

ICS news

The Official Magazine of the International Continence Society

Volume 10 Issue No 1 January 2014

**Idiopathic Refractory OAB:
What should be next?**

**Available Committee
Positions for 2014**

ICS 2014 in Rio

ICS 2013 Barcelona – a resounding success!

Showcasing the forefront of the latest scientific developments



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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.

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Letter from the Editor

Dear Members,

THERE HAVE BEEN many changes in the ICS recently: changes in leadership, a recently designed strategic plan, and a new ICS website, www.ics.org. I too am part of the change. I replace Jane Meijlink, a seasoned journalist, with a tremendous knowledge of the incontinence and painful bladder fields, whose shoes it will be hard to fill. She has successfully developed the ICS newsletter and has served as its steward over the past seven years. This was a challenging task. The ICS newsletter has changed as a reflection of the times – it is now in digital format, affording the membership the opportunity to read it at any time. As the ICS evolves, further refines and puts into action its strategic plan, it is my intent that the ICS Newsletter will align with these changes and serve as an even greater communication tool for its members. The complexity of the organisation with members across the world makes it challenging for a single person or committee for that matter to have a finger on the pulse, to be aware of what is happening at all times. I look to you, the members,

to assist with this. This newsletter is your newsletter. It is a chance for you to learn what is happening in the ICS, but also to contribute to the education and awareness of others. Now that the newsletter is published online, the reduction in publishing costs and constraints affords us the opportunity to include more articles in each newsletter. The format will be essentially the same; however, I would like to have a dedicated “What is new” section, as well as a section highlighting individual members and their experiences. I reach out to all of you for your contributions to these sections; you can contact me directly or via the office by emailing: Sophie@ics.org.

Communication is the key to our success.

I look forward to hearing from you,

Pamela Ellsworth

Editor-in-Chief



ICS 2015 Voting Results

The voting for **ICS 2015 Chair** closed on Monday 7 October. The voting results are shown below:

Candidate	Votes in favour
Jerzy Gajewski	300
Karl Kreder	196

Accordingly, the meeting will be held in Montreal, Canada over 5-9 October 2015. Please note the date in your diary. Thank you to all those who voted. The Board members wish to extend their gratitude to all Chairs for agreeing to represent the ICS at such short notice. ■

ICS Co-Opted Trustees, 2013-2014



David Castro-Diaz



Steinar Hunnskaar

Following a robust scoring process and a Board meeting, the Board announced the appointment of the two co-opted trustees for the period 11 October 2013 to 23 October 2014:

- Steinar Hunnskaar: Epidemiologist, Norway
- David Castro Diaz: Urologist, Spain

Congratulations to Steinar and David!

The final decisions were particularly hard to make due to the strong field of applicants. All applicants have been encouraged to apply for an elected trustee position in 2014.

In making the final decision the Board considered the quality of the application form in tandem with profession and location. These factors and detailed deliberation led to the appointment of David and Steinar.

We remind all members that five trustee positions are available for 2014. Applications need to be received by the office by 1 April 2014. The positions are for three year terms commencing as of the 2014 AGM (23 October 2014). Look out for communication from the ICS office inviting applications for these positions, and many others. ■

Letter from Sender Herschorn, ICS General Secretary



Sender Herschorn

Dear Members,

THIS PAST YEAR has been a challenging but exciting year for the ICS. The 2012 Annual Meeting in Beijing, although academically and scientifically successful, did not generate the same financial returns that we had seen in previous years. As I wrote to you in the ICS News of 2013, this was in part due to the changing global landscape of commercial support for professional societies. I also wrote that we have to be innovative and imaginative in finding ways to maintain and even increase the funding to support the excellent work that we do throughout the year. I am happy to report that in the past year the Board of Trustees, on your behalf, has taken major steps that will go a long way to secure the health of the ICS.

At the January 2013 Executive Meeting the Trustees were presented with the financial spreadsheet for the organisation that outlined our current status and predicted the next five years. We made very hard decisions to drastically reduce expenditures while keeping in mind that educational and scholarly activity must be maintained.

We also initiated the Strategic Planning Process that will provide us with a blueprint for the next five years. The strategic plan was necessary because the organisation had to meet the challenges of decreasing financial revenues, the perception that ICS's scholarly output had diminished, and as multidisciplinary and multinational organisation we had to guarantee that the spirit of collegiality and collaboration inside and outside the organisation was secure. This process started last winter and will conclude very soon.

The aims of the Strategic Plan are to re-establish the ICS as the pre-eminent scientific society in incontinence, pelvic floor disorder and lower urinary tract function. The key aims for the ICS over the next 5 years are to develop scholarly activity to the highest standards, to restore the reputation of the ICS with key stakeholders, and to ensure financial health for the foreseeable future. Critical success factors identify those major areas of activity that the ICS must address and make significant progress in to achieve its aims. These factors are scholarly activity, organisational effectiveness, stakeholder engagement, and financial health. The detailed breakdown in how to achieve success in each area is in [the plan which can be read here](#).

The Trustees are working on the final aspects of the plan, which are the changes and new initiatives along with assignments and timetables. These are clearly the most challenging aspects of the plan.

In keeping with the spirit of safeguarding the financial health of the organisation, the Trustees are regularly updated with projections for revenues at future ICS meetings. To address the 2014 meeting in Rio de Janeiro, Brazil, Carlos d'Ancona and Nucleio Lemos have been closely engaged with the Trustees and the ICS office to ensure everything possible is being done to ensure a successful meeting.

Also in keeping with ensuring financial health the Trustees made a very bold decision to rescind our cooperation with IUGA in having a joint meeting in 2015. The revenue projections were alarmingly low and prompted the decision that had to be made prior to any binding contracts being signed. Our IUGA colleagues understood and accepted this decision and both organisations agreed to continue our close collaboration on other fronts in the future. Following this decision the Board solicited volunteers to hold the meeting in North America. Excellent candidates

were identified and the membership voted to hold ICS 2015 in Montreal, Canada with Jerzy Gajewski, Meeting Chair, and Cara Tannenbaum, Scientific Chair. The projections for the success of the Montreal meeting are excellent.

The 2013 Annual Scientific Meeting in Barcelona was a tremendous success due to a great extent to the hard work and dedication of David Castro-Diaz, Meeting Chair, and Montse España-Pons, Scientific Chair. There were 1,062 abstracts submitted and 84% were accepted in some capacity. The meeting was well attended and the scientific interchange and quality were of the highest calibre.

One of our major strengths is our membership numbers. In 2013 we topped 3,000 members for the first time in our history. We have five affiliate societies from around the world. We also have a very strong and dedicated volunteer base of about 175 people from the membership that forms the committees. Our committees are active and cover all of aspects of continence and pelvic disorders. With structural changes to be introduced from the Strategic Plan, the committees will be even more important to the mandate of the ICS. Thank you to all committee chairs and members for your work on behalf of the organisation.

This year two Trustees left the Board after very long periods of service. Werner Schaefer became a member of the ICS in 1973 and has attended all ICS meetings since 1974. He has occupied leadership positions in the ICS for many years. Ajay Singla has served in many leadership roles in the society; the most recent was Honorary Treasurer. We are indebted to these two individuals for their commitment to the ICS for so many years.

Adrian Wagg was elected as General Secretary-elect, and Sherif Mourad was elected as Honorary Treasurer. They have served the Society well as Trustees and no doubt they will continue to serve with dedication and enthusiasm in their roles.

In order to supplement the number of Trustees, a call for volunteers to become interim trustee went out after the meeting in Barcelona. David Castro-Diaz and Steinar Hunskaar were selected from a number of highly qualified people. They will serve until the next AGM in Rio de Janeiro.

Contract negotiations are underway with the publishers of *Neurourology and Urodynamics*, our official journal. We are hopeful that these negotiations will lead to a better financial arrangement between the society and the publisher.

Finally I would like to again acknowledge the excellent support and hard work carried out by the ICS Office staff throughout the year. The two directors, Dan Snowdon (Administration) and Dominic Turner (IT) have devoted many hours in making sure that everything gets done, especially this year when they contributed an enormous amount to the strategic planning process. My thanks also go to Avicia, Sophie, Jenny, Tracy, Ashley and Roger. The ICS Office is essential to the running of the organisation and we all owe the excellent staff our gratitude. Good-bye for now to Avicia who is going on her second maternity leave, we wish her all the best.

I believe the ICS has a bright future as long as we pay attention to what has been identified in the Strategic Plan.

I look forward to another exciting year for the ICS and invite all of you to attend the next meeting in October in Rio de Janeiro. ■

Barcelona – a Resounding Success!



ICS 2013 showcased the forefront of latest scientific developments

● Pamela Ellsworth and Sophie Mangham

THE 43rd ANNUAL MEETING of the ICS started off with a beautiful presentation of Spanish culture – an amazing performance from Flamenco dancers accompanied by local musicians – showing that historic Spanish culture is very much alive in this modern city. This was followed by Professor Chris Chapple's thought-provoking State of the Art Lecture entitled "Developing Tissue-Engineered Solutions". Professor Chapple defined regenerative medicine as the use of stem cells to produce tissue and tissue engineering as the combination of cells engineering and material methods and suitable biochemical or physiochemical factors. The stem cell was highlighted as the cell used in these methods, given its ability to replicate and differentiate. He detailed the potential uses of this exciting research in the field of urinary incontinence including bladder substitution, urethral strictures, urethral sphincter regeneration, sphincteric weakness and pelvic organ prolapse. The search for optimal stem cell types and scaffolding agents was reviewed. Future challenges include: developing scaffolds with bioactivity, such as the incorporation of slow release of non-steroidal anti-inflammatory agents, slow release of vitamin C and slow release of oestrogen and scaffolds with biomechanical properties, in addition to approaches to promote neovascularization. So much work has been done in this domain, but future work is needed for success in clinical use.

On Wednesday afternoon the multi-disciplinary approach to understanding and treating incontinence was further highlighted in the round table discussion entitled "Biomechanics of Childbirth: Insights into Pelvic Floor Disorders". A team of biomedical engineers and a clinician discussed the role of predictive models in

preventing pelvic floor disorders, the major risk factor for which is vaginal delivery. The question posed was "How does this mechanical injury lead to pelvic floor disorders?" Biomechanical modelling requires input variables such as material properties, geometry, and relative importance of structures, forces and pressures. Much of the information is insufficiently detailed at present. Assumptions and outcomes must be validated prior to clinical use. Studies have demonstrated that occipito-posterior head position increases the risk of trauma to the pelvic floor. Foetal head flexing may facilitate birth and protect the pelvic floor muscles during vaginal delivery. Pelvic floor muscle relaxation protects the pelvic floor during vaginal delivery. Manual perineal protection executed by the posterior hand may decrease the risk of trauma. Biomedical models exist but they have limitations. New developments such as 3-D models from ultrasound, better mechanical characterisation, validation of the models and patient-specific computational models are needed.

The AGM on Thursday was a very dynamic meeting this year as the General Secretary Sender Herschorn presented the new ICS strategy and discussed its implementation. It appeared that those present were aligned with the goal of establishing the ICS as the premier society for incontinence. Strengthening the academic/scientific merits of the society was discussed and the content of the Barcelona meeting was felt to be supportive of this goal. A new "code of conduct" was circulated to members and Dr. Herschorn discussed as scientists we may not always agree, but treating each other with respect is paramount. The code of conduct addresses this issue in all forms of communication.



Above left: ICS booth in the exhibition



Above right: State of the Art lecturer, Prof. Chris Chapple



Below right: Castellers at the Welcome Reception

ICS 2013 Barcelona

The budget drew much attention, particularly as it related to acute changes in upcoming meetings. Dr. Herschorn outlined that the majority of the ICS revenue is derived from the Annual Meeting. The 42nd Annual Meeting in Beijing was not financially successful and as a result of this and long-term concerns the Board of Trustees elected to cancel the combined IUGA-ICS meeting in Lyon, France for 2015. This was met with some concern; however, Dr. Herschorn noted that from a financial standpoint a combined meeting would place the ICS at further financial risk due to a significant decrease in sponsorship income at a joint meeting. Further strategies for improving the financial status of the ICS will be explored including evaluating investment strategies, meetings with Industry and Annual Meetings will be held more commonly in North American and Europe due to high attendance in these locations, with periodic meetings in other locations. It was highlighted that the number of abstracts submitted in Barcelona was significantly higher than in Beijing. The treasurer presented the financial statement. Several attendees requested further information on the Society's finances, and the Board agreed to provide this following the AGM. It was noted that this information had been made available to members online prior to the meeting. Despite these requests the finances were approved by the completion of the meeting. The ICS needs to modify itself to adjust to the current economic climate. As we move forward with the goal of re-establishing the ICS as the premier worldwide continence society, we must

also secure financial stability to secure the longevity of the society. Significant strides have been made, and more changes are being made to improve committee structure, future meetings and relationships with industry.

The social events truly showed delegates the warm hospitality of Cataluña with fantastic displays of local culture including Spanish bagpipes and traditional dancing, as well as the breathtaking human pyramids of the "Castellers". The Annual Dinner was held on the top floor of the conference centre with a spectacular view of the Mediterranean Sea. After a mouthwatering meal, entertainment in the form of a salsa band and later a pop-rock covers band (comprised entirely of medical professionals!) had everyone dancing until the end of the night!

Congratulations to David, Montse, and the Local Organising Committee for all the hard work they put in to making the meeting the great success that it was.

To be notified when webcasted sessions become available online, subscribe to our YouTube channel www.ics.org/tv.

To download workshop handouts and abstracts please visit: www.ics.org/2013/programme. ■



Above left: The Annual Dinner

Centre left: Dancing at the Annual Dinner

Above right: Flamenco dancers at the Opening Ceremony

Below left: Pelvic Floor Exercise Class



Idiopathic Refractory OAB: What should be next?



● Pamela Ellsworth

IDIOPATHIC REFRACTORY OVERACTIVE bladder defined by Dr. Nitti as OAB; symptoms inadequately treated by first line behavioral therapy or second line pharmacologic therapy (antimuscarinics, beta-agonists) was the topic of the morning discussion on Thursday August 29, 2013. Although scheduled to be a debate, in actuality Drs. Nitti and van Kerrebroeck discussed the benefits and side effects of onabotulinum toxin A and sacral nerve stimulation in the management of refractory idiopathic OAB. The ICS is calling out to you, its members to determine, what is your first line therapy for refractory idiopathic OAB? Did this presentation change your position? Join the debate in our [LinkedIn Discussion Group here](#).

For those members who did not attend, the role of each of these therapies in the management of refractory OAB was well supported by these experts in the field.

Dr. Nitti addressed the OAB “wet” population as he made a case for the use of onabotulinum toxin A in the management of idiopathic refractory OAB. “There is limited data available on the use of onabotulinum toxin A in the OAB dry population.” The recommended dose for intradetrusor injection of onabotulinum toxin A for idiopathic refractory OAB is 100 units. Although other doses were studied in the clinical trials, 100 units provided the best efficacy versus adverse efficacy profile. The efficacy of onabotulinum toxin A in this patient population is demonstrated in the 2 large phase II trials (Nitti J Urol 2013 and Chapple Eur Urol 2013) as well as the 3 year extension trial. The mean percent change from baseline in incontinence episodes ranging from a decrease of 47.9 to 53.1% for onabotulinum toxin A compared to a decrease ranging from 12.5 to 16.8% in placebo, in the two phase III trials. Improvements in IQoL and KHQ were also significant. The primary risks of onabotulinum toxin A were the need for clean intermittent catheterisation (as defined in the study by a postvoid residual > 200cc) at 6.1-6.9% compared to 0-0.7% with placebo and risk of urinary tract infection, 24.1 to 24.5% with onabotulinum toxin A and 9.25 to 9.6% with placebo, in the phase III studies. The long term study demonstrated the efficacy of onabotulinum toxin A over repeat injection, with treatment benefit consistent over time and persistence of the improved QoL data. Dr. Nitti pointed out the cost benefit of onabotulinum toxin A is realised if used in the outpatient setting with local anesthesia. Furthermore, he pointed out that a Cochrane review of sacral nerve stimulation concluded that

overall the quality of studies on neuromodulation were poor and the 5th ICI in 2012 concluded that further prospective studies with neuromodulation were needed. Dr. Nitti concluded that the data supports the efficacy of onabotulinum toxin A, and that it is cost effective and easy to perform. However, patients must accept the risk, albeit low, of need for catheterisation and the risk of UTIs. He cautioned extra care in the elderly and diabetic population who may be at greater risk from adverse effects and highlighted that the data pertains only to the OAB “wet” population.

Professor van Kerrebroeck compared neuromodulation to onabotulinum toxin A, describing neuromodulation as an intervention that restores function, whereas onabotulinum toxin A removes function. Neuromodulation is reversible, whereas onabotulinum toxin requires a commitment of 6-9 months. If neuromodulation fails, one can use onabotulinum toxin A, whereas if onabotulinum toxin A fails, one needs to wait until it wears off, up to 6-9 months. Neuromodulation provides the ability to treat other coexistent conditions such as faecal incontinence, voiding problems. Neuromodulation is permanent with long-term effects, with periodic battery replacements, whereas onabotulinum toxin A requires retreatment lifelong. Neuromodulation was approved in 1997, the procedure is defined, and the complications established and treatable. Onabotulinum toxin A is new, the optimal procedure is not well defined and the complications are the need for clean intermittent catheterisation and UTIs, which may be bothersome to patients. Professor van Kerrebroeck argued that the patients in clinical trials with SNM had more severe symptoms. The long-term efficacy has been established. He did note that patients < 55 yrs of age had a better response rate to SNM. Lastly, neuromodulation demonstrated a similar efficacy profile in patients who failed an antimuscarinic agent due to tolerability as those due to efficacy, whereas onabotulinum toxin A appeared to be more effective in those individuals who failed due to tolerability than efficacy.

Don't forget to head over to our [LinkedIn Discussion Group](#) and give us your views on refractory idiopathic OAB treatments.

Watch the debate online here:

www.ics.org/2013/programme/session/1260 ■

Clinical Case Session: Geriatric Urinary Incontinence

● Mary H. Palmer, PhD, RN, C FAAN, AGSF

As the world's population ages, the prevalence of urinary incontinence is expected to increase. Many factors, other than those in the lower urinary tract, affect continence in older adults. In recognition of these multiple factors, the clinical case presented at the ICS on August 30, 2013 by Mary H. Palmer, PhD (chair), University of North Carolina at Chapel Hill, USA, Mandy Fader, PhD, University of Southampton, UK, and Adrian Wagg, MD University of Alberta, Canada advocated for a person-focused, interdisciplinary approach when assessing and treating geriatric incontinence. Because hip fracture is another frequent and often devastating occurrence for older adults, the case presented involved an 86 year old woman who experienced a left-sided hip fracture and subsequent surgical repair. As the case unfolded the audience learned that “Mrs. Kilby” experienced pain in her left side, refused to participate in physiotherapy, had an indwelling catheter, and was wearing an absorbent brief. She was incontinent of both urine

and stool, although there was no indication that she had been incontinent prior to the fall. After a short acute care stay for the surgical repair, she was discharged to a nursing home for rehabilitation. On nursing home admission she was agitated and confused and prescribed multiple medications.

The team of speakers discussed several key clinical decisions using principles of geriatric care. These decisions included the actions to be taken regarding the indwelling catheter (remove it!), using absorbent products, managing pain and her bowels, relieving delirium, managing medications (especially those that affect continence), creating a safe physical environment, and providing emotional as well as physical support (including toilet assistance) to Mrs. Kilby. A care plan was developed that emphasised her return to independence and continence. The session ended with a reminder that with appropriate assessment geriatric urinary incontinence can be preventable, reversible, treatable, and manageable. ■

Anatomy and Imaging - Podium Poster Session 8

● Jordi Cassadó

The application of imaging techniques, especially three-dimensional ultrasound in the study of pelvic floor dysfunctions, is still a topic that arouses interest. This session showed changes in the biometrics of the levator ani muscle depending on race and on urinary continence. Doppler ultrasound evaluation of the urethra demonstrated age-related changes in vascularisation of the urethra. Doppler ultrasound was also used to evaluate the vascularity at the insertion of the levator ani muscle in an attempt to establish a normal pattern in order to be able to compare it with patients with avulsion in future studies. Within the study of avulsion and its risk factors, MRI demonstrated some degree of correlation between the diameter of the pelvis and risk of levator injury.

Basic Science 1: Innovations - Podium Session 3

● Matthew O. Fraser

The session on Basic Science Innovations did not disappoint, with new findings on novel pathways associated with lower urinary tract function and dysfunction in three of the four presentations. Perhaps the most innovative of the lot was that of Tan et al., which demonstrated successful co-culture of mouse dissociated dorsal root ganglion (DRG) afferent neuronal somata and urothelial cells in adjacent microfluidic chambers. Interestingly, co-culture with urothelial cells in the adjacent chamber resulted in a dramatic increase (~20 fold) in the number of DRG axons which crossed microchannels when compared to unilateral DRG monoculture alone. This finding strongly suggests indirect interactions between the two cells types by diffusible factors. Moreover, close apposition of axonal terminals to urothelial cells suggests direct interaction of the two cell types. This method should facilitate the important study of afferent-urothelial interaction.

LUTS in Women 1 - Poster session 13

● Tufan Tarcan

I had the privilege to chair the session "LUTS in Women 1" with Dr. Emmanuel Chartier-Kastler. Three posters with outstanding information among the 11 posters presented are highlighted below.

Firstly, Dr. Nitti presented data on the long-term efficacy and safety of

onabotulinum toxin A treatment of refractory wet OAB. In an interim analysis of an ongoing extension study of the phase 3 trials reductions in UI episodes and improved QoL over 5 treatment cycles were demonstrated with no new safety signals.

In another study, Dr. Elneil presented their experience on two-stage sacral neuromodulation for chronic urinary retention in 169 women where about one-third had Fowler's syndrome. The success rate of the first stage was sustained at the second stage in 94% of patients at 12 months follow-up, irrespective of aetiology.

And lastly, Dr. Brubaker reported that bladder microbiota in women who were free of clinical urinary tract infection differ among different UI subtypes (urgency vs. stress) suggesting that differing bacterial microbiota could affect urgency UI symptoms.

Neurourology 2 - Podium Session 16

● Rizwan Hamid

The potential uses of Botulinum toxin A in lower urinary tract dysfunction continue to expand. Panicker et al reported the first open label study for the use of Botulinum toxin in females with primary disorder of sphincter relaxation. They demonstrated an improvement in patient reported outcome measures and in objective parameters. They recommend use of this technique as an interim measure in patients awaiting sacral neuromodulation.

The health economics continue to influence our practice. In an interesting study Zyczynski and colleagues compared the cost effectiveness of onabotulinum toxin A and anticholinergic medications for the treatment of urgency incontinence in a double blind double placebo controlled trial. They concluded that both effectiveness and cost is similar for both treatments at 6 months but the outcomes at 9 months favour Botox.

Sacral neuromodulation is an established treatment modality for bladder dysfunction. Dandolu and associate evaluated a population based cross sectional study for a decade. They reported that over a period of time almost 1 in 4 implants will either be removed or replaced. They concluded that this is much higher than previously reported.

Lastly, Gomes et al reported on female sexual dysfunction after spinal cord injury. They concluded that it is severely affected and leads to a negative impact on quality of life.

The session was very well attended and there was lively interactive discussion on all presentations.

LUTS in Women 2 – Podium Session 24

● Alex Wang

SEXUAL FUNCTION IN OLDER WOMEN WITH PELVIC FLOOR SYMPTOMS IN PRIMARY CARE: A CROSS-SECTIONAL STUDY

Based on the paucity of the knowledge regarding the relationship between pelvic floor symptoms (PFS) and sexual function (SF) in post-menopausal women, the authors sought to investigate factors which best predicted SF in older women with

Left: Victor Nitti presenting his work on LUTS.



PFS and whether sexually inactive older women who abstain from sex was due to symptoms distress or prolapse in a cross-sectional study.

The authors concluded PFS and pelvic floor surgery other than hysterectomy are predictors for poorer SF in older women with PFS in primary care.

In Dr. Alex Wang's opinion, this trial was well-designed and the analysis of results was fine in general. However per the results section, hysterectomy was deliberately isolated from pelvic surgery but then selected for multivariate linear regression. Moreover, fewer women were found having had hysterectomy in the sexually active group. Nevertheless the role the uterus plays on sexual life was not addressed.

In addition to psychological aspects of hysterectomy including self esteem and femininity (the uterus is an integral part of the female identity) the uterus also plays the role in contraction and perception of orgasm in SF (1, 2). Therefore, Dr. Wang suggests that a general female SF questionnaire, like Sexual Function Index (FSFI) (3) which identifies 6 domains: desire, arousal, lubrication, orgasm, satisfaction and pain, besides the condition-specific questionnaire – PISQ-12 and PFDI-20 used in this study would be appropriate for investigating the role the uterus plays on the femininity identification and sexual function evaluation.

Basic Science 1: Innovations - Podium Session 3

● Yasuhiko Igawa

There were four excellent and innovative basic scientific papers presented at this session, all of which focused on the bladder afferent pathway. First, Frias et al (# 9) from the University of Porto demonstrated dual roles of Brain Derived Neurotrophic Factor in neurogenic detrusor overactivity (NDO) in rats after spinal cord injuries; suppression of NDO in the spinal shock period and facilitation of NDO after NDO-establishment. Next, Nocchi et al (# 10) from the University of Sheffield reported an increase in oxidative stress in the bladder urothelial cells taken from aged mice, which may drive increased neuronal activity leading to bladder hypersensitivity. Third, Doly et al (# 11) also from the University of Sheffield presented their innovative work establishing an in vitro novel model for studying urothelial-afferent cross-talk, which received the Prize Award of the Best Basic Science Abstract. By using this model, they proved that co-culture with urothelial cells can promote afferent nerve growth of the DRG neurons. Finally, Palea et al (# 11) from UROsphere presented the suppressive effect of TRPM8 antagonists on the afferent rim of the micturition reflex in the rat, suggesting their possibility as a new drug candidate for OAB.

Below left: Poster viewing in the exhibition at ICS 2013

Below right: Scientific presentation auditorium

Male 1 - Podium Session 15

● Pedro Blasco

Two papers were presented on the relationship of pelvic floor in males: "Efficacy of pelvic floor exercises prior to radical prostatectomy in terms of continence and quality of life" was a really very interesting paper, analysing results of transperineal ultrasound in males with incontinence after radical prostatectomy, without doubt, one of the lines to follow in the future.

Surgical Videos

● Elisabetta Costantini

During the Surgical Videos session two major points were emphasised. The first point arose from Powell's video, which utilised a surgical simulation model for teaching the retropubic midurethral sling procedure. It's very important, currently, that technological research focuses attention on developing new devices for improving training of surgeons. The second hot point is the importance of developing of new meshes, especially in terms of materials and anchorage. Operating time and the risk of mesh extrusion could be reduced, as the UNICAMP video showed, with a single incision approach for anterior and apical vaginal prolapses with contemporary improvement in POP recurrence rate.

Pelvic Organ Prolapse 1 - Podium Session 22

● Carlos Errando

This session had an outstanding participation and discussion from the floor. Interestingly the RCT trial about the usefulness of PFM in postpartum women found no difference in symptoms of bulging even with a significant change in PFM strength and endurance in the PFMT group. One abstract was withdrawn by the presenters due to discrepancies found in the last analysis of their work. This emphasises the high level of commitment of the authors to the scientific quality that the ICS presentations deserve.

Two presentations about lap-sacrocolpopexy stated the evidence of the safety and efficacy of this technique, and the possible relation between a higher position and displacement of the mesh and the rate of cystocele recurrence. However, long-term results are required to confirm these findings.



Neurourology & Urodynamics Update



Chris Chapple

Dear Colleagues,

AM SURE, LIKE me, those of you who had the opportunity to attend the ICS meeting in Barcelona were treated to an excellent scientific and social programme, hosted by David Castro-Díaz and Montse Espuña.

The NU editorial team had their annual board meeting at the ICS. The journal is progressing well and the feedback from readers of the journal has been very positive. We have continued to emphasise the importance of publishing relevant clinical and scientific articles pertinent to our specialty in functional urology and urogynaecology.

The average time from original submission to first decision is 30 days and for final decision, 47 days. The impact factor remains stable despite a marked increase in the number of published pages two years' ago. However, we are seeing a significant increase in the number of submissions to the journal, meaning the only cloud on the horizon remains the delay in getting articles published in paper format. Nevertheless, we continue to have very rapid e-publication via Early View on the Wiley Online Library. The backlog is a matter which is being urgently addressed by the ICS in collaboration with SUFU and the publishing team at Wiley-Blackwell.

On behalf of the editorial board I would once again like to thank the reviewers for the journal who give up so much of their time and support and without whose efforts we would be in a sorry state. I would also like to thank the Associate Editors who devote a huge amount of personal time to supporting the publication, and also in particular to Jen Tidman, our editorial assistant, whose devotion and hard work result in the product you see coming through your letterboxes.

Please don't hesitate to contact me via neurol@btconnect.com if you have any queries or comments, especially relating to how you feel we can further improve and refine the activities of the journal. ■

With best wishes and kind regards,

Chris Chapple

Editor-in-Chief, Neurourology & Urodynamics

Available ICS Committee Positions for 2014

The following Elected Positions are open for nominations:

- ICS Board of Trustees x 5 positions

For the above positions please apply using the [Trustee application form here](#)

- Scientific Committee: Clinical Representative
- Scientific Committee: Non-Clinical Representative x 2 positions
- Ethics Committee Chair
- Nursing Committee Chair
- Neurourology Promotion Committee Chair
- Physiotherapy Committee Chair
- Urodynamics Committee Chair

For these positions please apply using the [Elected position application form here](#)

The following committee member positions are available for Expressions of Interest:

- Children's Committee x 1 member (non-surgical)
- Continence Promotion Committee 1 x physio, 1 x patient advocate
- Education Committee Number of positions tbc
- Ethics Committee x 3 members
- Fistula Committee x 1 member
- Neurourology Promotion Committee x 3 members
- Nursing Committee x 4 members
- Physiotherapy Committee x 5 members
- Standardisation Steering Committee – 1 x Neurourologist, 1 x Care of the Elderly, 1 x Colorectal
- Urodynamics Committee x 2 members

For the committee positions please apply using the [Expression of Interest application form here](#).

For more information on any of the above positions please contact Sophie Mangham via email on Sophie@ics.org or call +44 (0)117 9444 881.

ICS Nursing Committee

Successful Nursing Forum at ICS 2013

● Sharon Eustice



Sharon Eustice

The Nursing Committee are very pleased to report that the Nursing Forum held on 26 August at ICS 2013 in Barcelona was well received and delivered a stimulating programme. The programme provided a platform for our Spanish colleagues to share their range of clinical work, as well as professional and political experiences. The EAUN guidelines for intermittent catheterisation were presented and delegates were provided with the latest publication. Research abstracts were heard covering:

- Self-management of urine flow in long-term urinary catheter users
- Stress urinary incontinence (SUI) before, during and 3 months after pregnancy
- Living with Pelvic Organ Prolapse: Experiences from North-West Ethiopia
- Stroke nurses intentions to promote continence: a mixed method approach
- Prediction of the Relapse of Urinary Incontinence following Pelvic Floor Muscle Training with and without Relapse Prevention Training in Non-homebound and Homebound Older Adults
- Multi-Disciplinary Approach Ketamine Abuse Cystitis Clinic in Pamale Youde Nethersole Eastern Hospital in Hong Kong

Evaluation of the event was ranked as good or excellent. In addition to the Forum, nurses were involved in workshops that were videoed in preparation of ICS e-learning packages.

Despite financial and economic challenges, the Nursing Committee has made progress in a number of key areas, most notably:

- Participation in the annual meeting via a successful Nursing Forum in Barcelona 2013, which received 113 delegates. Also having a significant presence within the ICS workshops.
- Contributing to scholarly impact by attracting research abstracts (as above) and the excellent work of the education, research and practice committees, especially the project to validate the nurse specialist role.
- Changing practice by supporting the establishment of two new working parties on frail elders and on peri-partum care.
- Reaching out and delivering education within ICS programmes across the world e.g. Hong Kong, Sicily, Dubai, Cape Town and Brazil
- Increasing nurse membership (more than 50% increase since 2011)

The nursing committee will continue to engage effectively with other ICS committees and build strong relationships; demonstrate the success of our work by regularly showcasing examples of output from the nurse membership and gather feedback from the nurse membership to ensure we are maintaining standards. ■



The Nursing Committee at the Committee meeting in Barcelona, August 2013.

Physiotherapy Committee

Physiotherapy activity at ICS 2013 a sell-out success

● Dr Beth Shelly PT, DPT, WCS, BCB PMD *Head of Membership and Communication Subcommittee of the Physiotherapy Committee.*



Beth Shelly

THE ICS PHYSIOTHERAPY Committee provided a sold out afternoon of programming and learning at the 12th Physiotherapy Round Table Monday 26 August 2013. The afternoon was opened by committee member Marijke Van Kampen and followed by an update from the current chair of the ICS physiotherapy committee Helena Frawley. The physiotherapy committee welcomed new members Bill Landry, Christina Naranjo Ortiz, and Stéphanie Madill. We also thanked Fetske Hogen Esch and Pauline Chiarelli for their service on the physiotherapy committee who ended their terms this year. An announcement was also made that there will be several more vacancies on the committee and expressions of interest will be accepted soon.

Scientific presentations this year included: "A scientific but critical view on treatment after prostatectomy" presented by Professor Grace Dorey and "Prevention of pelvic floor injuries in labour: analysis of maternal delivery position and pushing" presented by Carolyn Walker. The State of the Art Lecture "Exercise programmes for the pelvic floor – Is there evidence for an optimal programme?" was presented by Professor Kari Bo. These sessions were followed by small group discussions on current practice patterns in PFM exercise programmes, with a panel discussion. The meeting continued with seven small group workshops led by physiotherapists covering a wide range of PT topics. Each leader presented a case report and led discussion of evidenced-based evaluation and treatment. Handouts and slides of presentations can be found on the ICS Physiotherapy Committee web page [here](#).

The physiotherapy committee also hosted a successful free workshop "Conservative management of adult pelvic floor dysfunction: a physiotherapy approach" which was also translated into Spanish. The committee will continue to explore outreach and provide resources to physiotherapists around the globe. Physiotherapy was represented in the education programme with several workshops chaired by physiotherapists and many other workshops with physiotherapy speakers.

Handouts are available on the ICS web site here www.ics.org/2013/programme. Titles of interest to therapists include: "Digital palpation to imaging: how do or should pelvic floor muscle evaluation tools influence physical therapy practice", "Diagnostic and therapeutic approach to obstructed defecation syndrome", "What you should know about male urinary incontinence", and many more.

Posters and platforms also featured many physiotherapy papers. The Conservative Management Award was presented to Hilde G et al abstract #8 "Effect of postpartum pelvic floor muscle training on urinary incontinence in primiparous women with and without major pelvic floor muscle defects. An assessor blinded randomised controlled trial". Best Clinical Abstract Presentation was also given to a physiotherapy involved team Geraerts I et al abstract #139 "Displacements of pelvic floor structures during voluntary pelvic floor muscle contraction in continent and incontinent men after radical prostatectomy measured with transperineal ultrasound". Two pelvic floor exercises classes lead by physiotherapists were well attended with a cameo by Jo Laycock and some incorporation of the local dance the Flamenco.

The physiotherapy committee is currently active in developing educational opportunities and resources for conservative management. There are several manuscripts in publication created from the "State-of-the-Science Seminar: Improving pelvic floor muscle training adherence strategies: from theory to practice". Two standardisation working parties have a significant input from physiotherapists: Chronic Pelvic Pain and Conservative Management of Female Pelvic Floor Dysfunction. We look forward to the publication of these very influential documents. Physiotherapy is now represented on almost all ICS committees and we will continue to work toward excellence in conservative management of pelvic floor dysfunction. ■



Above: The Physiotherapy Committee at the Committee meeting in Barcelona, August 2013.; Opposite: The Urodynamics Committee at the Committee meeting in Barcelona, August 2013.

Urodynamics Committee

Urodynamics teaching modules – a collaborative project

● Peter Rosier



Peter Rosier

THE ICS URODYNAMIC Committee is convinced that education in best practice is one of the starting points for practice quality improvement. Now supported by the renewed ICS Strategic Plan which prioritises education, the Urodynamics Committee continues to work on the content of the education modules. Our conviction is that scientific discoveries should lead to health care improvement. The ICS has always been a platform for science and dissemination of newly developed knowledge, and has developed a good infrastructure to spread new ideas at meetings, also via the newsletter and the Journal of Neurourology & Urodynamics. Furthermore, the ICS is one of the frontrunners in health care practice standardisation, focusing on urinary incontinence. Now the ICS is striving towards world leadership in the evaluation and management of lower urinary tract, bowel, and pelvic floor dysfunction.

The teaching modules that the Urodynamic Committee has developed, and will continue to develop, consist of a peer reviewed published manuscript, a slide set and a webcast presentation. The goal is to provide an optimal combination of scientifically valid and easily accessible education for everyone. We are aware that other committees are willing to adopt the model and we are happy to share our experience with them. We will however still continue to improve the model with further standardisation of the manuscripts, which will be published in Neurourology & Urodynamics after peer review. We are also working hard to standardise the slides layout so that you can learn to recognise those presentations at a glance as 'ICS education modules'. We communicate and work together with the Standardisation Steering Committee to ensure adherence to the ICS standards in our slide sets. We will also continue to work with the Education Committee, as this committee is responsible for the ICS's educational activities. Together with this committee we evaluate the need and the applicability of the content for the ICS courses. We have demonstrated the presentations and the webcasts to an audience during the last two annual meetings and received very useful comments. As a committee we will carefully evaluate those presentations and the comments. On the basis of the comments from the first year we have already further standardised and improved the presentation of the modules. The support of the ICS office, from individuals with excellent skills, has been invaluable. Their help in recording the presentations of the modules has led to improvements since the initial inception.

Nevertheless we still strive to develop a good strategy to transform the 'teaching modules' into 'ICS teaching modules'. Our committee will work together with the Board and Trustees, the Standardisation Steering and the Education Committee to design a strategy for this transformation.

What will be the backbone for this strategy? Every module will have the important and relevant specialists involved, from the start of the development of the module. Therefore scientific quality is ascertained through the experts in the working group. Secondly; the peer review of the manuscript part of the module is an external check on the scientific quality. However seen from the ICS 'society' or 'general' perspective we consider it relevant that an evaluation takes place of the following issues:

- Is the educational module within ICS 'core business' and/or competence?
- Is the module in support of the ICS brand or profile and does not compromise it?
- Does the module use proper terms and adequately refer to the current ICS standards?
- Is the module of sufficient educational value?
- Is the module and are the slides in the ICS layout fonts and colours?

Consequently the proposed strategy is that the committee will try to ensure that these yes-or-no questions are answered for each module at the request of the Urodynamic Committee by a panel of reviewers consisting of one mandated member from each of the following: the Board of Trustees, Standardisation Steering Committee, Education Committee and Publications and Communications Committee. Certainly we will stipulate that the panel members may seek advice or discuss the modules with others if they deem it necessary for validation of the content. Once the manuscript has been published in Neurourology & Urodynamics the Urodynamics Committee will ask the ICS office to make the recorded presentation and the official ICS slide set available on the website.

What do you think of this proposed process? Do you agree with this? The Committee would welcome your comments! ■



Standardisation Steering Committee

The Standardisation Steering Committee needs you

● Marcus Drake, SSC Chair



Marcus Drake

THE STANDARDISATION STEERING COMMITTEE has several documents in progress. The urodynamic equipment working group has now completed its report, which will soon be submitted for publication. The chronic pelvic pain group has had extensive discussions and is close to generating a final draft. The conservative therapy of the female pelvic floor working group, in conjunction with IUGA, has been working extensively, and we expect a joint report to be ready soon. Shortly, the good urodynamic practices working group will start on reviewing the document from 2002 1. Subsequently, the ICS standards on all urodynamic techniques will be reviewed to make a coherent approach for urodynamics practices.

The SSC is planning to initiate new working groups to look at terminology in neurourology and basic science. A standard will also be developed for detrusor underactivity.

Shortly, we will be initiating a survey to gather opinions of all stakeholders in respect to storage lower urinary tract symptoms. Please look out for the survey and contribute as we are interested in capturing your opinions. All members are asked to forward the on-line link for the survey to anyone they consider relevant and potentially interested, who may otherwise not have received the link.

The SSC has been working on easier access to standards documents. The content of the ICS wiki (<http://wiki.ics.org/ICS+Wiki+Home>) has gathered strength and provides a readily available single point of access to the standardisation documents. We would be very grateful to hear from anyone interested in contributing to the wiki. Please contact the chairman of the SSC, who would be delighted to hear from you.

Many of the standardisation documents are quite technical and long documents, which can seem intimidating when first reviewed. The SSC is therefore starting work on "core" documents, which summarise the key information that can

rightly be expected of a practitioner in this field. This will commence with the standardisation of terminology of lower urinary tract function.

The new working approach of the SSC is now well embedded since the publication of the evidence based standards paper, jointly first authored by Peter Rosier and Dirk De Ridder 2. Thus, the role of the SSC is to provide selection and unbiased scrutiny of all working groups. Selection of membership for working groups is by application, with selection on merit. Working practices are evidence-based, and authorship of resulting standards is only permitted if active contributions have been made. We believe this represents good working practices consistent with modern-day governance and evidence-based medicine.

Soon an advertisement will go out seeking new members of the SSC, and we will be delighted to hear from new applicants. We are particularly keen to receive patient input, so if you are aware of a patient, or fit the category yourself, we hope you would be willing to apply. We are also seeking input from people with expertise in geriatric medicine, colorectal surgery and neurourology.

Our final plea is for people willing to undertake translations. We are looking for people with good language skills and bilingual knowledge including excellent English. If you could offer these skills, please get in touch with the chairman of the SSC.

1. Schafer W, Abrams P, Liao L, et al. Good urodynamic practices: uroflowmetry, filling cystometry, and pressure-flow studies. *NeuroUrol Urodyn* 2002;21:261-74.
2. 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;31:621-4. ■



The Standardisation Steering Committee at the Committee meeting in Barcelona, August 2013.

Neuro-Urology Promotion Committee

Development of new guidelines

● Prof. Helmut Madersbacher

SINCE ANTHONY STONE as the chairman of this committee stepped back, Helmut Madersbacher (Innsbruck/Austria) was appointed interim chairman of this committee till October 2014.

At the meeting of the committee at the ICS in Barcelona the committee agreed on two projects to promote neuro-urology worldwide. One project is to develop recommendations/guidelines on the urological management of certain neurological diseases. The committee members have chosen to elaborate such recommendations/ guidelines for the urological management of patients with Multiple Sclerosis, Parkinson's disease and cognitive disorders. Three subcommittees are responsible for doing this work. It is planned to present the results of this work during the ICS meeting 2014 in Rio de Janeiro during a workshop-like presentation.

The second project is to organise "Neurogenic Bladder Day" courses, a one-day course with a very comprehensive programme starting in the morning with neurophysiology and neuropathophysiology of the lower urinary tract, followed by a lecture on diagnostic workup and an update on common treatment options. In the afternoon more specific topics will be presented according to the wishes of the local organisers. In order to keep the costs within limits, the faculty will be composed of three speakers: one should be from the country where the course takes place, one from a country nearby and one could be invited from farther abroad. The local organisers would have to take over the costs for the accommodation. Companies are contacted to cover the travel expenses. So far the contacts in this regards are promising. ■



The Neurourology Promotion Committee at the Committee meeting in Barcelona, August 2013.

Contenance Wiki

This Wiki is a resource for all people interested in urinary tract and bowel function and dysfunction.

The Wiki's aims are:

1. To be a single point of access for the key professional standards and terminology relevant to all health professionals dealing with urinary and faecal continence
2. To gather comment and debate, reflecting the issues arising and influencing future standards and terminology repository of the ICS Standardisation documents.

It draws together all terminology and other resources, giving current agreed definitions and providing a perspective, enabling all stakeholders to provide comment and participate in debate. Please register with the

Wiki to get the benefits of the knowledge it brings to your practice. Standards and terminology are given in the documents labelled "STANDARDS". The following are the current standards;

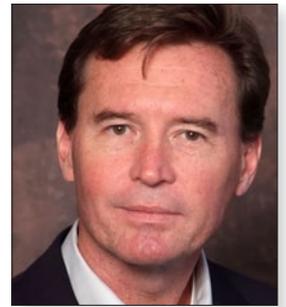
1. Lower urinary tract function ([Abrams et al., 2002](#)). For women only, there is a more recent document ([Haylen et al. 2010](#)). For specific groups: [Adolescents](#);
2. Good Urodynamic Practices ([Shafer et al. 2002](#))
3. How Standardisation documents are developed ([Rosier et al. 2012](#))
4. Specific techniques: [Pressure flow studies](#); [Ambulatory Urodynamics](#); [Bladder Ultrasonography](#);
5. Joint reports; [Native Tissue Surgery Complications](#); [Prosthetic Surgery Complications](#);

In addition, individual pages are given to many of the specific symptoms and conditions in lower urinary tract dysfunction and related areas. ■

Ethics Committee

New Code of Conduct developed

- Edward Stanford MD MS MHA FACOG FACS CDIP



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.

The Ethics Committee (EC) is essential but plays a role behind the scenes. However, the EC would like to be more available to other Committees and members. The EC has been involved in a few key efforts; we are very proud of the disclosure process required prior to any ICS scientific presentations. The EC feels that transparency is

important and the current disclosure process is a success. The disclosure slide we all fill out is now required for posters and symposia. The EC also assisted the Board of Trustees in creating a code of conduct for members; any feedback from members is very much appreciated. One reluctant but essential role the EC has been involved in for the ICS is the Disciplinary Committee. We anticipate that the ICS will have few occasions to require a Disciplinary hearing. Future efforts of the EC will be to work with members on ethics topics and procedures of interest.

The EC is very proud of the lunch time symposium held this year. Our invited speaker, Dr Robin Gill gave a very thorough discussion on ethical considerations of stem cell science. The lecture was stimulating and the question and answer period was illuminating as many of our international experts in attendance brought several key issues into the discussion. We thank Dr Gill for his lecture and look forward to future symposia. ■



The Ethics Committee at the committee meeting in Barcelona, August 2013.

Fistula Committee

Seeing the patient's perspective

● Sohier Elneil



Sohier Elneil

The ICS Fistula Committee has come to the end of the Chairmanship of Professor Sherif Mourad, who did an excellent job of putting the International Continence Society on the international stage as a provider of fistula care, during the last five years. During his tenure he supported the workshops for ICS candidates to attend and see fistula surgery in the developing world. This has opened up the world of fistula surgery to a new generation of surgeons hoping to work in the field. We are indebted to him for all of his hard work.

The committee meeting in Barcelona was very spirited and together we are forging a new direction for the committee. The ICS has a very strong commitment to education, development and research that the committee wants to adopt fully. We felt that we should focus on training urologists in the developing world in reconstructive urology and provide educational and research support for their on-going work.

The world of fistula surgery is changing; patient's perspectives are now included. It is no longer simply about fixing the hole, but also addressing what the patient wants – fertility, family, normal relations with her husband, continence and elimination of pain. The committee wholly embraces this approach and intends to work together with colleagues from around the world to implement it.

The fistula committee is planning on working more closely with surgeons in

under-resourced settings to try and bring reconstructive urology to the table as part of the armamentarium for the indigenous surgeon. Currently many patients with failed fistula repairs are faced with a life of continual leakage, as access to reconstructive surgery, including diversion procedures, can be limited. Many surgeons in the field have requested further training to be able to provide care for such women. The committee have risen to this challenge and will endeavour to work together to make this happen.

Another focal point will be to help different fistula programmes to develop strategies in post-fistula repair continence management. This will include teaching colleagues in performing urodynamics and helping them develop guidelines in managing stress urinary incontinence and overactive bladder symptoms. There is a great deal of work that needs to be done in this arena and the committee's view is that the ICS team needs to help in the promotion of holistic continence care for all those suffering with genital tract fistulas.

Over the next year the committee will report on its contribution to these aspects of continence care in the fistula field. This is an exciting and challenging time in the provision of fistula care and the ICS team look forward to contributing to all this work on the global stage. ■



The Fistula Committee at the committee meeting in Barcelona, August 2013.

Continence Promotion Committee

International multidisciplinary committee is key to future success

● Tamara Dickinson



Tamara Dickinson

CURRENTLY, THE CPC represents nursing, physiotherapists, physicians, patient advocates, industry and health services researchers as well as 10 different countries. Like many ICS committees we are scheduled to have many of our members leave their posts in 2015. We are asking the Trustees to approve extensions of some current members' terms while we bring on new members so there is a nice overlap of experience. We believe it is very important for our committee to have a multidisciplinary membership. I would like to thank outgoing members, Jane Meijlink, Dina Rizk and Deborah Gordon for their service to the CPC. I would also like to welcome our newly elected members Stavros Charalambous, Grzegorz Surkont and Vasan Srin.

The CPC had to make the difficult decision to cancel the Public Forum at the Annual Meeting in Barcelona. After much work by Frankie Bates, Lynne Van Poelgeest-Pomfret we were unable to find a local group that would spearhead the event. At our committee meeting we had lengthy discussions regarding how we would move forward with this in the future and that it will likely strongly be influenced by each country that we visit. At the committee meeting we also discussed a recent web survey developed by myself to determine priorities for the group. We are now in the beginning stages of planning our activities for Rio de Janeiro.

As a CPC initiative, a workshop entitled "Special Concerns in Continence Awareness" was presented in Barcelona. This workshop focused on continence promotion and awareness related to special patient populations, addressed the struggles in developing successful programmes and discussed global issues and concerns. Topics included:

- The History of Advocacy in Continence Awareness (Barry Cahill, Australia)
- A Worldwide Phenomenon: Aging and Incontinence (Diane Newman, US)
- Incontinence, Enuresis, Dysuria and Encopresis: Could the Pelvic Floor be the Link? (Elisabeth Bakker, Belgium)
- Continence and Disabled Persons: Where Management and Quality of Life Meet (Tamara Dickinson, US)
- The Global Perspective: Continence Awareness and Developing Countries (Sherif Mourad, Egypt)

As we move forward our committee is prioritising for our future. We hope to work on collaborating with other committees and reassess our plans for forums in conjunction with the Annual Meeting and promotion of World Continence Week. ■



The CPC at the committee meeting in Barcelona, August 2013.

Publications and Communications Committee

Introducing the new Committee Chair

● Jacky Cahill



Jacky Cahill

IT IS MY pleasure to be the new Chairperson of the Publications and Communications Committee, (PCC). I would like to thank Jerzy Gajewski for his many years of dedicated service as Chairman, as well as thanking Jane Meijlink for her many years serving as ICS News Editor. Jane's replacement as Editor is Pamela Ellsworth, an established Urologist from the USA who all I am sure will continue the excellent work of her predecessor. In addition to welcoming Pamela to her new position I would also like to welcome new committee members, Mario Gomes, Urologist from Portugal and Grzegorz Surkont, Urogynaecologist from Poland.

In addition to being responsible for the ICS Newsletter the PCC's responsibilities include overseeing the e-news, social media, fact sheets, press releases/meetings, website and ICS promotional materials. The PCC works closely with the ICS office, which executes the work managed by the PCC. In keeping with the new ICS Strategic Plan the PCC will hand over more autonomy to the office staff with regard to these functions. This will help streamline the processes and save time.

The PCC will likely also align its role to the ICS Strategic Plan, improving stakeholder communication through different mediums, thus contributing to the ICS scientific

and educational mission and ultimately raising the ICS profile and perceived value as a pre-eminent scientific society.

I bring my background as the Director of a national continence charity to this position. As such I hope to bring, (while maintaining the scientific content), something of a slightly different flavour to the PCC, and subsequently the ICS. It is my belief that to grow as a strong and viable society we, as ICS members and stakeholders need to feel part of a warm, productive and wholesome community, it is this additional element that I aspire to promote. Along with the office staff and dedication of the committee members I am sure we will accomplish this and advance the ICS image.

I write this report (October 2013) not having been Chair for long, so I can only share our plans with you, and not what we have accomplished under my term of office. To date (given that the PCC comprises predominately of new members), we are working to develop our action plan incorporating the ICS strategic vision and will hopefully be able share the details in the next ICS Newsletter. Suggestions of what you would like the PCC to consider to improve communications and publications are always welcome. ■



The PCC at the committee meeting in Barcelona, August 2013.

Education Committee

New chapter for the Education Committee

● Ervin Kocjancic



Ervin Kocjancic

THE BARCELONA MEETING represented a new milestone in the activity of the Education Committee, starting with the term of the newly elected chair of the committee and the selection process of new members. The committee organised a number of activities in the past year with add on courses at national or international meetings and state of the art lectures.

We organised some very successful courses such as the cadaver workshop in Oporto, Portugal where the participants had the opportunity of a hands-on learning experience. We were present at the Turkish Continence Society meeting and the Hungarian Continence Society with ad-on educational courses, as well as at the International Urology Society (SIU). Last but not least we organised the ICS guest lecture at the annual meeting of the American Association of Urology in San Diego.

The recent financial crisis represents a major challenge, and the committee has a significantly lower budget compared to previous years. Make no mistake, this is not going to limit our presence and ability to continue to provide top quality educational events. We will have to work harder and will need to be more creative. Organising events worldwide is not the only activity of our committee. We are actively cooperating with other bodies of the ICS on several projects including the Standardisation Steering Committee, the Continence Promotion Committee and the Fistula Committee to name a few.

The activity of the Educational Committee is organised in sub committees. Here are some of the working groups and their activities:

Workshops and Courses Subcommittee:

Continues to work in reviewing the applications for the workshops at the ICS Annual Meeting, as well as the educational events organised in conjunction with national and international organisations. One of the goals of this subcommittee in the next year is to prepare clear guidelines for the submission process of educational activities, as well as prepare and keep an updated list of qualified speakers

E-learning Subcommittee:

Selects workshops from the annual meeting that will be recorded and broadcast on the web. These modules will be CME accredited. The sub-committee is also

working actively with the Urodynamics committee to creating online modules for ICS members. These modules have gained a lot of popularity in the past year.

Education Quality and Evaluation Subcommittee:

Two new instructional videos are now available online, "Good Chairmanship and Presentation" and "Submit a Better Abstract". Additionally this subcommittee is preparing the ICS core curriculum, to provide a clearer expectation of the knowledge and learning opportunities required by all members seeing patients in the field of functional urology and urogynaecology.

Trainees subcommittee:

This newly formed sub-committee has been particularly active in the past year. The members of the subcommittee prepared a questionnaire and submitted to all trainees in the field of Urology and Gynaecology. They found that 80% of trainees in the above mentioned specialties were not ICS members, mainly because they were not aware of the benefits that ICS membership could bring to their education and future activities. The goal for the next year will be to extend the activities of this committee to our nursing and physiotherapy members, including not only trainees but also those at the beginning of their professional career.

New committee members

Nine members of the Education Committee will have to be replaced after the Annual Meeting in Rio as they have already served two 3-year terms and their position cannot be renewed. We will shortly make the call out for new members among the ICS members. One of the goals of the Education Committee is a vision of interdisciplinary events organised worldwide in the field of promoting continence and pelvic health. This is going to be reflected also in the composition of the new committee. We need representatives from all specialties including physical therapists and nursing representatives in order to continue with this tradition. So, once again, if you are willing to work in a dynamic environment, and willing to work hard and interact with colleagues and friends from other specialties and health providers, please stay tuned for the call for new members. ■

The Education Committee at the committee meeting in Barcelona, August 2013.



ICS Children and Young Adults' Committee

New Chair, new members, new projects

● Giovanni Mosiello

WHEN REPORTING THE news from our Committee first of all we have to present some changes in our committee. First, we have two new members: Kwang Kim from Korea and Selcuk Yucel from Turkey, who joined Laetitia de Kort, Pallavi Latthe, June Rogers, Jian Guo Wen, Mario Patricolo and I in Barcelona. Welcome Kwang and Yucel, I am sure that we can do great things together.

Second, after six years as Committee Chair Wendy Bower has left the Committee. I had the opportunity to work with her only for one year in this Committee but her professional and human qualities were very apparent and I would like to show my appreciation to her for the great work that she has done over the years. Thank you Wendy for what you have done for ICS, and also for the great effort you have made in starting the Transitional Care project we are running with the International Children's Continence Society. It will be very hard for me to live up to your legacy!

Third, we have a new Committee Chair and I would like to briefly introduce myself. I am Giovanni Mosiello, 53 years old, married with three children, and I live in Rome, Italy. I work in Bambino Gesù Paediatric Hospital, where I direct the Paediatric NeuroUrology unit. I am specialised in Urology and Paediatric Surgery. During my career I have had the opportunity to participate in more than 15 different cooperative projects in Bangladesh, Cambodia, Colombia, and Vietnam in order to improve pediatric urology practice and continence care in these countries.

These experiences have been and are still very important to me. They opened my mind and maybe have been the main reason why I decided to apply for the position as Chair of the Committee; with the goal to ameliorate, increase and standardise the treatment of incontinence in children and young adults across the globe.

Well, after this introduction I would like to provide you with a short summary about our past and future activities:

1. A joint meeting between ICS and ICCS on Adolescent Urology was held this year in Toronto. It was a great success as a meeting but it was only the first step in standardisation of care in the transition between childhood and adulthood. The final goal is to produce a joint document between the ICS and ICCS on transitional care of young adults with congenital urologic disorders and incontinence. Our Committee will continue with this project, considering as a

starting point the initial work that Laetitia, Pallavi and Wendy have already undertaken.

2. June and Mario have started a project on children with learning disabilities, but the limited literature available on this issue has proven challenging. They have made an analysis of co-morbidities, identified good care practices and looked at the standardisation of good practice terms. The next steps will involve promoting these findings and linking to other groups to accelerate development of a document for publication.
3. Wen, along with other experts and committee members is going to publish a document on the basis of the Beijing workshop on urodynamics.
4. In the next year Pallavi is going to finish her great work to provide Adolescent Gynaecological guidance which will be useful in multiple countries.
5. In Barcelona we presented a workshop on transitional care of young adults with congenital genitourinary disorders such as bladder exstrophy, posterior urethral valves and spina bifida. This was the first in a series of workshops/courses that we would like to repeat in different countries, so suggestions are welcome in order to assist us with carrying out our goal.

In the future we wish to finish our existing projects (above) as well as to be present at ICS 2014 in Rio with 1-2 workshops, maybe joined with other Committees.

During our meeting in Barcelona we confirmed a strategic plan for the committee, focusing on transitional care of young adults which will continue to be a mandatory activity of this committee. The committee feels that this is a very important part of our work, because this area is not addressed by other societies. Furthermore all committee members agreed that in the future an effort must be made in order to inform and involve all members in every activity undertaken by a single committee member in order to maximise utilisation of our worldwide experience. A strategic plan for the future is in discussion.

In 2014 Laetitia will step down from the committee when her term ends. The committee agreed to request expressions of interest from non-surgical professions, as currently the majority of the committee are urologists and surgeons – and as ICS is a multidisciplinary society, presence from non-surgical professions is welcome and needed. ■

The Children and Young Adults' Committee at the committee meeting in Barcelona, August 2013.



FELLOWSHIP REPORT

ICS Neuro-Urology Fellowship 2012

● Dr. Ali Abdel Raheem Hassan Ali

MY NAME IS Dr. Ali Abdel Raheem Hassan Ali from Egypt, I work as an assistant lecturer of Urology at Tanta University Medical School. My field of interest is Neuro-Urology, Female Urology and Voiding dysfunction. Unfortunately, at our department there is a little experience in appropriate diagnosis and treatment of patients with different neurogenic voiding disorders. In addition, many advanced therapeutic procedures such as artificial urinary sphincter implantation and sacral neuromodulation are not familiar therapeutic options among most Urologists in Egypt.

In June 2012, I was awarded the ICS Neuro-Urology Fellowship and it was an amazing surprise for me! My three month Fellowship took place at Neuro-Urology Department at Innsbruck University Hospital, Austria under the supervision of Prof. Dr. Helmut Madersbacher.

The University Hospital Innsbruck is one of the four hospitals comprising the internationally renowned TILAK organisation, the largest health organisation in West Austria and one of the largest in Europe. It is known for its research and innovative medical services, and the Urology department is one of the best departments in the hospital, with excellent medical services and scientific research.

My major fellowship goal was to gain a high level of education and training to increase my skills, knowledge, and experience in all aspects of Neuro-Urology – diagnostic and therapeutic.



With Prof. Dr. Madersbacher in his office

My fellowship plan laid out the following aims and objectives:

- To have a basic knowledge of neuroanatomy and physiology of the lower urinary tract (LUT).
- To learn appropriate diagnosis and accurately choose the correct treatment line for the most commonly encountered neurological conditions responsible for neurogenic bladders such as: spinal cord injury (SCI), multiple sclerosis, multiple system atrophy, Parkinson's disease, congenital cord malformations, and strokes.

- To perform cystometry, pressure flow study (PFS), video-urodynamic (VUD) and electromyography (EMG) studies and the basic principles, techniques, indications and interpretation
- To describe the non-surgical methods of bladder emptying (clean intermittent catheterisation, indwelling catheters, Crede) and storage (time voiding, bladder drills, behavioural modifications, etc.)
- To be able to assess the value of electrostimulation/neuromodulation in different neurogenic diseases causing LUT dysfunction.
- To learn the technique, indications, results, pitfalls and risks of the use of Botulinum toxin A.
- To describe the indications, techniques and role of surgery in the management of neurogenic bladders including urethral stents, sphincterotomies, bladder augmentations, surgery for SUI, artificial sphincter implantation, etc.

To achieve my goals I participated in all medical and scientific activities of the NeuroUrology Unit. I attended the daily morning conference where we discussed all cases included in the day's work programme. I joined the weekly journal club, uro-radiology meetings, outpatient clinic services, diagnostic services (including VUD) and surgical sessions.



With Dr. Kiss during the morning Neuro-urology Unit meeting

I joined Dr. Peter Rehder in the operating theatre and assisted him with different anti-incontinence procedures. I learned how to administer Botulinum toxin A into the bladder wall in patients with neurogenic detrusor overactivity (NDO), and into the striated external sphincter in patients with detrusor sphincter dysynergia (DSD) using a flexible or rigid cystoscopy. I watched Deflux injection procedure for treatment of neurogenic patients with vesico-ureteral reflux.

For male patients with post-prostatectomy incontinence (PPI) I learned how to insert bulbourethral male slings for mild cases of SUI, and artificial sphincter insertion at the level of the bulbar urethra for moderate and severe cases. Artificial

sphincter insertion around the bladder neck was used only for neurogenic incontinent patients.

With regard to female urology procedures, I learned how to perform mid-urethral sling for SUI treatment (TOT and TVT) and cystocele repair using anterior colporrhaply with mesh implantation. Moreover, I also observed several different electrotherapy techniques used in neurourologic conditions (intravesical electrostimulation, non-invasive neuromodulation, and invasive sacral neuromodulation).

With Dr. Kiss I attended several procedures to implant Interstim devices (1st and 2nd stage). I now know the different indications, how to set up the devices and perform the procedure.



With Dr. Peter Rehder in the OR during artificial sphincter implantation

I participated in the urodynamic and video-urodynamic investigations of both adult and paediatric patients, and attended the weekly uro-radiological conference where video-urodynamics are reviewed and all difficult cases presented.

I learned how to perform, interpret, and draw appropriate conclusions from neurophysiologic investigations relevant to neurourology, for example evoked potential studies from dorsal penile nerve and the bladder neck. I also participated in pelvic floor rehabilitation sessions where I learned new perspectives on the evaluation and management of patients with pelvic floor disorders. I learned to perform biofeedback, electrical and magnetic stimulation therapy in such patients.

I actively participated with Dr. Madersbacher in research work and submitted a review article titled "Female voiding dysfunction: How to manage it correctly" for publication.

During my fellowship, Dr. Madersbacher arranged with Prof. Dr. Jurgen Pannek in Switzerland for me to visit the "Swiss Paraplegic Center" for two weeks. This visit was another new experience for me, and helped me to gain a lot of new knowledge. It was a good opportunity to see a broad range of neurogenic paraplegic patients due to the large number of patients who visit this popular centre for investigation, treatment, and follow-up.



From left: Dr. Peter Rehder, myself, and Prof. Pannek



With Prof. Madersbacher and his family

I would like to extend my heartfelt gratitude to Dr. Madersbacher and his family for their warm welcome and the kindness they showed me during my stay in Austria. He took care of me throughout my time in Innsbruck and supervised my scientific activity and research work. He was incredibly supportive through our regular meetings where we discussed the progress of my fellowship training and future plans.

Last but not least I would like to thank the ICS for giving me this opportunity and for their support in helping me take this important step in my educational and scientific career. Special thanks go to the office staff – Sophie Mangham who arranged all the required papers for my fellowship, and Avicia Burchill who was in close contact with me during my stay in Innsbruck and helped me to overcome all the obstacles I faced. ■

FELLOWSHIP REPORT

● ICS Research Fellowship, Mary H. Wilde RN, PhD. Southampton University and Bristol Bio-Med Centre

Aug. 15-26, 2012

MY OVERARCHING RESEARCH goal is to improve the everyday lives of people living out in the community with long-term indwelling urinary catheters and to help provide better evidence for practice. My aims for this fellowship are to: 1) Explore and expand collaborative relationships with the research teams at Bristol Biomed and Southampton University who work together on several urinary catheter related studies; 2) Develop a research proposal for urinary drainage bag decontamination; and 3) Identify key components of the programmatic urinary catheter research being conducted in the U.K. for application of research strategies in the U.S. for translation and implementation.

The trip to Southampton University and Bristol Biomed were valuable in solidifying my relationships with Dr. Mandy Fader and her research team and in planning for the bag decontamination study. We made visits to two laboratories (one at each site), were given a demonstration of biofilm capacity in the Southampton laboratory and shown how urinary bag studies are carried out at Bristol Biomed. During the two weeks, we met with at least ten researchers, students and staff members, and we discussed progress in several ongoing studies.

Most importantly we made decisions about possible study options for the bag decontamination study we would like to implement the next time I visit the United Kingdom. Variables and issues were better understood after having met with the microbiologists at the laboratories and we developed a tentative plan for a laboratory study. We also planned a systematic review of urinary bag decontamination.

August 19-23, 2013

Since I last met with Dr. Mandy Fader, Sondra Wilks (PhD, microbiologist) has joined her research faculty. Dr. Wilks is engaged now in a Post-doctoral fellowship which includes plans for her to assist in Dr. Fader's (soon to be funded) NHS programme grant about clean vs. sterile intermittent catheter use, as well as our upcoming study on the urinary bag decontamination. Dr. Fader also expects to recruit a nursing

pre-doctoral student to conduct the clinical studies when the lab portion of the bag decontamination study is complete.

During this week I visited Southampton University to discuss plans with Dr. Fader, especially related to the upcoming (NHS) programme grant. We also travelled to Bristol to meet with Professor Roger Feneley to discuss progress on a new catheter design, and Nicola Morris, PhD, microbiologist at Bristol Biomed about the programme grant, to discuss the research modules which are being planned with catheter users and various cleaning methods (shaking, steam, chemicals). We reviewed some new literature, including the new European Nurses' Intermittent Catheter Guidelines.

Back in Southampton we visited with Sondra Wilks and Bill Keevil in microbiology to discuss new lab findings about biofilms and about relevant new research which could contribute to the science of our decontamination study. Mandy Fader and I also discussed the data (summarised tables and plans for further analyses) related to her large study on long-term catheter use.

In summary, this experience deepened and broadened my research collaboration and perspectives about catheter related research, for short term and longer term purposes. It has expanded my vision, which I expect to share with my doctoral students who are conducting research in this much understudied area of vulnerable persons using urinary catheters. The urinary bag decontamination study is being developed and I shall continue to work closely with Dr. Fader in the future related to this and other mutual research interests, such as the NHS programme grant, for which I am consulting. Many thanks to the ICS for providing me this opportunity through the ICS Research Fellowship. ■

Reference:

Wilde, M. H., Fader, M., Ostaszewicz, J., Prieto, J. & Moore, K. (2013). A systematic review of urinary bag decontamination for long-term use. *Journal of Wound, Ostomy, and Continence Nursing*, 40 (3), 299-308. DOI: 10.1097/WON.0b013e3182800305

ICS Cadaver workshop, August 2013 Oporto, Portugal

● Hamed Akhavizadegan, MD, Urologist

After some trouble with obtaining a visa, which Dr. Mario Gomes went to great lengths to resolve, my trip to Portugal went smoothly and I was picked up at the airport by Dr. Nuno of the Santo Antonio Hospital.

After a welcome from Dr. Mario Gomes and the other faculty members, the course began with a lesson on female pelvic anatomy by Dr. Alexandre Lourenco. Dr. Lourenco precisely described the anatomy, and insisted on clinical points which we would need for the following practical clinical sessions during the course. He also presented a full comprehensive lesson on pelvic reconstruction. SUI, Sling and AP repair with and without mesh were the next sessions; these were presented by Dr. Sherif Mourad, Dr. Daa Rizk and Dr. Rui Versus, respectively. Dr. Rizk took the responsibility of comparing speakers' opinions with ICS guidelines and terminology, and promoted interactive discussions between speakers and delegates. Dr. Mourad had a great ability to simplify the discussions and analyse the cases with practical comments, leading to very effective sessions.

In the afternoon we moved onto the most important part of course – the practical session working on the cadavers. Dr. Mourad, Dr. Rizk, Dr. Versus and Dr. Lourenco

actively taught us everything about TVT and TOT. Dr. Rizk supervised each delegate in performing the operation on cadavers themselves.

The second day of the course was about pelvic reconstruction. In the morning we prepared with an intensive theoretical session in preparation for the practical session operating on the cadavers. AP repair with and without mesh was done, then the direction of anterior mesh was dissected.

The course's theoretical and practical elements were excellent and useful. On return to my home country, I hope to open my own incontinence clinic, although there are still many things that I must learn about this challenging and developing area of medicine.

On behalf of all six delegates who were selected for this course, I would like to thank the ICS faculty who taught and gave their valuable time to us. I would also like to especially thank Jenny Ellis from the ICS office, who effectively coordinated the workshop as well as assisting me with my visa and other issues I encountered. ■

Living with a Urinary Catheter

● Suman Prinjha & Alison Chapple



Suman Prinjha



Alison Chapple

“Living with a urinary catheter” is the title for a new section added to the award-winning website (www.healthtalkonline.org). This unique addition is based on the results of indepth interviews performed by Drs. Suman Prinjha and Alison Chapple. These two physicians interviewed 36 individuals with an indwelling catheter of at least 3 months duration and excerpts in video, audio or written form can be found at:

www.healthtalkonline.org/chronichealthissues/Living_with_a_urinary_cather.

The information presented is divided into 7 topics:

- Urinary catheterisation and why it's needed;
- Types of catheters;
- Catheter issues including “the catheter of the future: what catheter users say they would like”;
- Formal and informal care;
- Every day life with a catheter including “sex and intimate relationships”;
- Information and support, and messages to others.

This research endeavor was funded by the National Institute for Health Research (NHR)'s for Patient Benefit Programme (grant reference number PB-PG-0110-19217).

The information provided by this website may help patients with indwelling catheters and health care providers counsel patients with and considering an indwelling catheter. ■

The screenshot shows the website interface for 'Living with a urinary catheter'. It features a navigation menu on the left with options like 'See all conditions', 'Chronic health issues', and 'Living with a urinary catheter'. The main content area includes a 'Full list of topics' section with links to 'Urinary catheterisation and why it's used', 'What is urinary catheterisation?', 'Reasons for needing a long-term indwelling catheter', and 'Types of catheters'. There is also a 'People's Stories' section with a link to 'People's stories: watch and hear all interviews'. The right sidebar contains a 'Support our work' section with a link to 'healthtalkonline.org' and a 'Tell us your story' form.

New American Board Subspecialty Certification – Update

● Pamela Ellsworth

FOLLOW-UP ARTICLE ON the American Board of Urology (ABU) and American Board of Obstetrics and Gynaecology (ABOG) approved subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery (FPM-RS).

Dr. Jeffrey Garris discussed the new American board subspecialty certification in the July 2013 issue of this newsletter. Since that time the first FPM-RS certification examination took place in June 2013, with 154 Urologists and 699 Ob/Gyns taking the examination. The overall pass rate was 86%, with 117 examinees failing and 736 passing the certification examination. Senior candidates may continue to take the examination through June 2015. Following the June 2015 examination application process, no further applications for senior status in Urology will be considered, regardless of experience and training.

Senior candidates are diplomats of the ABU who apply to take the written

subspecialty certification examination in FPM-RS based on their experience and practice in the field. Candidates who have completed ABOG/ABU fellowships before June 30, 2011 will apply as senior candidates. Candidates who finish an accredited urology residency after 30 June, 2010 are not eligible to apply as senior candidates and must fulfil the criteria of “nonsenior” candidate. Candidates who entered a gynaecology-sponsored 3-year fellowship in FPM-RS approved by the ABOG/ACGME on 1 July, 2010 and thereafter are not eligible to apply as a senior candidate. Applicants who entered a non-accredited fellowship programme of any length, after 30 June, 2010, may not apply for subspecialty certification in FPM-RS. Ob/Gyns who finish an ABOG/ACGME sponsored FPM-RS fellowship after June 2012 must pass both a written and oral certification examination. For individuals interested in applying for the certification examination, information can be obtained from www.ABOG.org and www.ACGME.org. ■

Web and Media

● Dominic Turner, IT Director



Dominic Turner

ICS News Events Platform

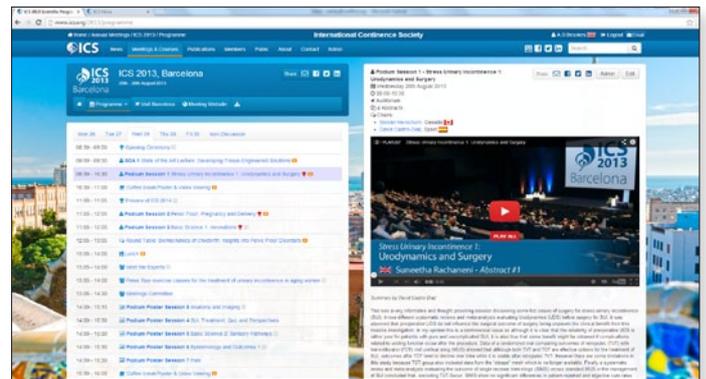
THE ICS WEBSITE has always put the educational events of the society at the forefront of the online experience. The Annual Meeting and its abstracts form the core of the professional and academic content of the website. However as the ICS runs education courses, workshops, guest lectures and more events around the world the ICS required a feature rich platform for content management across all events. The new Events Calendar integrates with Google maps to give an interactive guide to all our activities worldwide in geographical context, allowing visitors and members to see at a glance the events in their area.



The new Events platform not only brings new modern features to the Annual Meeting website but to all events run by ICS and even to those organised by our members.



Integrating with the ICS YouTube channel ICS TV, academic resources, forums and social media, ICS Events marries all aspects of the participants' experience both before and after the event.



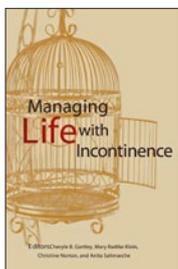
New ICS Committees Microsite Platform Launched

As part of the new ICS website the Committee Microsite platform has undergone a complete redesign bringing the new Content Management features to every committee website. This allows committee content to be updated and shared via social media and brings integration with our News, Documents and Forums as well as ICS TV and external online systems.



Book Reviews

● by Pamela Ellsworth



Managing Life with Incontinence

Editors: Cheryle B. Gartley, Mary Radtke Klein, Christine Norton, and Anita Saltmarche.

Publisher: The Simon Foundation for Continence, Wilmette, IL, 2012

ISBN 978-0615602257

Price Guide \$16.95

Managing Life with Incontinence edited by Cheryle B Gartley, Mary Radtke Klein, Christine Norton and Anita Saltmarche is a book that truly helps individuals live with incontinence. In addition to the facts, this book deals with the psychosocial effects of incontinence. The personal touch of having real people tell their own real stories, the battles they have faced including the ups and downs and how they have coped over the years. It exemplifies the impact of incontinence on multiple facets of an individual's life and the ways in which individuals cope and live a full life. In addition to providing readers with the basics of anatomy, etiologies of incontinence and treatments for incontinence, the book is infused with useful strategies both from a perspective of managing the incontinence as well as dealing with its psychosocial impact. This book is a must read for incontinence sufferers as well as healthcare providers who care for such patients.



Oxford University Press Pocket Books

Oxford University Press have published three pocket books pertinent to members of the ICS. These books are entitled:

- "Diagnosis and Treatment of Overactive Bladder" by Jerry G. Blaivas and Rajveer Singh Purohit
ISBN 978-0-19-975372-7; Price Guide £10.99
- "Overactive Bladder Syndrome and Urinary Incontinence" by Hashim Hashim and Paul Abrams
ISBN 978-0-19-959939-4; Price Guide £12.99
- "Benign Prostatic Hyperplasia and Lower Urinary Tract Symptoms in Men" by Alexander Bachmann and Jean J.M.C.H. De La Rosette.
ISBN 978-0-19-957277-9; Price Guide £12.99

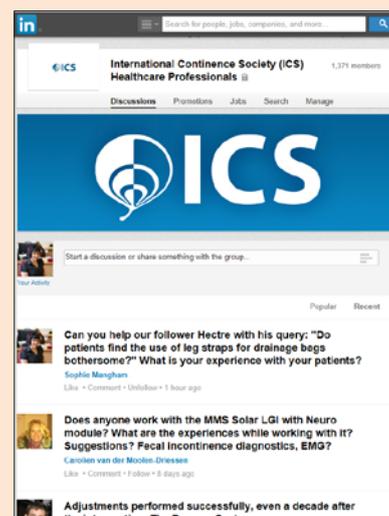
These are truly pocket size, yet packed with information. Concise, factual, up to date and well written, they are "go-to" books for when information is needed immediately. For those of us who still enjoy the feel of paper in our hands, these books are key resources.

LinkedIn

[Follow the International Continence Society](#) on LinkedIn to be kept up to date with all the latest continence news from around the world and ICS news daily!

You can also join our thriving LinkedIn discussion group. The ICS Healthcare Professionals group is a place for professionals in the continence field to share content, find answers, post and view jobs, network, and establish themselves among the ICS community. Latest discussions include a [debate on Laparoscopic Sacrocolpopexy](#), [questions on Fecal incontinence diagnostics and EMG](#), and more!

[Join now and be a part of the community!](#)



ICS 2014

20th - 24th October, Rio de Janeiro

Dear Friends,

WHY ATTEND THE ICS meeting in Rio 2014? Well, I believe that it will not take much convincing on my behalf for you to come and participate in the meeting!

If you do not have much free time from your busy schedules, do not worry, it will be worth your while to make the trip as the Scientific Committee is preparing an excellent programme as usual; with state of art lectures, round tables, challenging workshops and, of course, great discussions on the presented papers.

Brazil is a land of contrast in all senses; beautiful sandy beaches lie just a stone's throw from the lively city centre – there is something for everyone in Rio! If it is your first time to Brazil or you already know Rio and want to explore more, there is so much to do! You can relax at the Copacabana beach, visit the Statue of Christ the Redeemer, or if adventure is more your style you can climb the southern face of Sugar Loaf or take a jump on a hang glider from Gavea Stone Mountain. The

weather in Rio in October is fantastic, with lows of 20 and highs of 27 degrees Celsius! Rio will have seen the 2014 Football World Cup in July, and be preparing for the Olympics in 2016, with much regeneration within the city already completed and more planned to boost the city's infrastructure and travel links. Investment has been made in metro, rail and bus rapid transit systems, so getting around will be easy. The convention centre is only a 40-minute journey from the international airport, and easily accessible from many great hotels.

The Welcome Committee is working to prepare a rich palette of Brazilian culture for you to sample including: music – chorinho, bossa nova and samba; food – acarajé (a dish brought to Brazil by slaves from the West African coast), and the famous feijoada (one of Brazil's national dishes), all toasted with a delicious caipirinha cocktail, invented by workers on Brazilian sugar cane plantations.

I very much hope to see all of you at the International Continence Society Annual Meeting in Rio de Janeiro. ■

Carlos D'Ancona



Carlos D'Ancona

THERE'S A GREAT buzz of excitement in the ICS office as we look forward to this year's ICS Annual Meeting in Rio de Janeiro in October 2014; Rio is such an exciting and vibrant city with famous landmarks and attractions such as the botanical gardens, the superb architecture such as the Teatro Municipal and endless markets and shopping malls. As well as the famous beaches there are the hidden gems of Prainha Beach, which is a secluded half-moon-shaped beach, bordered on each side by rocks and high cliffs. It is one of the best surfing spots in Rio! In fact it's such a wonderful place that in 2013 UNESCO recognised Rio de Janeiro as a World Heritage site and a city of unique beauty due to its nature and its people.

Rio is renowned for being one of the most cosmopolitan cities in the world and is influenced by myriad cultures reflected in its famous music, dance and arts scene. As with many large cities around the world, Rio is comprised of a wide variety of neighbourhoods; from the famous slums known as Favelas to the Leblon, the most affluent district in Rio. The city offers a vibrant social scene with fabulous restaurants, bars and plenty of places to enjoy music and dance.

The official song of Rio de Janeiro is "Cidade Maravilhosa", which means "marvellous city" and it's been made all the more marvellous due to the improvements made as a consequence of being one of the host cities for the 2014 FIFA World Cup and their successful bid to the host the 2016 Olympic and Paralympic games. As a result of hosting these 2 major events the tourism and hospitality industry is flourishing,

the infrastructure is being improved and there is lots of regeneration in the poorer areas of the city. In Rio there has been a 50% reduction in crime since 2008. All in all it sounds like just the place to be in 2014 – see you there! ■

Jane McDowell



Jane McDowell

