications. I would also like to highlight the master's degree in urodynamics and urinary incontinence at Valencia University (M. Gil, 1995) and national urology congress presentations "Neurogenic Bladder dysfunctions" (L. Cifuentes, 1966), "Urinary Incontinence" (M. Tallada, 1982), "Neurogenic Bladder Sphincter dysfunction" (M. Tallada, 1995), "Urogynaecology Surgery" (I. Galmés, 1999) and "Sacral Neuromodulation" (J. L. Ruíz-Cerdá, 2000). Every professional involved in lower urinary tract dysfunction is still looking towards the future with the same eagerness as when taking his/her first steps. ■