

Start	End	Topic	Speakers
09:30	09:45	Introduction to Wiki Posting	Beth Shelly
09:45	10:00	Importance of Unambiguous Terminology	Luis Monteiro
10:00	10:15	Underactive Bladder, Really a Problem? Or the New Disease Created By Industry?	Kevin Rademakers
10:15	10:30	Muscle tone - how do you measure - multidimensional	Melanie Morin
10:30	10:50	Reconciling Social Media and Medical Evidence - Down The Yellow Brick Road	Roger Dmochowski Tom Marcelissen
10:50	11:00	Your Turn to Post	Sajjad Rahnamai

Speaker Powerpoint Slides

Please note that where authorised by the speaker all PowerPoint slides presented at the workshop will be made available after the meeting via the ICS website www.ics.org/2017/programme Please do not film or photograph the slides during the workshop as this is distracting for the speakers.

Aims of Workshop

ICS experts establish terms and definitions used in research, education, and publication. Good definitions require input from all disciplines; MD, PT, RN, OT, basic science, patients, and industry; urology, gynecology, gastroenterology - experienced and newly qualified - and many different languages. This workshop is intended to introduce participants to the importance of active debate on standard terms. It will include live posting on the wiki with opportunities to influence terms and definitions. Bring your mobile device and participate in real time. Be the change, influence the future of ICS and urology publications.

Learning Objectives

- Recognise the important of standard terms and how they affect medical practice and patient care.
- Learn how ICS standard terms and definitions are created, discussed and refined.
- Understand the differences between evidence, facts and hear-say as differentiated by founded medical evidence and internet / social media based information.
- Create a wiki log in and post a comment on ICS standard terms.
- Live debate of the definitions of "PFM tone" and "underactive bladder".

Learning Outcomes

Participants will be able to:

- Recognise the important of standard terms and how they affect medical practice and patient care.
- Understand the differences between evidence, facts and hear-say as differentiated by founded medical evidence and internet / social media based information.
- Create a wiki log in and post a comment on ICS standard terms.

Target Audience

ICS members from all disciplines and languages including MD, PT, RN, basic science, patients, and industry working together to establish standard terms and definitions.

Advanced/Basic

Basic

Conditions for Learning

This is an interactive workshop as we will be live posting on the wiki. No limit on number of participants.

Suggested Learning before Workshop Attendance

A review of the ICS wiki will helpful but not necessary. wiki <https://wiki.ics.org>

Other Supporting Documents, Teaching Tools, Patient Education etc

Hand out will include instructions on how to sign into the wiki and how to post a comment.

Physical Therapist - Editor in Chief of the ICS Wiki United States

What is a WIKI? - A wiki is a web application which allows people to comment and collaboration with others.

ICS WIKI - wiki.ics.org - ***Awareness of continence terms and your place for comments***

This Wiki is a resource for all people interested in urinary tract and bowel function and dysfunction. It draws together terminology and other resources, giving current agreed definitions. It also provides a perspective and enables all stakeholders to provide comment and participate in debate

The process of creating standard terms and definitions involves formation of a working group. An open call is given and applications submitted. Those with appropriate skills are invited and elected to participate. This terminology working group includes a multidisciplinary team representing different countries, disciplines and clinical practices. These authors research and debate and ultimately agree on the terms and definitions presented in the paper. This paper is then reviewed by the ICS Standardization Steering Committee and put up for review and comment by all ICS members. The final draft is reviewed and approved by the ICS Executive Committee and finally submitted for publication in Neurourology and Urodynamics. The initial process is expected to take 18 to 24 months.

But the process does not end there. After peer reviewed publication, key terms are chosen for further review and discussion on the ICS Wiki. Here further input is solicited and opinions collected which will be provided information to future working groups. We want your input. You can influence these terms and definitions.

ICS WIKI is on Social media - The ICS Wiki committee has launched a social media campaign including ICS enews, tweets, Facebook and LinkedIn posts. Join in and comment.

How to join the ICS Wiki

- Go to wiki.ics.org
- Top right hand corner click "join"
- Enter a user name - no spaces, case sensitive. This is the name that will be visible to others.
- Create a password
- Enter your email
- Click "no" under Make a wiki
- Click "Join"

Posting Comments on the ICS Terminology Wiki - Participation required

- Log into the wiki
- Open the wiki term page you would like to comment on
- After reading the text, scroll down to the bottom and click "add discussion"
- Type in your comment and include a subject
- Click small green square on the bottom right of the discussion box - "monitor replies". This will send an email to you each time another comment or edit is posted on this term.
- Click "post" on the bottom left of the discussion box.

Dr Luis Monteiro
Urologist
Portugal

The importance of clear and unambiguous terminology
The impact on the patient of new or changed terminology/definitions,
in a positive or negative sense, along all links of the healthcare chain.

"If names be not correct, language is not in accordance with the truth of things."
(Confucius)

What do we mean by the healthcare chain possibly being influenced by terminology ambiguities?

1. Consumer/patient information
2. Patient-doctor communication
3. Diagnostic and pathology reports, coding
4. Drug approvals and indications (licensing)
5. Reimbursement, disability benefits, insurance
6. Scientific communication and Research

Patient information

- Ambiguous language can change completely the significance
- A big problem in new consumer “knowledge” technology
- Also in LUTS
 - Urgency
 - Too many situations can be confused
 - Stress incontinence
 - Different concepts of “stress”

Patient-doctor communication

- Terms widely accepted by doctors may not be understood by patients
 - Desire to void
 - Is it a sensitive event or a will or intention? Patients would feel a “need” to void.
 - BPS or PBS since the name implies that there must be pain, whereas many patients have no true pain and will deny it because they do not consider symptoms such as discomfort, irritation, pressure etc to be pain. -> diagnosed as OAB? -> wrong treatment
 - Sensation of incomplete bladder emptying
 - Is it a true sensory experience or a logical interpretation? – “Since I voided twice in a short period of time, I have the sensation or impression that my bladder was not completely emptied”

Diagnostic and pathology reports

Although absolute diagnostic certainty in all cases is not attainable, nevertheless, unbridled use of unclear or ambiguous terminology may lead to additional, sometimes unnecessary tests and/or procedures directly or indirectly leading to increase in health care costs, as well as patient and clinician dissatisfaction.

There is significant difference in the interpretation of the degree of certainty between pathology and medicine in terms of “not excluded” (P=0.007) and “cannot exclude” (P=0.03).

Diagnostic and pathology reports

- Legal issues

Drug approvals and indications

- Nocturia
- Urgency and OAB
 - Multiple causes and mechanisms, artificially grouped in a symptom and a condition with specific medication approvals

Reimbursement, disability certificates, coding and insurance

- Diabetes insipidus
 - In some countries, chronic therapy for Diabetes (mellitus) is fully reimbursed
 - Desmopressin, as a drug for Diabetes (insipidus) benefits from this mis...conception
- Interstitial cystitis
 - when IC (a disease) was changed to BPS (a syndrome) some authorities refused to reimburse treatments licensed specifically for IC!

Scientific Communication and Research

- Without agreement on terminology, Meta-analyses are pointless
- BPS again:
 - Without “pain” patients are not eligible to be included in BPS trials?

Wrap-up

- 1- Words, terms and definitions became more important to patients than we anticipated
- 2- ICS took the lead on defining symptoms, signs and conditions and influenced society in many ways
- 3- The scientific community recognizes some limitations and is always ready to improve terms lead by knowledge but...
- 4- Some definitions have resulted in unintended changes which can influence patients greatly
- 5- Modifications and improvements must be used with caution
- 6- ICS wiki can be THE forum for wide discussion among all stakeholders before significant changes are proposed

Dr Kevin Rademakers

Trainee

Netherlands

Underactive bladder – Really a problem or the new disease created by the industry?

Lower urinary tract symptoms (LUTS) can be caused by various conditions. Amongst this heterogeneous group of conditions, detrusor underactivity is one of the causes for voiding LUTS⁴. DU is often hidden behind other clinical phenotypes such as bladder outlet obstruction (BOO) or dysfunctional voiding; it may also coincide with the presence of urinary tract infections (UTIs) or urinary incontinence. Symptomatology includes prolonged voiding time, altered bladder filling sensation, (feeling of) post-void residual urine and/or slow urinary stream. Acute urinary retention (AUR) - as an extreme clinical presentation of DU - has a low

incidence in young men with an incidence of 0.2 per 1000 man-years⁶. However, the incidence increases with age and the debilitating effect of catheterisation may impact a patient's quality of life⁶⁻¹⁰.

The original definition on detrusor underactivity (DU) was written in the year 2002¹. In addition to the ICS definition of DU, an ICS working group has proposed in the year 2015 a working definition for a more clinical approach of the topic in order to enable screening of patients based on symptoms and signs rather than pressure-flow measurement. This Underactive Bladder (UAB) working hypothesis includes: 'A symptom complex suggestive of detrusor underactivity and is usually characterised by prolonged urination time with or without a sensation of incomplete bladder emptying, usually with hesitancy, reduced sensation on filling and a slow stream'¹⁸. Theoretically, a partial overlap between UAB, DU and BOO is considered but the purpose of the working hypothesis is to clinically identify patients who are suspicious of having DU (in pressure-flow analysis)^{18,19}. However, there is a lack of scientific data particularly on the clinical symptom complex and its relation to urodynamically defined DU. The absence of robust data makes it impossible to accept the above mentioned clinical hypothesis already as a definition. A recent study of Gammie *et al.* exposed that the use of only LUTS in the diagnostic route might not have enough discriminative power to differentiate UAB from other causes of voiding dysfunction²⁰.

The exact prevalence of the DU/UAB is difficult to define due to the ongoing debate of the definitions. The reader has to keep in mind that the occurrence of the condition(s) is dependent on the definition and the used threshold values as well as on the available assessment tools for identification and differentiation. Therefore, researchers are currently only able to make a rough estimation of the prevalence of DU and UAB.

Patients with PVR due to DU are often difficult to identify because symptoms and signs are often masked behind identical or similar symptoms or signs of voiding dysfunction presented in **Figure 1**. To complicate matter, men or women with DU may even be without PVR or LUTS. Based on current literature, the prevalence of DU in men has been estimated to be 9-23% and as high as 48% in men aged <50 years and >65 years, respectively (**Table 1**). In women, prevalence of DU is estimated to be between 4% and 45%. However, more recent studies suggested prevalence rates between 10 and 20%

Until now, DU has only been characterised by the presence of PVR in the absence of BOO. Therefore, the previously published studies on the epidemiology of DU have not considered the coexistence of DU and BOO. Though, urologists frequently see men with LUTS and PVR after unsuccessful treatment of BOO (for example after transurethral resection of the prostate, TURP) or female patients with LUTS complaints or PVR after urinary incontinence surgery. DU is known to have an unfavourable influence on the outcome of both TURP³⁷⁻³⁹ and mid-urethral slings⁴⁰.

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Dr Melanie Morin

**Physiotherapist, Associate Professor and Researcher
Canada**

Topic: Muscle tone - how do you measure - multidimensional

Aims of this topic:

1. To present the physiology behind muscle tone;
2. To present the current terminology related to pelvic muscle tone;
3. To discuss the current assessment tools and their advantages and limitations.

Pelvic floor muscle (PFM) tone plays a crucial role in several pelvic floor disorders as both increase and decrease in tone are related to differential conditions. Adequate terminology and assessment of tone in light of muscle physiology are thus an essential pre-requisite to better understand the ongoing pathophysiological processes and hence orient treatment accordingly.

The ICS/IUGA standardization and terminology committee has recently proposed to define tone as “state of the muscle, usually defined by its resting tension, clinically determined by resistance to passive movement” [1]. Muscle tone is composed of a passive and an active component [2]. The passive component consists of the viscoelastic properties of the muscle tissue related to several structures [3]: 1- the extensibility of actin-myosin cross-bridges; 2- non-contractile cytoskeleton proteins and 3- conjunctive tissues surrounding the muscle. The active component, consists of physiological contracture (i.e. trigger points (TP)), electrogenic spasms (includes unintentional muscle contraction that can be brought to voluntary control), and normal electrogenic contraction

(involves resting activity in normally relaxed muscle and myotatic reflex). Other terms related to tone such as 'stiffness', 'tension', 'spasm' will be discussed.

The available assessment tools present different advantages and limitations. Each method measures different tone components and parameters [27, 28].

The digital palpation is contested for research purposes because of its subjectivity. This tool provides insight into PFM tone, flexibility, relaxation abilities [4-9] by assessing the summative contribution of muscle tone components (i.e., cannot distinguish between specific sources of muscle tone). The ability to detect specific zones of tenderness and TP represents an advantage over the other techniques.

Electromyography (EMG) is the recording of electrical potentials generated by the depolarization of muscle fibers [1]. Viscoelastic properties and physiological contractures are not detectable using EMG. Hence, only one component of muscle tone is assessed (i.e. electrogenic contraction and spasm). Some confounding factors (e.g. artifact, cross-talk and non-linearity with forces) should be taken into account as they are known to interfere with the signal amplitude [10].

Transperineal ultrasound assesses the summative contribution of muscle tone components. However, it is not a direct measure of tone as it corresponds to the visualization of the pelvic structures and does not assess the muscle's resistance to stretch. The main advantage is related to the fact that it is a pain-free procedure (no vaginal insertion is required).[11].

The available intravaginal PFM dynamometers differ in terms of technical issues such as the size/shape and the force vector recorded (anteroposterior, latero-lateral) [12-23]. One main advantage is that they provide direct force assessment. They mainly evaluate tone as the summative contribution of the active and passive components. Some can evaluate tone during a dynamic stretch therefore enabling the assessment at different muscle lengths and the calculation of compliance, stiffness and hysteresis. A methodology combining dynamometry and EMG allowed to discriminate the relative contribution of the passive and active components of tone [24].

The MyotonPro™, an instrument assessing tone in the skeletal muscles [25], has been used recently for PFM assessment by applying pressure externally on the perineum [26]. Its use for assessing the summative contribution of muscle tone components is promising.

There is no gold standard for assessing PFM tone. Most of the tools available measure summative contribution of active and passive components. Given the various advantages and limitations of each tool, a combination of tools is probably the most suitable approach to investigate PFM tone.

This presentation will draw upon these references:

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Dr Roger Dmochowski, MD, MMHC, FACS

**Urologist - editorial board for Neurourology and Urodynamics, and International Journal of Urogynecology
United States**

Considerations for Electronic Communications and the Imparting of Information Electronically

In an era of increasingly eased electronic communication, medical practice is heavily impacted by the availability of data streams and informational inputs to those seeking care that may or may not be within the standard streams of organized medical communication. Perhaps one of the greatest challenges we face in modern medicine is the horizontalization of data such that not only, raw and relatively uninterpreted data is generally present electronically through the internet, but also the impressions and self-teachings of individuals who have either experienced care or who would espouse themselves to be knowledgeable related to conditions.

These trends are omnipresent and will only continue to progress given the ease of access to electronic media and the inherent free speech of Western society.

Incumbent upon medical education is a consideration of these trends in light of knowledge deficits and linguistic and comprehensional limitations associated with peripheral or transitional exposure to medicine and medical concepts without a firm basis of understanding of those concepts.

Therefore, it is critical that medical care and treatment be founded on establishing a colloquium such patients are exposed to evidence based data which is prefaced by establishment of a knowledge base which is consonant with the individual's literacy

foundations. Therefore, medical communications must establish, not only a definitional lexicon but also an elucidation of underlying physiology and pathophysiology in a manner that is easily and fairly rapidly comprehensible. Given that the essence of adult learning is repetitional exposure, it is critical that this knowledge be separated spacially in time and also in sequence such that the individual considering care or treatment is re-exposed to new concepts on a progressive basis. Electronic education, therefore, must also consider the fact that individuals learn and acquire knowledge in different circumstances as adults, specifically connoting the importance of visual as well as written explanation and elucidation.

Critically important is an establishment of health literacy early in the communication stream with the channeling of informational support based upon that early establishment of health literacy. It does little good to provide complicated solutions without some knowledge of the individual's ability to comprehend same.

The importance of spaced learning, literacy acquisition, and the use of alternative methods of information transmittal will be emphasized.

Dr Tom Marcelissen
Trainee
Netherlands

The use of social media in healthcare

Social Media (SoMe) are computer-mediated technologies that facilitate the creation and sharing of information, ideas, career interests and other forms of expression via virtual communities and networks. It consists of user-generated content on the internet and is usually presented on a website or app, although text posts, digital photos or videos can also be included. The applications of SoMe in healthcare and its role in scientific communication represents a growing area of interest. SoMe differ from traditional media (e.g., scientific journals or textbooks) in many ways, including quality, reach, frequency, usability, immediacy, and permanence.

In recent years, we have witnessed an explosion in the development and dissemination of information. We live in a connected world where news, events and information crosses the borders of any country in a matter of a seconds. Internet users continue to spend more time on social media sites than on any other type of site. In addition, there has been a rapid transition from desktop computers to mobile use of social media, which users are accessing when they are "on the go" via tablet computer or smartphone.

Currently thanks to SoMe, healthcare providers are able to share information, stay up-to-date and expand their networks in a faster and easier way. Loeb et al. reported that almost 74% of urologists use some form of the SoMe platform. Facebook is the most used by 89% of urologists. Nowadays Twitter is probably the most appealing platform with more applications for use in a professional way, consisting of the broadest possible opportunities for interesting news, knowledge sharing and networking amongst health professionals.

The most important advantages of SoMe in healthcare include:

1. Dissemination of scientific content
2. Patient education
3. Networking
4. Professional online presence
5. Job opportunities

However, using SoMe in healthcare also imposes certain risks. For example, incorrect or unprofessional content on SoMe could represent a risk to the reputation of professional careers or hospitals. Therefore, it is important that healthcare providers are aware of the appropriate use of SoMe. For these reasons professional organizations, including the European Association of Urology (EAU), have developed guidelines or recommendations on the appropriate use of SoMe.

To summarize, participants of this workshop session will learn about the various uses of SoMe in healthcare and how to use them effectively. Furthermore, the various advantages and pitfalls of SoMe will be discussed.

Dr Sajjad Rahnamai
Trainee
Netherlands

Your turn to post.

Challenge questions will be provided in the meeting for response by participants.



"Wiki what? - Be a part of the future of ICS and urology terms."

Free workshop sponsored by the ICS wiki subcommittee of the Standardization Steering Committee

W31

Silence your Phone

Download Kahoot App on your phone now for interaction during this workshop

Open ICS Wiki - www.wiki.ics.org



Dr Beth Shelly PT, DPT, WCS, BCB PMD

Affiliations to disclose[†]:

Analytica – advisory board member

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

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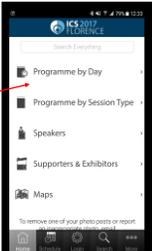


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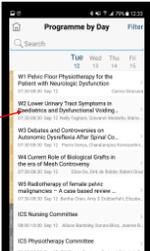
****NEW FOR 2017****

Please complete the in-app evaluation in the workshop before leaving.

Step 1, open app and select programme by day



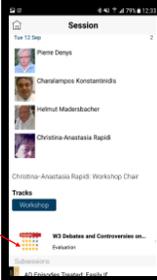
Step 2, locate workshop





W31

Step 3, scroll to find evaluation button



Step 4, complete survey





- A shortened version of the handout has been provided on entrance to the hall
- A full handout for all workshops is available via the ICS website.
- Please silence all mobile phones
- Please refrain from taking video and pictures of the speakers and their slides. PDF versions of the slides (where approved) will be made available after the meeting via the ICS website.
- Let me know if the room is too cold or hot
- And please ask questions at the microphone with your name and country



Learning Outcomes

- Recognize the importance of standard terms and how they affect medical practice and patient care
- Learn how ICS standard terms and definitions are created, discussed and refined
- Understand the differences between evidence, facts and hearsay as differentiated by founded medical evidence and internet / social media based information
- Create a wiki log in and post a comment on ICS standard terms

Wiki Workshop Speakers



Dr Beth Shelly (chair) - USA
 Dr Luis Monteiro – Portugal
 Dr Kevin Rademakers - Netherlands
 Dr Melanie Morin - Canada
 Dr Roger Dmochowski - USA
 Dr Tom Marcelissen - Netherlands
 Dr Sajjad Rahnamai - Netherlands

Schedule



- Introduction to wiki posting
- Importance of unambiguous terminology / The impact of new or changed terminology/definitions – for better or for worse - on the patient along all links of the healthcare chain
- Underactive bladder, really a problem? or the new disease created by industry?
- Muscle tone - how do you measure – multidimensional
- Reconciling social media and medical evidence - down the yellow brick road The effect of real time publications (via social media and other platforms) Vs online journal publications. Which are more effective? How can they interrelate?
- Your turn to post

What is a WIKI?



A wiki is a web application which allows people to comment and collaboration with others.

www.wiki.ics.org



The Process of Creating Standard Terms



- Working group formation
- Research and debate
- Consensus on terms and definitions
- Review and comment by
 - ICS SSC
 - Entire ICS
 - ICS EC
- Publication by Neurourology and Urodynamics
- 18 to 24 months

But the process does not end there



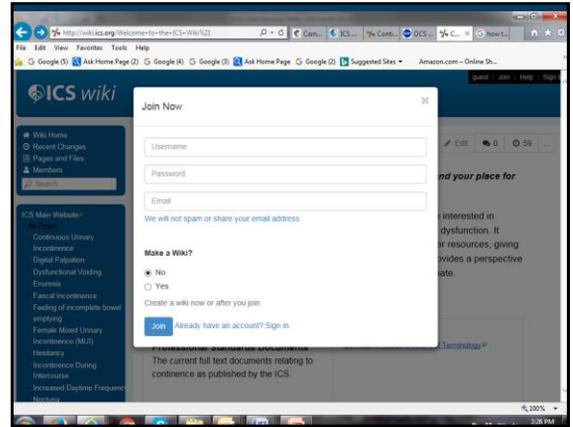
- Key terms are chosen for further review and discussion on the ICS Wiki.
- Further input is solicited and opinions collected
- Provided information to future working groups.
- We want your input.
- You can influence these terms and definitions.

ICS WIKI on Social Media



ICS enews
 Tweets - #icswiki
 Facebook
 LinkedIn

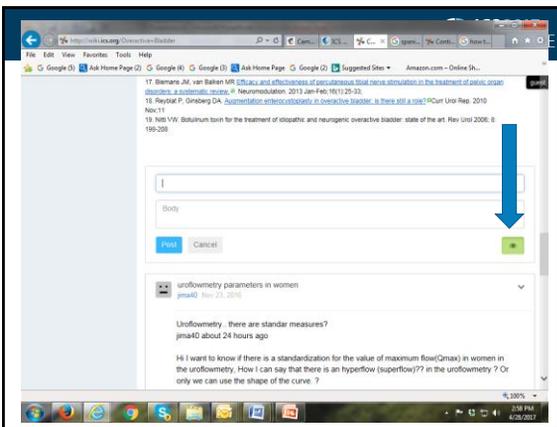
Join the wiki and comment



ICS Main Website

- All Pages
- Bowel dysfunction
- Faecal Incontinence
- Post-Defaecatory Soiling
- Investigations
- Bladder diary
- Digital palpation of the Pelvic Floor Muscle
- Pelvic organ prolapse quantification
- Valsalva Leak Point Pressure
- Lower Urinary Tract Symptoms
- Continuous Urinary Incontinence
- Dysfunctional Voiding
- Enuresis

- Click Join in the top right of the
- [Help on Posting Comments](#)
- Can you suggest ways to improve the terminology?
- Awareness of continence terms and your place for comments.
- [More information from Wikispaces](#)



ICS 2017 FLORENCE

Take the time NOW log on and join

Dr Beth Shelly
beth@bethshelly.com
www.bethshelly.com

The importance of clear and unambiguous terminology



The impact on the patient of new or changed terminology/definitions in a positive or negative sense, along all links of the healthcare chain.

Luis Abranches-Monteiro

Luis Abranches-Monteiro 

Affiliations to disclose*:

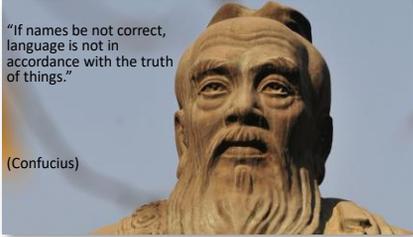
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"If names be not correct, language is not in accordance with the truth of things."
(Confucius)




What do we mean by **healthcare chain**, (possibly being influenced by terminology ambiguities)?





- 1- Consumer-patient-information
- 2- Patient-doctor communication
- 3- Diagnostic and pathology reports and coding
- 4- Drug approvals and licensing
- 5- Reimbursement, disability benefits, insurance
- 6 - Scientific communication and Research

patient information 

- Ambiguous language can change completely the significance
- A big problem in new consumer "knowledge" technology
- Also in LUTS
 - Urgency
 - Too many situations can be confused
 - Stress incontinence
 - Different concepts of "stress"

Trends in Genetics
by Dr. [unreadable]
Missed genetic terms miss and mess the message.
Abstract
 A critical aspect of science is the clear communication of complicated matters. However, language is often ambiguous, and the message can get lost in the telling. In particular, genetic terms can have different meanings for different people.

Frontiers in Bioengineering and Biotechnology
by [unreadable]
Tissue engineering and regenerative medicine: semantic conventions for an evolving paradigm.
Abstract
 Tissue engineering and regenerative medicine (TERM) are interdisciplinary fields that aim to develop biological substitutes to restore or improve function. The field is rapidly evolving, and the use of precise and consistent terminology is essential for clear communication and collaboration. This paper discusses the importance of semantic conventions in TERM and provides a list of key terms and their definitions.



Patient-doctor communication 

- Terms widely accepted by doctors may not be understood by patients
 - Desire to void
 - Is it a sensitive event or a will or intention? Patients would feel a "need" to void.
 - BPS or PBS since the name implies that there must be pain, whereas many patients have no true pain and will deny it because they do not consider symptoms such as discomfort, irritation, pressure etc to be pain. -> diagnosed as OAB? -> wrong treatment
 - Sensation of incomplete bladder emptying
 - Is it a true sensory experience or a logical interpretation? – "Since I voided twice in a short period of time, I have the sensation or impression that the bladder was not completely emptied"



Diagnostic and pathology reports



American Journal of Surgical Pathology
2013 Nov;37(11):1712-7
Equivalent or ambiguous terminologies in pathology: focus of continuous quality improvement?
Idowu MO1, Wiles A, Wan W, Wilkinson DL, Powers CN.
Focused peer review of monitoring of pathology reports with ambiguous terminologies may reduce their use and represent a worthwhile and achievable goal.

Although absolute diagnostic certainty in all cases is not attainable, nevertheless, unbridled use of equivocal or ambiguous terminologies may lead to additional, sometimes unnecessary, tests and/or procedures directly or indirectly leading to increase in health care costs, as well as patient and clinician dissatisfaction.

there is significant difference in the interpretation of the degree of certainty between pathology and medicine in terms of "not excluded" (P=0.007) and "cannot exclude" (P=0.03).

Diagnostic and pathology reports



- Legal issues

Radiographics
2003 Mar-Apr;33(3):414-6. doi: 10.1148/rj.33214006.
The malpractice liability of radiology reports: minimizing the risk.
Srinivasa Babu AI, Brooks ML.
The art and science of interpreting radiologic examinations, an ability that is acquired over years of training, is on display in every radiology report. It is vital that these reports be crafted so as to truly reflect the radiologist's expertise and capability and eliminate any factors that might result in unintended harm to the patient. Unfortunately, a deficient report may result in legal action against the radiologist that, a thorough understanding of the language used in radiology reports is crucial. It is important that ambiguous vocabulary, unbridled emotion, double negatives, and generalizations be avoided.
A meticulous and well-written report is the best way for radiologists to care for their patients.



Drug approvals and indications



- Nocturia
- Urgency and OAB

Multiple causes and mechanisms, artificially grouped in a symptom and a condition with specific medication approvals



Reimbursement, disability certificates, coding and insurance



- Diabetes insipidus
 - In some countries, chronic therapies for Diabetes (mellitus) are fully reimbursed
 - Desmopressin, as a drug for Diabetes (insipidus) benefits from this mis...conception
- Interstitial cystitis
 - when IC (a disease) was changed to BPS (a syndrome) some authorities refused to reimburse treatments licensed specifically for IC!



Reimbursement, disability certificates, coding and insurance



Ambiguous Terminology Considered Diagnostic of Cancer**	Ambiguous Terminology NOT Considered Diagnostic of Cancer**
<ul style="list-style-type: none"> • equivocal(?) • equivocal • compatible with • consistent with • favors • malignant • most likely • presumed • probable • suspected(?) • suspicious (for) • typical of? 	<ul style="list-style-type: none"> • cannot be ruled out • equivocal • possible • potentially malignant • questionable • rule out • suggests • worrisome

LSU School of Public Health

Scientific communication and Research



- Without agreement on terminology, Meta-analyses are pointless

BJUI
The International Journal of Urology
The clinical significance of the urodynamic investigation in incontinence
Y. Hooshchi
First published: 14 August 2002. doi:10.1046/j.1469-7580.2002.00100.x

MEDICINE is a science of UNCERTAINTY and an art of PROBABILITY
-Hippocrates

The inconsistency may be attributed to unreliable urodynamic examination, e.g. inadequate technique, insufficient standardization, susceptibility to artefacts or **ambiguous terminology**.

Scientific communication and Research



- BPS again:
 - Without "pain" patients are not eligible to be included in BPS trials?



Wrap-up



- 1- Words, terms and definitions became more important to patients than we anticipated
- 2- ICS took the lead on defining symptoms, signs and conditions and influenced society in many ways
- 3- The scientific community recognize some limitations and is ready to always improve terms lead by knowledge but...
- 4- Some definitions have resulted in unintended changes which can influence patients greatly
- 5- Modifications and improvements must be used with caution
- 6- ICSwiki can be THE forum for wide discussion among all stakeholders before significant changes are proposed



Thank you

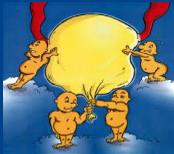


Maastricht UMC+

Underactive Bladder, Really a Problem? Or the New Disease Created By Industry?

Kevin Rademakers
Resident in Training and Research Fellow
Department of Urology
Maastricht University Medical Center
The Netherlands

Twitter: @kevinradem



Maastricht UMC+

Kevin Rademakers 

Affiliations to disclose[†]:

Currently: no disclosures
Past: Astellas Europe Fund Grant 2012

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

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Is incomplete bladder emptying dangerous?

- Upper UT complications?
- Mortality?
- **Morbidity!!!**
- Complaints
 - Bothersome (voiding) LUTS
 - Recurrent UTIs
 - Urinary retention
- Quality of Life
- Health-Care Related costs

Maastricht UMC+

Causes of voiding dysfunction (non-neurogenic)



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DU or UAB

- DU = ICS definition
 - *‘contraction of reduced strength and/or duration, resulting in prolonged bladder emptying and/or a failure to achieve complete bladder emptying within a normal time span’*
- UAB = heated debate

Maastricht UMC+

Abrams et al. NeuroUrol Urodyn 2002
van Koeveringe et al. NeuroUrol Urodyn 2011

DU in men

	Number of patients	Age (mean, yr)	Clinical/pressure-flow	Criteria	Prevalence (%)
Reinick 1989	17	69	Pressure-flow	Absence of BOO	41.2
Amels 1999	109	69	Video-urodynamics	P100-Q2 or uncoordinated isometric contraction	41.9
Ahabsami 2007	82	>70	Pressure-flow	PdetQmax<30 Qmax<10	48
Kuo 2007	1407	45-96	Video-urodynamics	Relaxed sphincter EMG with open membranous urethra during voiding and low flow rate*	10.6
Jiang 2012	632	>65	Pressure-flow	BC<100	40.2
Lee 1999	96	>50	Pressure-flow	Qmax<10 PdetQmax<30	37
Fusco 2001	541	64	Video-urodynamics	PdetQmax<30 Qmax<12	10
Neil 2002	85	18-45	Video-urodynamics	BOO<20 Qmax<12	9
Wang 2003	90	18-50	Video-urodynamics	PdetQmax<30 Qmax<15	10
Kaplan 1996	137	18-50	Video-urodynamics	PdetQmax<45 Qmax<12	23
Karami 2011	456	18-40	Pressure-flow	ICS definition	12.9
Jamzadeh 2014	87	<40	Video-urodynamics	PdetQmax<30 Qmax<12	11.9
Gammie 2015	507	63	Pressure flow	BC<100 BOO<20 BF=80	25.0

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PhD Thesis Rademakers

DU in women

	Number of patients	Age (mean, yr)	Clinical/pressure-flow	Criteria	Prevalence (%)
Reinck 1989	77	83	Pressure-flow	"Failure to empty in the absence of an increase in abdominal pressure"	37.7
Reinck 1996	97	87	Pressure-flow	"Reproducible failure of the involuntary contraction to empty at least half of bladder contents in the absence of straining, urethral obstruction, and detrusor-sphincter dyssynergia"	45
Choi 2013	102	61	Pressure-flow	Qmax<15 PdetQmax>20	12.8
Groutz 1999	206	62	Pressure-flow	Qmax<12 and Pdet>150ml	19
Wahlstedt 2007	369	>90	Pressure-flow	PdetQmax<10 Qmax<10	12
Valentin 2011	442	>55	Pressure-flow	"Impaired detrusor contraction leading to prolonged voiding time and high residual volume"	13.8
Jiang 2012	547	>65	Pressure-flow	Qmax<12 PdetQmax<10	13.3
Carmona 2015	1281	59	Pressure-flow	PdetQmax<10 Qmax<15 BIR-90	24.0

PHD thesis K. Rademakers

MEDPAGE TODAY*

Special Reports
Lowering the Bar: Just Exactly What Is Overactive Bladder?
 ... A customary tale about the way in which a simple question can lead to a new disease

By Kristine Fliss, Associate Editor, MedPage Today, Ann Harbor, Report, Maastricht University, Netherlands/©Times, Last 10/06

October 6, 2016

In 2005, a drug company funded automated telephone survey asked adults a simple, uncomfortable question: How often do you get?

The results produced a striking number: nearly 1% of adults in the United States had a simple overactive bladder.

Just that simple, 30 million people had a new diagnosis: overactive bladder disorder -- and a massive new market for drug sales was born.

Last year, sales of drugs to treat overactive bladder reached nearly \$3 billion, even though some experts say the condition is best managed without drugs at all.

At the center of the issue are two researchers, known as the "godfathers" of the condition: Ivan Starik, MD, PhD, a urologist at the University of Pennsylvania, and David Abrams, MD, PhD, of the University of Bristol in England. They first named the condition, developed a definition for it, and organized drug company-sponsored conferences to advocate for using drugs to treat it.

Both have significant financial ties to companies that market overactive bladder treatments, including more than \$60,000 that have been received in the last 3 years alone, according to federal reports on drug company payments.

Question 1

Who believes UAB is a disease created by the industry?

Index patients

1. Male 40 yr. infrequent voiding since puberty. Urinary retention 1.7 L after knee surgery, after which inability to empty the bladder. CISC.
2. Female 42 yr. incomplete bladder emptying after TVT. Straining. No detrusor contraction on conventional-UDS. CISC.
3. Male 63 yr. No improved of micturition complaints after TURP. Open prostatic urethra. No contractility on conventional-UDS. CISC.
4. Female 74 r, DM, rec-UTIs, history of OAB. Peripheral neuropathy, inability to catheterise and has a suprapubic catheter.

Question 2

Who recognises the index patients when comparing them to your own daily clinical practice?

Symptom or complaint

UAB working hypothesis

- DU = ICS definition
 - *‘contraction of reduced strength and/or duration, resulting in prolonged bladder emptying and/or a failure to achieve complete bladder emptying within a normal time span’*
- UAB working hypothesis:
 - A symptom complex **suggestive of detrusor underactivity** and is usually characterised by prolonged urination time with or without a sensation of incomplete bladder emptying, usually with hesitancy, reduced sensation on filling and a slow stream

Maastricht UMC+

Introduction

vs.

Maastricht UMC+

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Detrusor Underactivity (DU)	Underactive Bladder (UAB)
- ICS terminology	- Not (yet) an ICS term
- Pressure-flow study (PFS) finding	- Symptoms seem not specific
- PFS criteria are being defined	- Who to select for treatment?
Objective and measurable	Subjective and more vulnerable to confounding

Maastricht UMC+

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Who will benefit from a broad UAB definition?

- The patient?
- The doctor?
- The researcher?
- The industry?

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Who will benefit from a strict definition

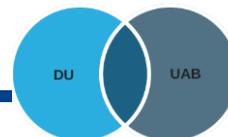
- Long-term:
 - The patient!
 - The doctor!
 - The researcher!
 - The industry!

Take Home Message

Question: Underactive Bladder, 1) Really a Problem? 2) Or the New Disease Created By Industry?

Answer:

- 1) We all see these patients (for some a disabling problem)
- 2) UAB = created (but to make the problem understandable, to promote research/development and to be unambiguous)



Thank you for your attention!



Pelvic floor muscle tone

How should we define and measure it?

Mélanie Morin, PT, Ph.D

Associate Professor and Researcher
Research Center of the Centre hospitalier
universitaire de Sherbrooke
Faculty Medicine and Health Sciences
University of Sherbrooke, CANADA
Melanie.m.morin@usherbrooke.ca



Mélanie Morin



Affiliations to disclose[†]:

None

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OBJECTIVES

1. To present and discuss the current terminology related to pelvic muscle tone;
2. To present the physiology behind muscle tone;
3. To discuss the current assessment tools and their advantages and limitations.

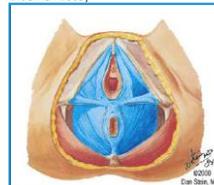
<http://wiki.ics.org/Muscle+Tone>

Context

- PFM tone plays a crucial role in various pelvic floor disorders

- ▣ ↑ tone: bladder/ bowel elimination disorders, pelvic pain (Morin 2014; 2017; Viscardi 2012)

- ▣ ↓ tone: incontinence and pelvic organ prolapse (Morin 2004; Braekken 2009)



PFM TONE

“State of the muscle”, usually defined by its resting tension.

Bo K et al. *An IUGA/ICS joint report on the terminology for the conservative and nonpharmacological management of female pelvic floor dysfunction.* Int Urogynecol J. 2017. 28(2): p. 191-213.

Doggweiler et al. *A standard for terminology in chronic pelvic pain syndromes: A report from the chronic pelvic pain working group of the international continence society.* NeuroUrol Urodyn. 2017 Apr;36(4):984-1008.

PFM TONE

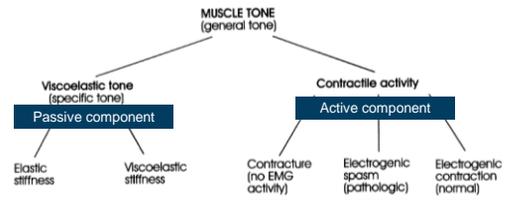
“State of the muscle”, usually defined by its resting tension.

Muscle tone is evaluated clinically as the resistance provided by a muscle when a pressure/ deformation or a stretch is applied to it.

- ▣ Muscle tone has two components: (i) contractile (active) component; (ii) the viscoelastic (passive) component.

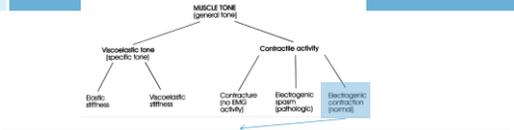
(Bø 2017; Doggweiler 2016)

Muscle physiology



(Simmons, 1998)

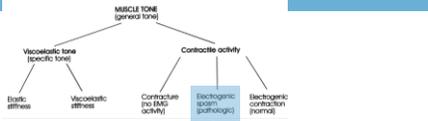
Muscle physiology



- Normal resting activity
- Recorded by EMG
- Resting activity = controversies (Lakie, 1979; 1980)
- The urethral sphincter and some part of the levator ani muscle may have a tonic (constant) activity (Deindle 1993; Vodusek 1982)
- Myotatic reflex

(Simmons, 1998)

Muscle physiology



- Pathological involuntary electrogenic contraction
- Unintentional activity that is amenable to voluntary control (Simmons 1998)
 - psychological distress or anxiety;
 - overload;
 - inefficient (untrained) use.
- Spasm: Persistent contraction of striated muscle that cannot be released voluntarily.
- Cramp: A painful involuntary muscle contraction that occurs suddenly and can be temporarily debilitating. (Bø 2017; Doggweiler 2016)

(Simmons, 1998)

Effects of physiotherapy



EMG biofeedback (Glazer,1995; McKay 2001; Bergeron 2001; Danielsson 2006)

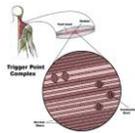
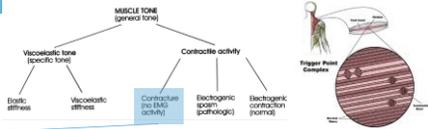
- Address the electrogenic cause
 - Reduction in pain 34-66% of participants



General relaxation techniques (Hilton 2011)

- Stress management, relaxation breathing, relaxing time with a walk, hot bath, yoga, and meditation

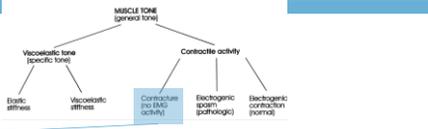
Muscle physiology



- Contracture arising endogenously within the muscle fibers independent of EMG activity (Simmons 1998)
 - endogenous shortening
 - OR
 - describe remodeling (shortening) of connective tissue including the reduction in the number of sarcomeres due to shortened position for a prolonged period of time
- Contracture an involuntary shortening of a muscle. Clinically, a muscle cramp and contracture may appear similar; however, contractures are electrically silent. (Bø 2017; Doggweiler 2016).

(Simmons, 1998)

Muscle physiology

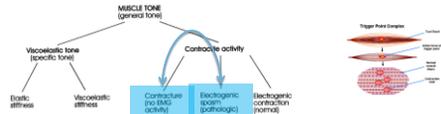


- Contracture arising endogenously within the muscle fibers independent of EMG activity (Simmons 1998)
- Trigger point: a tender, taut band of muscle that can be painful spontaneously or when stimulated. The taut band is electrically silent. (Bø 2017; Doggweiler 2016).
- Rathbone et al's Meta-analysis (2017)
 - Localized tenderness
 - Pain recognition

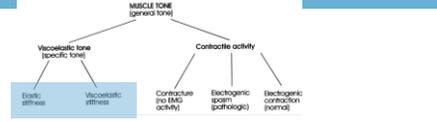
Effects of physiotherapy

Manual therapy (Trigger point / Myofascial release)

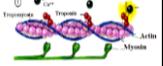
- Sign. reduction in pain in patients with interstitial cystitis, and urological chronic pain and chronic prostatitis (Fitzgerald 2009; 2012; 2013; Anderson 2006)
- Reduction in resting EMG activity (Weiss, 2001)
Supports the interrelation between contracture and electrogenic spasm



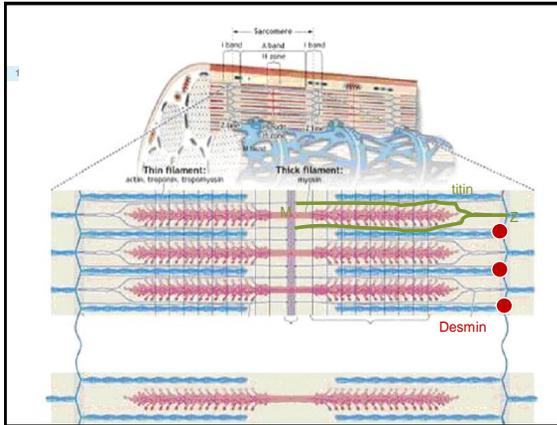
Muscle physiology



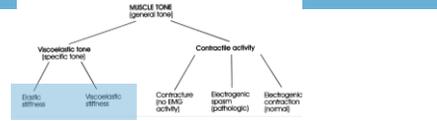
- 1- Actin and myosin (extensibility of bridges) (Campbell, 1998)
- 2- Cytoskeleton (titin and desmin)
- 3- Conjunctive tissues surrounding muscle fiber (endomysium), fascicule (perimysium) muscle (epimysium)



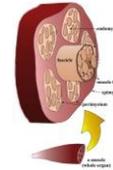
(Simmons, 1998)



Muscle physiology

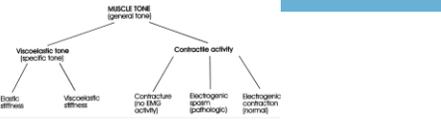


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Muscle physiology



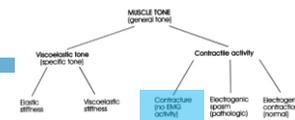
Palpation

General muscle tone

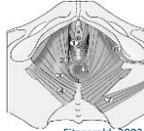
- Reissing's scale (+3 to -3) (Reissing 2004;2005; Gentileco 2010)
- Devreese's scale (normo-, hypo-, hyper- tone) (Devreese 2004)
- Dietz's scale (0 to 5, includes pain) (Loving, 2014)
 - 0 - Muscle not palpable
 - 1 - Flaccid muscle/wide hiatus
 - 2 - Wide hiatus but some resistance to distention
 - 3 - Hiatus fairly narrow, some resistance to palpation – easily distended
 - 4 - Hiatus narrow, muscle can be distended high resistance – no pain
 - 5 - Hiatus very narrow, no distention possible – maybe pain
- Lamont's scale (0 to 4, withdrawal behavior) (Reissing 2004)
 - 0 - Normal muscle tone
 - 1 - Perineal and levator spasm (released by reassurance)
 - 2 - Perineal spasm maintained throughout the pelvic exam
 - 3 - Levator spasm and buttocks elevation
 - 4 - Levator and perineal spasm, elevation: adduction of thighs and pelvic withdrawal



Palpation



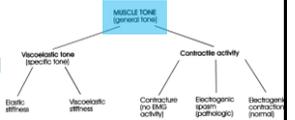
- Prevalence of TPs in the PFM and surrounding muscles:
 - 63% - 89% in women with CPP (including interstitial cystitis, PVD)
 - 75-88% in men with chronic prostatitis/CP
- Psychometric properties of TP assessment in the PFM are scarcely studied.



(Doggweiler-Wiygul 2004; Tu, 2008; Itza 2010; Montenegro, 2010; Bassaly, 2011; Fitzgerald, 2011; Anderson, 2009; Shoskes, 2008)

Fitzgerald, 2003

Palpation



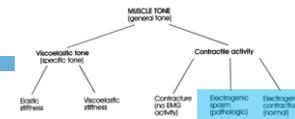
- Flexibility
 - 0 (less than one finger insertion) to 4 (two finger insertions with fingers abducted horizontally ≥ 2 cm) (Gentilecore, 2010)
 - Number of fingers (Boyle, 2007)

Flexibility: the ability of a muscle to lengthen and allow one joint (or more than one joint in a series) to move through a range of motion. Loss of flexibility is defined as a decrease in the ability of a muscle to deform (Bo 2017).

- Relaxation capacity
 - 0 complete relaxation to 4 remains contracted (Gentilecore 2010)
 - Absent/complete/partial (Loving, 2014)

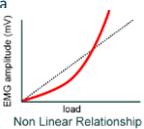
Relaxation: the ability to control muscle activity such that muscles not specifically required for a task are quiet, and those that are required are fired at the minimal level needed to achieve the desired results (Bo 2017).

EMG

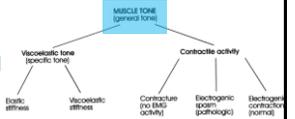


PFM resting activity

- Recording of the electrical current travelling along the muscle fibers at rest
- Confounding factors interfere with signal amplitude
 - contact between the electrodes and the mucosa
 - vaginal lubrication
 - thickness of the vaginal tissue
 - artifact
 - cross-talk
 - non-linearity with forces
- These confounding factors affect inter-subject comparisons (Auchincloss, 2009)



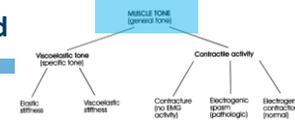
Manometry



- Measurement of resting pressure; in mmHg or cmH₂O by using a pressure device (a manometer) inserted into the urethra, vagina or anus.
 - Calibrated to zero prior to insertion
 - Not reliable in standing position (Frawley, 2006)
 - Not clear how much the probe should be inflated prior to measurement. The latter would influence the probe size.
 - Probe size and brand are known to influence the measurement (Bo, 2005; Barbosa 2009)
 - Placement of the probe is also important (Guaderrama, 2005; Jung, 2007)



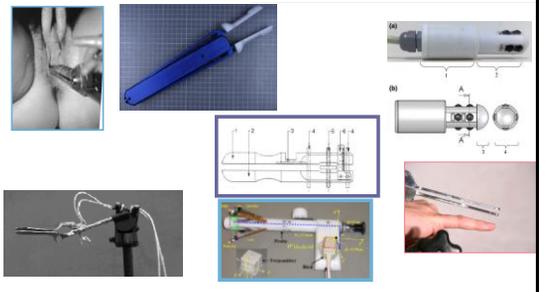
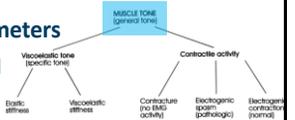
3D/4D Ultrasound



- Trans-perineal ultrasound measures pelvic floor muscle morphology at rest
- Indirect assessment of PFM tone
 - Bladder neck position
 - Ano-rectal angle
 - Levator plate angle
 - Levator hiatal diameters and area
- Non-painful and do not distort anatomy (Morin 2014)
- Ultrasound shear wave elastography (Hodges, 2017)



Intra-vaginal dynamometers



Intra-vaginal dynamometers

MUSCLE TONE (general tone)

- Viscoelastic tone (specific tone)
 - Elastic stiffness
 - Viscoelastic stiffness
- Contractile activity
 - Contracture (no EMG activity)
 - Electrogenic spasm (pathologic)
 - Electrogenic contraction (normal)



- Most of the available dynamometers are assessing PFM passive forces at fixed vaginal apertures
- The Montreal's dynamometer and the elastrometer) can evaluate tone during a dynamic stretch
 - Maximal aperture (flexibility)
 - Stiffness
 - Compliance

Stiffness: Resistance to deformation. Passive elastic stiffness is defined as the ratio of the change in the passive resistance or passive force (ΔF) to the change in the length displacement (ΔL) or $\Delta F / \Delta L$ (Bo 2017)

- Lack of accessibility / comparison between studies difficult

(Kruger 2013; Morin 2008, 2010, 2017)

Dynamometer

MUSCLE TONE (general tone)

- Viscoelastic tone (specific tone)
 - Elastic stiffness
 - Viscoelastic stiffness
- Contractile activity
 - Contracture (no EMG activity)
 - Electrogenic spasm (pathologic)
 - Electrogenic contraction (normal)



- Myotonometer (MyotonPro) (Davidson, 2017)
 - The device exerts mechanical impulses followed by release inducing damped oscillation on the muscle at rest
 - Summative contribution of active and passive component
 - Several parameters can be extracted from the oscillation curve, such as muscle stiffness



Summary – assessment tools

- There are no gold standard for assessing PFM tone
- There are no normative data available
- Most of the tools available measure global PFM tone (i.e., summative contribution of active and passive components)
- A combination of tools is probably the most suitable approach to investigate PFM tone

Terminology

- Muscle tone
- Hypertonicity: is a general increase in muscle tone that can be associated with either elevated contractile activity and/or passive stiffness in the muscle, and may exist in the absence of muscle activity altogether. "Increased tone" is preferred when the cause is non-neurogenic.
- Hypotonicity: general decrease in muscle tone that can be associated with either reduced contractile activity and/or passive stiffness in the muscle. "Decreased tone" is suggested
- Spasm / Cramp
- Contracture
- Trigger point
- Stiffness
- Flexibility
- Tension: may have a similar meaning to tone and stiffness

(Bo 2017; Doggweiler 2017)

THANK YOU !

GRAZIE !

Muscle physiology

MUSCLE TONE (general tone)

- Viscoelastic tone (specific tone)
 - Elastic stiffness
 - Viscoelastic stiffness
- Contractile activity
 - Contracture (no EMG activity)
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 - Electrogenic contraction (normal)



Dynamometry



Manometry



Ultrasound



Palpation



EMG



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Considerations for Electronic Communications and the Imparting of Information Electronically

Roger Dmochowski MD, MMHC, FACS
 Vanderbilt Systems Safety Officer
 Professor of Urology and Gynecology
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 Department of Urology
 Associate Surgeon in Chief
 Vice Chair, Section of Surgical Sciences, Faculty Affairs and Professionalism
 Executive Medical Director for Perioperative Services (Surgery)
 Associate Chief of Staff
 Medical Director of Risk Management
 Vanderbilt University Medical Center



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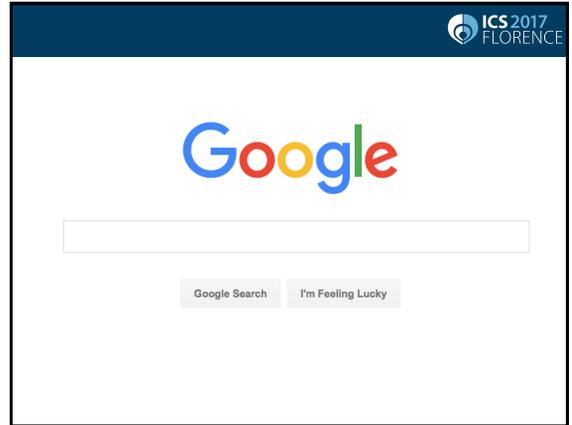
Affiliations to disclose[†]:

American Board of Urology
 Editor in Chief Neurourology and Urodynamics

* All financial ties (over the last year) that you may have with any business organization with respect to the subjects mentioned during your presentation

Funding for speaker to attend:

Self-funded
 Institution (non-industry) funded
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"The End of Power will change the way you read the news, the way you think about politics, and the way you look at the world." — Bill Clinton

THE END OF POWER

FROM BOARDROOMS
 TO BATTLEFIELDS
 AND CHURCHES
 TO STATES,
 WHY BEING
 IN CHARGE
 ISN'T WHAT IT
 USED TO BE

MOISÉS NAÍM

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Considerations for Electronic Communications and the Imparting of Information Electronically

Social and E Media

The Good and The Bad and Perhaps a bit of the Ugly



Considerations for Electronic Communications and the Imparting of Information Electronically 

Data "Horizontalization"
 Medicine perhaps last bastion of privileged knowledge

Increasing and improved access to materials related to any and all topics

Provenance of data in public domain is subject to question

Often data heavily biased or influenced by

- Perceptions
- Prior experience
- Folkloric beliefs

Considerations for Electronic Communications and the Imparting of Information Electronically 

Informed consent critical to medical care delivery

- Legalistic sense
- Patient approbation of care

Need for knowledge transfer and also knowledge re-direction

Knowledge must be presented in easily accessible and generally comprehensible fashion

Knowledge transfer often must be done repetitively

Considerations for Electronic Communications and the Imparting of Information Electronically 

"The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

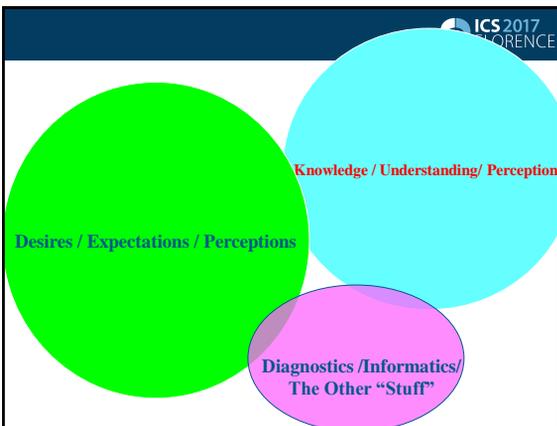
Considerations for Electronic Communications and the Imparting of Information Electronically 

Major source of economic inefficiency healthcare system

Magnitude to the U.S. economy \$106 billion to \$238 billion USD annually.

7 - 17 percent of all personal healthcare expenditures

Enough saving to fund all health care cost in the US



Considerations for Electronic Communications and the Imparting of Information Electronically 

Role of electronic media in adult (patient) education

Ability to improve data assimilation

- At most 30% retained during consultation for care

Media can be tailored to patient

Available on demand

Reproducibility of messaging

Value of engagement

Considerations for Electronic Communications and
the Imparting of Information Electronically



Social media gone bad

Blog posting and defamatory websites

- Easy to create

- Open to any one with key word search

- Modifiable

Not “dark web” per se but as nefarious

Ability to identify and react to same

- Recent You Tube policy change

Considerations for Electronic Communications and
the Imparting of Information Electronically



Electronic media provides a challenge

Ability to leverage discussion in manner which

- Facilitates transfer of knowledge

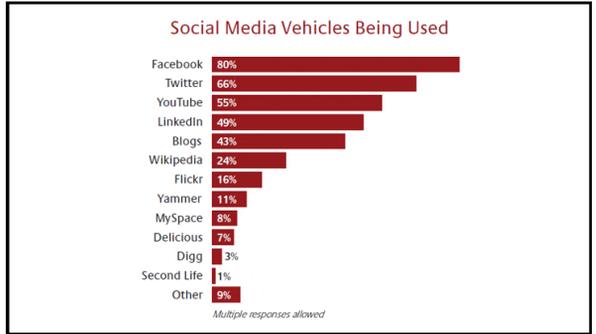
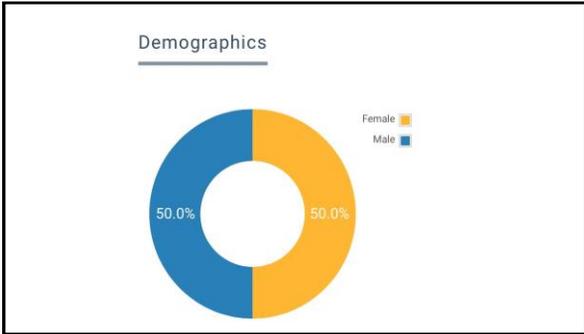
- Optimizes interaction

- Leaves care episode open ended

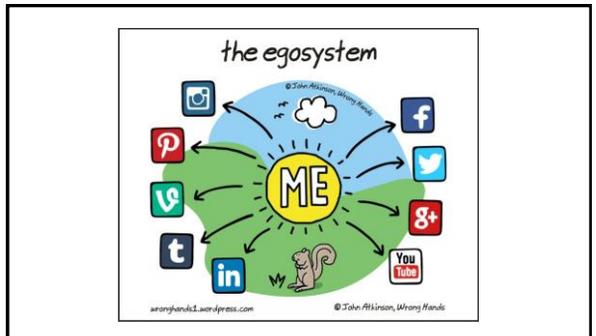
Must react to and change knowledge perceptions

Cognizance of E media as communication and self –
expression outlet

- People with anonymously write what would never
be verbalized



- ### Why use Social Media?
- Easy accessible
 - Very fast
 - Selectivity
 - interactive nature
 - Networking opportunities



An Assessment of Unprofessional Behavior Among Surgical Residents on Facebook: A Warning of the Dangers of Social Media

Sean J. Langenfeld, MD, Gates Cook, BA, Craig Sudbeck, BA, Thomas Luers, BA and Paul J. Schenarts, MD

Department of Surgery, University of Nebraska Medical Center, Omaha, Nebraska

TABLE 1. Professionalism Categories

Professional	No evidence of unprofessional content
Potentially unprofessional	Alcohol or tobacco in hand, questionable attire (including costumes and revealing swimwear), polarizing political or religious statements, and weapons
Clearly unprofessional	HIPAA violation, inappropriate language, picture or reference to binge drinking, drug use, racist or sexist content, and sexually suggestive material

HIPAA, Health Insurance Portability and Accountability Act.

TABLE 2. Resident Demographics and Categorizations

Surgical Residents	n	Professional, n (%)	Potentially Unprofessional, n (%)	Clearly Unprofessional, n (%)	p Value
Total	319	235 (73.7)	45 (14.1)	39 (12.2)	
Sex					0.93
Male	211	156 (73.9)	26 (12.3)	29 (13.7)	
Female	108	79 (73.1)	19 (17.6)	10 (9.3)	
PGY status					0.88
PGY 1	86	62 (72.1)	12 (14)	12 (14)	
PGY 2	60	46 (76.7)	8 (13.3)	6 (10)	
PGY 3	58	41 (70.7)	10 (17.2)	7 (12.1)	
PGY 4	62	48 (77.4)	7 (11.3)	7 (11.3)	
PGY 5	53	38 (71.7)	8 (15.1)	7 (13.2)	

PGY = postgraduate year.



Unprofessional content on Facebook accounts of US urology residency graduates

Kevin Koo, Zita Ficko and E. Ann Gormley

Section of Urology, Department of Surgery, Dartmouth-Hitchcock Medical Center, Lebanon, NH, USA

Table 2 Unprofessional or potentially objectionable content on urologists' public Facebook accounts (n = 201).

Content category*	n	%
Unprofessional content		
Any unprofessional content	27	13.4
Uncensored profanity (T)	13	6.5
References to alcohol intoxication (T)	13	6.5
Appearing intoxicated (I)	8	4.0
Unprofessional behaviour at work or in a professional capacity (I)	5	2.5
Protected health information (I/T)	5	2.5
Unlawful behaviour (I/T)	3	1.5
Offensive comments about colleagues at own hospital (T)	3	1.5
Offensive comments about colleagues at other hospital (T)	1	0.5
Offensive comments about a specific patient (T)	1	0.5

Subject	Author	Replies	Views
Urgency - clarity	janemejljk	0	2
"Painful urgency"	BethShelly	0	0
Does this page achieve its defined purpose?	drsanjaysinha	1	5
Interesting topic	BethShelly	1	78
uroflowmetry parameters in women	jims40	2	26
OAB	marcusdrakef	1	99

ChristianCabrera · Jun 7, 2013
I always find interesting the terminology about it, do we need to mention a "dry OAB" and a "wet OAB" ? , what about people that doesn't have increase daytime but during night the Nocturia put them in a bad situation, do we have to include them from the definition of OAB ?
Although I realise that it is a syndrome do urodynamics play have to play a role in the definition ?
Certainly I think, I may be wrong that the definition could get better

Comment

Interesting topic
BethShelly · Oct 22, 2014

I am very interested in more discussion on this topic

iguest · Aug 11, 2017
Regarding Sensory syndrome , I would be thinking on these lines if the first awareness on Urodynamics come at less than 100mls within the bladder and I cannot demonstrate a typical detrusor contraction on the study . What do others think ?

iguest · Aug 16, 2017
can you please elaborate on what you exactly mean? Do you mean the first sensation being felt at a volume less than 100 ml in the bladder? Is that not dependent on maxima bladder capacity, age and maybe even the size of the patient?



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WIKI Quiz

Sajjad Rahnama'i
Maastricht University Medical Center
the Netherlands

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Affiliations to disclose[†]:

Research grant from Astellas
Travel grant by Ferring
Travel grant by Zambon
Travel grant by Pohl-Boskamp

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

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Underactive Bladder (UAB) ,
detrusor underactivity (DU) &
bladder outlet obstruction (BOO) ...

a) are Synonymous
b) are part of the same Syndrome
c) show partial overlap
d) cannot be present all at the same time

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The gold standard
for assessing the Pelvic Floor Muscle tone....

a) is by digital palpation
b) is by Electromyography (EMG)
c) is by both Electromyography (EMG) & digital palpation
d) there is no gold standard

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Social media (SoME) in medical profession....

- a) has clear advantages in healthcare but also imposes risks
- b) is new , risky as no clear guidelines are available
- c) should not be used, by healthcare providers
- d) is no different from traditional media

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The importance of clear and unambiguous terminology is most obvious in

- a) Patient-doctor communication
- b) Reimbursement, disability benefits, insurance
- c) Drug approvals and indications (licensing)
- d) All of the above

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ICS 2017
FLORENCE

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- b) patients often do not understand their doctors explanations
- c) data is often not checked before being published
- d) Patients are more demanding as they are better educated

WIKI Quiz
Dr. M.S. Rahnama'i
@ Dr_SRah

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