Terminology for Laparoscopically Visible Female Pelvic Anatomy Working Group (SSCWG19)

Aim:

To form a Working Group to develop an International Continence Society (ICS) Standardisation of Terminology of the Laparoscopically Visible Anatomy of the Female Pelvis.

The Working Group's Remit:

The arguments for creating the Working Group are:

- Laparoscopic view of the female pelvis has the advantage of clarity and magnification.
- Worldwide there is a renewed interest in learning anatomy and publications and courses (didactic and cadaver) on Laparoscopic Anatomy are emerging.
- The anatomy curriculum in medical schools has undergone revision in methods of teaching and learning.
- This document is timely in its conception as it is important to keep abreast of the changing learning and professional development scope.
- Some anatomical landmarks are still open to debate and discussion.
- Alignment of terminology is needed across the various patient groups.
- Discrepancy in terminology potentially creates controversies for learning as well as care provision and interpretation of research.

Scope:

The Report will aim to be as user-friendly as possible.

It is envisaged that this report will consider:

- Definitions of terms in laparoscopically visible female pelvic anatomy with reference to images and video clips.
- Consistency of application of definitions.
- The standard is expected to clarify controversies and demonstrate

anatomical landmarks and boundaries in different anatomical presentations.
- User feedback on terminology, applied in line with professional, patient, industry and regulatory requirements.
- The Standard should ensure that terminology is developed in accord with current approaches to practice, and potential future modifications.

Requirements:

- Literature analysis will be the basis of the revision process; using published evidence (where available).
- Images from live surgical patients and cadaveric dissection as well as video clips will be an integral part of the document.
- Expert consensus will be transparently included where evidence is conflicting or lacking.
- The Working Group will keep a digital working log of its activities through the ICS Office.
- The chairperson and the ICS Trustees/ SSC will make sure that the composition of the Working Group is well balanced, and that the process of standardization is transparent.
- The Working Group will use web-based and e-mail exchange of information and monitor the execution of assignments within the assigned timeline.
- The Working Group will report to the ICS SSC on request, and/ or spontaneously every 6 months.
- The Working Group will be responsible for production of a first draft of the report within 18 months after permission to start from the ICS SSC.
- A process of open consultation of the first full draft will be included in the development of the standard.
- The chairperson and working group will be responsible for submission to journals for publication and dissemination.

Membership of Working Group (Anticipated)

- Chair x 1
- Mentor x 1
- Members: Up to 12: laparoscopic gynaecologists, laparoscopic

urogynaecologists, laparoscopic urologists, experience with cadaver dissection (is this required now?), maximum 2 members from medical schools who teach anatomy will be desirable, ? university students of anatomy x 2

- Members will be expected to contribute to video and image library

References:

1. Rosier PF, de Ridder D, Meijlink J, Webb R, Whitmore K, Drake MJ: Developing evidence-based standards for diagnosis and management of lower urinary tract or pelvic floor dysfunction. Neurourol Urodyn 2012, 31(5): 621-624.