

ICS Goes to China – Don't Miss This Unique Opportunity!



Dear Members,

The 42nd Annual Scientific Meeting of the International Continence Society (ICS) will be held 15-19 October 2012 in Beijing, China. We greatly look forward to welcoming our colleagues from around the world for the ICS's first annual meeting in China.

282 abstracts have been chosen by the ICS Scientific Committee and fill the 3-day scientific programme with podium, poster, and video presentations on the latest research in our field which aim to push forward the treatment of incontinence and challenge current thinking. Complimenting these will be three State of the Art Lectures which will include "Chinese Acupuncture – History, Present and Future" by Professor Ji-Sheng Han, looking at the ancient Chinese practice of inserting needles into acupuncture points in the skin to treat patients, the history of this practice, and how it is relevant in today's modern medicine. We will have two further State of the Art Lectures, one discussing Pelvic Pain and one on Prolapse Surgery, a Round-Table on Neurourology and a Debate on Overactive Bladder and Detrusor Overactivity.

Out of 62 workshops submitted, 47 were accepted for the 2-day educational programme. This year's schedule is looking impressive, with a high quality faculty covering a wide range of topics, bringing you the latest developments and training in the field of incontinence.

This year we see the return of the sell-out Meet the Experts lunches which due to high demand have been expanded to 48 experts covering 24 topics across three days. Further sessions at the meeting this year include the 11th Annual Physiotherapy Roundtable, lunchtime pelvic floor exercise classes, and the Nursing Forum.

The social programme will give delegates insight into Chinese culture, beginning with the Welcome Reception to be held at the meeting venue, the China National Convention Centre. This building is known for its stunning architectural design, illustrating China's rich history and culture and combining contemporary features with the traditional, a reflection of the city of Beijing itself. The famous Bird's Nest Olympic Stadium will be the venue for the Annual Dinner at Beijing



Limin Liao

2012. Meet up with old friends from across the globe and make new, whilst enjoying the delicious Chinese cuisine in the restaurant overlooking the 2008 Olympics venue. The atmosphere will be second to none, enhanced by traditional Chinese performances, such as the Beijing Opera!

I encourage you to take some vacation time before or after the meeting to experience all that Beijing has to offer. The city is home to a wealth of history in the form of palaces, temples, historic hutongs and much more besides. Don't, however, forget the modern additions, including the thriving 789 Art District and the inspiring architecture of the Olympic sites around the city. If you need to relax, just take a short subway ride from the city centre to the Summer Palace, the summer retreat of China's former Imperial family, and you will be rewarded with spectacular views over Kunming Lake, peaceful gardens and classical Chinese architecture.

While staying in Beijing, don't miss this unique opportunity to visit one of the Seven Wonders of the World – the Great Wall of China. Whether you decide to visit the popular Badaling section of the wall and ride the cable car to the top to take in the stunning vistas, or - for the more adventurous amongst you – take an afternoon hike from Jiankou to Mutianyu along a rugged, unrestored section of the wall and watch the sun sink behind the mountains before returning to Beijing, I can promise you an unforgettable experience.

This year's venue, the China National Convention Centre (CNCC), lies in the Olympic Green Park to the north of Beijing and is about a 30 minute taxi ride from the airport. Alternatively, the Airport Express train to the city centre takes only 11 minutes, and a subway station is connected with CNCC's basement, enabling direct transport for people to and from the centre. Shuttle buses are also available from the airport.

October is the most beautiful time of year to visit Beijing, with the maple tree leaves turning a spectacular red. The warm, pleasant weather will ensure that you will have a wonderful and most memorable experience. I look forward to seeing you in Beijing!

Limin Liao

Chair ICS Annual Scientific Meeting 2012

The Forbidden City, Beijing



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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.

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Letter from Sender Herschorn, ICS General Secretary



Sender Herschorn

Dear Members,

GET READY FOR an historic ICS meeting in Beijing this October. The last time the ICS met in Asia was in 2001 in Seoul. The tragic events of 9-11 just one week before the start of the meeting severely affected attendance. While the world has changed since then, our desire for making new friends and for experiencing different cultures has not. As a truly international organisation, our membership voted to hold the 2012 meeting in Beijing.

Beijing is the capital of China and one of the world's great cities. People have lived in the area for over 3000 years and archeologists have discovered prehistoric human habitation in the city that dates back many centuries earlier. In the 15th century, Beijing became the northern capital of China and it has remained one of the most important cities in China. It is replete with history, culture, architecture, and culinary delights. In Beijing ancient culture meets modern civilisation; in 2008 the Forbidden City met the Olympic Games. This is a great opportunity to visit Beijing and China.

Preparations for the annual meeting, with Limin Liao as Meeting Chairman, are well underway. The Scientific Committee, co-chaired by Lan Zhu and Werner Schaefer, met at the beginning of May and selected close to 300 podium and moderated poster presentations, as well as many unmoderated and read-by-title papers, from more than 900 submitted abstracts. The committee also selected the State of the Art Lectures, a Round Table Discussion, Session Chairs and Best Abstract Prize Awards. There will be a debate on OAB/DO in memory of Norman Zinner. The Education Committee selected 47 workshops for the first 2 days of the meeting. There will be special workshops on urodynamics, conservative management of incontinence, and spinal cord injury neurogenic bladder targeted to local delegates. As in previous years the scientific content of the meeting and dissemination of new knowledge in the field during the 5 days in October will be unsurpassed anywhere.

Based on the number of abstracts, IT Director Dominic Turner has been able to accurately predict the number of attendees at the Annual Scientific Meetings. This year's prediction is that Beijing will be very heavily subscribed. So do not wait to register.

Committee work is one of the ICS's most important functions.

Committee members have been working throughout the year on multiple projects and reports will be presented at the AGM.

In particular, the Education Committee has been very active and approved courses can be found on the ICS website.

An important function of the ICS is member involvement. Members are encouraged to become committee members and seek leadership positions as committee chairs. As in other organisations, the ICS has a continuing list of openings for positions and you can find them on the website. Another very important facet of member involvement is voting. Please keep up to date with voting opportunities, whether it is for committee chairs, trustees, annual meeting venues, or any other election. It is also important for you to become familiar with the ICS voting rules that are based on the 'Single Transferable Vote' system (<http://www.electoral-reform.org.uk/single-transferable-vote/>). The more you are involved, the more robust the ICS will become.

With the growth of the society and with the increased level of educational and scientific functions, the ICS office has had to reconfigure to meet the demands. Dan Snowdon who stepped in as acting Administration Manager when Avicia Burchill was on maternity leave has become Administration Director of the front office. Sophie Mangham was welcomed as Projects and Events Coordinator to replace Kirsty Sims. We are thrilled to welcome back Avicia Burchill as part-time Projects and Events Manager. Jenny Ellis, Projects and Events Coordinator, and Tracy Griffin, Administrative Assistant, continue in their roles. We also welcome Roger Blackmore as the new Graphic Designer/Flash Developer. Roger will focus on e-learning, the ICS website, flash, and print work. He joins the IT office under the director, Dominic Turner. Roger replaces Chris Angle. Ashley Brookes continues in the IT office as Senior Analyst Programmer. I strongly believe that we in the ICS are very fortunate to have this skilled and dedicated team to run the activities of the organisation.

Please stay tuned for more news and developments in your ICS. I'm looking forward to meeting with you again in Beijing. ■

Sender Herschorn

ICS General Secretary

Reminder: AGM 2012

The ICS Annual General Meeting for ICS Members will be held on Thursday 18th October 2012 from 15:30 -17:00 at the China National Convention Centre, Beijing. Come along to vote on elected positions on the Board of Trustees, as well as to hear a review of ICS activities over the past year and forthcoming plans for 2013. This is your chance to really get involved with the society and have your say as an ICS member.

Visit the ICS Booth

Don't forget to come and visit the ICS booth at Beijing 2012 where you can print abstracts, find out about next year's meeting and much more besides, or just to come and say hello. We look forward to meeting you!

An Overview of the 2011 Consolidated Accounts for ICS Ltd and Conticom-ICS Ltd

● Ajay Singla, ICS Treasurer

IT IS WITH great pleasure that we can now announce an actual surplus of £424,916 from the Glasgow 2011 annual meeting. This gives an astounding difference of £208,931 when compared to the August 2011 budgeted surplus of £215,985, (which was already an increase from the original forecasted surplus of £165,638 quoted in July 2010).

Although Kenes has been asked to give prudent annual meeting budgets, with finances being of great importance and the annual meeting still being the charity's main source of income, it is felt that this difference is too vast. Therefore, it will be requested that more accurate budgets be prepared and that more frequent budgetary updates be provided after the annual meeting

As a result of this un-forecasted increase in income, it is thought that the ICS will report a loss far less than the anticipated figure of approximately £135,000, (for the year to 31.12.2011). This figure will be after accounting for the amounts not actually received or spent at the year end.

If we compare the created loss of £135,000 to the total figure of £168,000 for Awards, Grants & Fellowships, we can be very assured that we are still covering all our costs in a very healthy manner and finally fulfilling the recommended decision to utilise some of the funds being held in excess of the present Charity's reserve policy (even after remembering that a new reserve policy which accounts for future costs rather than historic has been approved and therefore implemented).

Principle Funding Sources

Due to the very successful Glasgow meeting, Conticom ICS Ltd was again able to make a generous donation to the ICS, this year amounting to £321,914, making it once again the principle source of funding for the ICS; current figures show this donation as 63.5% of total income. Membership figures rose again, and therefore the related income also increased: to £132,641 from £118,433 in 2010, (and £112,116 in 2009), making this approximately 26% of total funds. With membership figures still standing at an all time high, we can only hope that this trend will continue.



Ajay Singla

The Trustees are very pleased with the commercial success of the annual meeting and must thank Ian Ramsay, Annual Meeting Chairman, and Laurence Stewart, Scientific Chairman, for their hard work and dedication in making ICS 2011 so successful. In terms of surplus received by Conticom, ICS 2011 was the most successful ICS meeting in the past seven years!

Resources Expended

Again, the main cost to the ICS was publication of research standing at £315,637, but it must be noted that this includes "Charitable Activities Yet To Be Fulfilled of £112,489", especially when comparing to the figure of £173,863 from 2010, (2009: £171,331). Educational activities are presently stated as £151,054, a closer comparison to the 2010 figure of £141,436, (2009: £96,641), with governance costs increasing to £167,856 from £117,813 in 2010, (2009: £78,697).

Looking forward

Although it has been stated that Kenes currently report very prudently, it is still predicted that the Beijing meeting may prove to be rather less financially rewarding than others to date. This means, in the short-term, (YE 2012), a much needed reduction in the reserves may be necessary to compensate for this shortfall in income. However, the location may also encourage further membership increases in the future, which could lead to better annual meeting attendance and therefore increased surpluses in years to come.

It is highly recommended that finding new sources of income and sponsorship become a priority, to enable us to maintain our healthy surplus without such reliance on the Annual Meetings. This is an area the Board is looking at as part of the overall ICS strategic planning process.

With maturity dates from the Fixed Rate Bond Accounts of April and September 2012, the reinvestment of these funds will be a point for discussion at the Trustee meeting during ICS 2012 (especially as general market rates of interest offered are still low).

Please note, only draft accounts were available at the time this report was prepared, hence the approximations. Once again, please do not hesitate to contact me should you wish to have this information presented to you in another format or if you have any questions. ■

	£ 2005	£ 2006	£ 2007	£ 2008	£ 2009	Final £ 2010	"Draft Final" £ 2011
Sponsorship & Exhibition	1,987,539	623,872	1,049,986	654,254	941,487	674,690	1,026,913
Registrations	819,962	534,042	766,605	721,975	821,835	559,545	830,262
Other Income	79,200	49,208	86,453	76,252	106,211	43,335	35,000
Total Income	2,886,701	1,207,122	1,903,044	1,452,481	1,869,533	1,284,653	1,892,175
Total Expenditure	2,229,839	882,614	1,617,964	1,144,711	1,533,450	870,516	1,460,935
Surplus	656,862	324,508	285,080	307,770	336,083	414,138	431,240
Surplus, which Conticom received	485,524	243,381	323,333	457,148	426,032	501,088	518,403
Donation to ICS	514,375	309,033	190,319	227,912	266,444	338,432	321,964

Children's Committee

ICS Children's Committee Transition Initiative

● Wendy Bower



Wendy Bower, Chair

OVER THE LAST 5 years, the ICS Children's Committee has been targeting efforts toward the adolescent patient. We have consistently offered courses/workshops about aspects of diagnosis and treatment of adolescents and have published two papers related to care of young adults with neurogenic and non-neurogenic lower urinary tract symptoms. A logical extension of this focus is the issue of the transition process, and eventual transfer, to adult continence care.

Children with urinary tract disorders are seen by teams or individual paediatricians, urologists, nephrologists, gastroenterologists, neurologists and nurses. At some point, adolescents or young adults with on-going care needs are moved from a child-centred to an adult-centred health system. In the new environment, the patients must accept responsibility for their own disease management.

The actual physical change in service delivery is referred to as the transfer to adult services. Planning for the transfer is a tailored process and involves facilitating self-management and independence in the young person. If transfer is poorly handled, young people may fail to attend routine clinic appointments. If it occurs during a time of crisis or the young adult feels no incentive to continue care, the patient is likely to become poorly compliant with treatment and suffer adverse health consequences.

Post-paediatric care may take place within the community setting, at a primary care level, or inside an adult service at either a secondary or tertiary service. Whichever the service model, it must be developmentally appropriate, have some inherent flexibility and meet the needs of the young person as well as support their parents.

Much has been written about the need to stage preparation of children with chronic illness for their move into an adult service model in order to promote independence and prevent treatment non-compliance. There are many issues facing paediatric and adult teams working with adolescents with LUTS, and different concerns voiced by the young people themselves. Most of the work on transitional care comes from the fields of respiratory and adolescent medicine. Urology differs in several ways in that young adults with on-going continence needs will form a very small proportion of patients seen by adult urology or urogynaecology teams. Furthermore, the developmental sequence of childhood management is not familiar to most adult teams nor is the multi-disciplinary model of care. We have minimal insight into the adolescent's expectations of continence care.

ICS is a key body in the adolescent arena and ideally placed to coordinate an initiative around transition and transfer of young adults with urinary tract disorders. Accordingly, the ICS Children's Committee has joined with the ICCS to collect baseline data about current practice and issues surrounding transition of adolescents with continence needs. We have reviewed the literature and developed an understanding of the challenges posed by this age group to generic paediatric and adult services. Our next step is to gather information and insights about current practice from clinicians in both child and adult continence services. We have approached a total of 9 scientific societies to ensure an international perspective. Following this, we have ICS funding to convene a think tank to respond to identified gaps and problems and to devise solutions and adolescent-specific guidelines and service pathways.

You will receive individual invitations to go to the link: www.surveymonkey.com/s/8ZRJNKB and complete our baseline questionnaire about your involvement in managing young adults. Please take the 6 minutes it requires to complete so that we can quickly move on to respond to relevant issues and hopefully prevent some young person ending up on a transplant list. ■

Pallavi Latthe, Daniela Marschall-Kehrel, and Lucy Swithinbank at the Children's Committee meeting Glasgow 2011



5th International Consultation on Incontinence

THE 5TH INTERNATIONAL Consultation on Incontinence (ICI) was held in Paris on 24th and 25th February, 2012 in conjunction with the 27th Annual Congress of the European Association of Urology (EAU). The principal aim of this meeting was to update recommendations for the diagnosis, evaluation and treatment of urinary incontinence, faecal incontinence, pelvic organ prolapse

and bladder pain syndrome. Over 100 experts in the field were invited to review the available literature and submit recommendations. There were 23 committee reports prepared and presented during the meeting for input and comments. The final recommendations and consensus statements will be published in due course as a book and CD.

Nursing Committee

ICS Nurses Preparing for Beijing

● Mandy Wells



Mandy Wells, Chair

THIS YEAR HAS been rather a quiet one so far for what is usually a quite active nursing committee. This is partly due to the illness of the committee chair, but also due to family concerns, work issues and research activities of committee members, not least of all the imminent delivery of baby "Faye" to one of our members. We wish Jo Townsend the most wonderful delivery and hopefully we will be seeing pictures of the "wee bairn" (Scottish for little baby) in the near future.

We are currently working on getting 3 documents added to the nursing committee website for all nurses and others with an interest to view and potentially contribute to a discussion forum:

These will be on:-

- The role of the clinical nurse specialist continence advisor
- The re-use of catheters for intermittent catheterisation
- The re-use of urine drainage bags.

The paper on re-use of intermittent catheters is very thought-provoking given that this year the National Institute for Clinical Effectiveness set out National Guidance that we should not be using single use catheters in the future, but should be re-using them due to cost and lack of evidence about trauma to the urethra and urinary tract infections.....watch this space!!

We have been busy organising our nursing study day on the Sunday before the Annual Scientific Meeting in Beijing and have already been guaranteed that a dozen specialist nurses from Hong Kong will attend. Katherine Moore is also organising an all day Conservative Management workshop scheduled on the Monday or Tuesday.

At the Sunday meeting, which will run from 12:00-18.30 hrs, we will be having an abstract session for those nurses who did not want to put in a main abstract, are just commencing their research or who have put in either an abstract that did not get accepted last year or



ICS Nursing Committee at ICS 2011, Glasgow

this year or have been given a poster slot but would like to present to a lovely, kind group of nurses who will not challenge them...too much. Kathleen Hunter and I will be putting out a call for abstracts towards the middle to end of May.

I have heard that a number of nursing members are not planning to come to China due to the long flights to get there and also because nurses from all around the world are finding it increasingly difficult to get time off to attend or are also finding it more and more difficult to obtain funding.

I would urge as many as possible of you to try to get to China, and we can then truly share fellowship and the worldliness of all of us working in bladder, bowel and pelvic floor care across the globe. ■

ICS Nursing Committee Members



Donna Bliss



Sharon Eustice



Mandy Fader



Lesley-Ann Hanson



Kathleen Hunter



Maria Helena Lopes



Joan Ostaszewicz



Diaa Rizk



Wakako Satoh



Jennifer Skelly



Joanne Townsend



Beatriz Yamada

Fistula Committee

Review of the ICS Fistula Course in Luxor, 5-7 April 2012

● Sohier Elneil

THE 3RD ICS Fistula Course was set up and run by the Chair of the ICS Fistula Committee, Sherif Mourad, Professor of Urology at Ain Shams University, Cairo. The faculty included Dr Hassan Shaker, Dr Ahmed Saafan and Dr Mohamed Yassin, also from Ain Shams University and me, from University College Hospital in London.

Location and History

The ICS Fistula Course took place at Luxor International Hospital, which is based in the ancient city of Luxor in Egypt. Luxor was the ancient city of Thebes, the great capital of Egypt during the New Kingdom, and the glorious city of the god Thebes. The importance of the city started as early as the 11th Dynasty, when the town grew into a thriving city, renowned for its luxury, religious and political supremacy and art. Pharaohs of the New Kingdom in their expeditions to Kush, in today's Northern Sudan, saw the city accumulate great wealth and rise to prominence during the 18th and 20th Dynasty. The political and military importance of the city, however, faded during the Late Period, with Thebes being replaced eventually by Alexandria as the political capital.

The main god of the city was Amon or Amun, who was worshipped together with his wife, the Goddess Mut, and their son Khonsu, the God of the moon. With the rise of Thebes as the foremost city of Egypt, the local god Amun rose in importance as well and became linked to the sun god Ra, thus creating the new 'king of gods' Amun-Ra. His great temple, at Karnak just north of Thebes, was the most important temple of Egypt until the end of antiquity. Amun Ra was seen as a beneficent god. In Deir el-Medina, there is a written votive offering extolling his virtues in the artisan's village translated thus:

"[Amun] who comes at the voice of the poor in distress, who gives breath to him who is wretched... You are Amun, the Lord of the silent, who comes at the voice of the poor; when I call to you in my distress You come and rescue me... Though the servant was disposed to do evil, the Lord is disposed to forgive. The Lord of Thebes spends not a whole day in anger; His wrath passes in a moment; none remains. His breath comes back to us in mercy... May your ka (vital essence) be kind; may you forgive; It shall not happen again."

It is thus fitting that we were in this ancient city, where the poor and distressed found solace, to try to help patients suffering with the age-old problem of obstetric fistula.

The Course

Seven delegates attended the two and half day foundation course in the study of fistula surgery, and all its ramifications. The delegates were a true international mixture, coming from Egypt, Jordan, Puntland in Somalia, Turkey, Switzerland, United Arab Emirates and United Kingdom. Roughly half the candidates were urologists and half were obstetricians and gynaecologists. All of them had had exposure to fistula surgery and some were already surgeons working in this field.

On the morning of the first day, we ran a basic theory course on the anatomy, aetiology and pathophysiology, surgical techniques, complications and the management of complications of patients



Professor Sherif Mourad (Fistula Committee Chair) and the fistula course attendees outside Luxor International Hospital, Egypt

with obstetric and iatrogenic fistula. In the afternoon, we started with two cases in adjacent theatres. The cases were both small juxta-cervical vesicovaginal fistulas in women who had suffered obstetric trauma. Both were repaired successfully, and on our post-operative ward rounds over the following two days both patients were making a good recovery. Candidates were divided into two groups, one group divided between the two theatres and one group observing the surgery through a video-link. Some of the faculty were based in the hall and some in theatre, thus facilitating a continuous two-way dialogue between the theatre and the hall. The candidates found this to be very useful, as they were able to ask questions throughout surgery.

On the second day, the team operated on five complex cases. The cases included a recurrent obstetric cervico-vesico-vaginal-uterine fistula (needing a hysterectomy), two patients with severely contracted bladders following primary obstetric fistula repair several years ago who needed bladder augmentation, a traumatic urethro-vesico-vaginal fistula in a young girl who was in a road traffic accident (she needed a neo-urethra, Tanagho flap and reconstruction of the vagina) and a recurrent iatrogenic fistula needing a fistula repair and a fascial sling inlay for severe urinary stress incontinence. On day three, 3 patients underwent surgery. They included a patient with recurrent vesico-vaginal fistula that occurred 25 years after primary repair and two patients with urinary stress incontinence post-primary fistula repair. All patients made a good recovery post-surgery and on our post-operative round later on the third day, we were welcomed by the patient's families and photographed! We felt honoured to be received in such a wonderful way.

The feedback from the candidates was very positive. They found the ICS course to be 'intensive', 'informative', 'excellent' and 'perfect for what I hope to do later this year'. These are direct quotes from some of the candidates. Several candidates were on the verge of starting work with different hospitals in Africa with colleagues in the field in fistula surgery. The faculty were able to provide guidance. Some of them will be joining members of the faculty in their on-going fistula work in sub-Saharan Africa.

It is quite clear that the ICS Fistula course provides a good starting point for those doctors who wish to learn more about fistula surgery. It covers obstetric, traumatic and iatrogenic fistula and also deals with the complications seen post primary repair, such as contracted bladders and urinary stress incontinence. Furthermore, it provides a platform from where surgeons can take a confident leap into providing care for these women and children, who have suffered such devastating injuries. This makes it a comprehensive and laudable course. It is likely that in years to come this course will need to be expanded, as interest in this field continues to grow. ■

Further Committee Developments

● Sherif Mourad

THE ICS FISTULA Committee is planning to hold the 4th ICS international fistula workshop in Uganda or Tanzania in December 2012. I am also still working with the Ministry of Health and the University of Mulago in Uganda to establish the ICS Fistula Referral Centre for East Africa. ■

Physiotherapy Committee

Physiotherapy Activities at the 2012 Annual Scientific Meeting

● Beth Shelly

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

Pelvic floor muscle exercises classes will be offered again in Beijing. After reviewing current group-therapy evidence for urinary incontinence in women, participants will actively take part in a pelvic floor muscle group therapy session aimed at treating urinary incontinence in women. Both male and female practitioners and researchers will benefit from this experience. Post-exercise discussions will focus on strategies to address commitment to and adherence with the exercise classes and the home exercise programme. Two pelvic floor exercise classes will take place in Beijing: On Tuesday, October 16th, 12:30-13:30, Hege Hølmo Johannessen and Siv Mørkved will lead a pre- and post-natal pelvic floor exercise class and on Wednesday, October 17th, 12:35-13:30, Chantale Dumoulin and Fetske Hogen Esch will lead a pelvic floor exercise class for aging women, combined with Tai Chi exercises for balance and strength. Pre-registration to the session is required at the cost of \$15. To register for one of these classes, please contact ics2012_reg@kenes.com.



The ancient Chinese practice of Tai Chi



Beth Shelly



Helena Frawley,
Physiotherapy Chair

The Physiotherapy Committee, together with the Education Committee, will host a free talk outlining the role of physiotherapy in pelvic floor dysfunction on Sunday morning 14 October. Speakers will present how and what physiotherapists do and how they integrate with other health care clinicians. The talk will also feature a gynaecologist who will speak about his experience with pelvic physiotherapists in the last 20 years. Resources for starting a pelvic physiotherapy program and information about how the ICS can help will also be shared.

The 11th Annual Physiotherapy Round Table will be held on Sunday 14 October from 13:30 to 21:00. It is an opportunity for physiotherapists, or anyone interested in physiotherapy, to network, enjoy presentations from prominent speakers and most of all, have fun. During the meeting there will be an update of the work of the Physiotherapy Committee, presentation of scientific projects and workshops. Scientific project topics include: *Prospective Study on Treatment of Chronic Constipation with a Multidisciplinary Rehabilitative Programme in Chinese Patients*, *Prevalence of Low Back Pain in Incontinent Patients*, *Toilet Training, Anal Incontinence in First Time Mothers*, and *The Use of Virtual Reality to Treat Older Women with Mixed Urinary Incontinence: the Montreal Experiment*. In addition, the adherence working group will give a summary of the findings of their 2-day Glasgow Adherence workshop and responses from the ICS web-based survey on Adherence to Pelvic Floor Muscle Exercises. Attendees will have the opportunity to attend two workshops of their choice. Workshop topics include: *Male Incontinence, Prolapse, Pelvic Pain, Faecal Incontinence, Stress Urinary Incontinence, Pregnancy and Childbirth, and Overactive Bladder*. From 19:00–21:00, guests will enjoy a buffet while making new and rekindling old friendships. Pre-registration to this session is required at the cost of \$35. This fee covers catering throughout the day. Spaces are limited so please register early. Please see the website for registration or scan the QR code on the left. Please note: You must be registered for the ICS Annual Meeting in order to also register for this session. We look forward to seeing you in Beijing! ■

Standardisation Steering Committee

ICS Wiki and Standardisation Activities

● Marcus Drake

WIKIPEDIA IS A concept most of us are familiar with, as an on-line evolving resource which is an excellent starting point for finding information, and which allows people to contribute further information. The ICS has set up its own Wiki, and several pages are already in place, including all the current standardisation documents. However, we wish this to become a fully comprehensive resource, so the Standardisation Steering Committee (SSC) has appointed an Associate Editor, Dev Gulur, who is going to be populating the Wiki with the key definitions over the next few months.

A new working group has been set up in partnership with the International Urogynecology Association (IUGA) to look at terminology for the conservative management of female pelvic floor dysfunction. The call for membership received 23 applications. After careful review of the applications, 14 members were selected and the working group will be chaired by Professor Kari Bo, from the Norwegian School of Sport Sciences in Oslo.

Publications & Communications Committee

PUBLICATIONS & COMMUNICATIONS COMMITTEE: THE PR ENGINE OF THE ICS

● Jerzy Gajewski

AS PER ITS terms of reference, the role of the PCC is to “ensure timely and effective communication of ICS information and the latest developments both to the membership and between the ICS and the larger community. Overall the Publications & Communications Committee develops a long-term ICS publications and public relations plan, edits ICS News, monitors progress of the website, advises on a Press Office, Public Relations, Congress Newsletter and develops Fact Sheets”.

The committee currently consists of the following dedicated ICS members: Jerzy Gajewski (Chair), Simone Crivellaro, Daniela Marschall-Kehrel, Jane Meijlink, Katherine Moore, Ian Pearce, Tomasz Rechberger, Susie Orme, Jacqueline Cahill and Nina Davis.

The most important activity of the committee is publication of *ICS News*, which is available to the membership and the general public. Jane Meijlink, Editor-in-Chief, and Associate Editors, Katherine Moore, Susie Orme, Simone Crivellaro and Jacqueline Cahill, ably and enthusiastically assisted by ICS Office newcomer Sophie Mangham, all work hard to make this publication interesting and valuable to the membership, ensuring that all ICS members worldwide are kept informed of activities and developments in the Society. *ICS News* is published twice a year and this issue is the 18th over a period of 8 years.

Another activity of the PCC is overseeing E-News, sent regularly to the membership by the ICS Office on behalf of the Trustees and distributed electronically every month. Working closely with Dominic Turner and his IT team, the PCC also monitors the Website appearance and content, navigation engine and security model. Website Traffic is monitored on a regular basis to better understand the needs and expectations of the members. The members of this committee work with freelance and in-house graphic designers to enhance the ICS corporate identity and visual identity. A major task of the committee is to ensure that the ICS is promoted with the help of ICS Office staff at large annual congresses of other societies and in *Neurourology & Urodynamics*. For the ICS annual scientific meeting, the PCC organises press affairs and works in collaboration with the ICS Office and the local organising committee to define general policies and consult on Press Affairs and Public Relations for the ICS.

The PCC also publishes and maintains a series of current and accurate

Fact Sheets used to communicate with the media and the public.

One of the most important recent ICS publications was the ICS History Book *The First 40 Years, 1971-2010*, written by Ted Arnold, Eric Glen and the late Norman Zinner and launched at the Glasgow meeting in 2011.



The activities of the committee are extensively supported by the staff of the ICS Office for which we are very grateful. Many thanks are due to Daniel Snowdon, Dominic Turner, Avicia Burchill, Jenny Ellis, Tracy Griffin, Sophie Mangham and Ashley Brookes. ■



Jerzy Gajewski, Chair



Jacqueline Cahill



Simone Crivellaro



Nina Davis



Jane Meijlink



Katherine Moore



Daniela Marschall-Kehrel



Ian Pearce



Susie Orme



Tomasz Rechberger

The SSC is looking to update the key standardisation documents published in 2002, namely the *Standardisation of Terminology of Lower Urinary Tract Function*¹, and *Good Urodynamic Practices*². For women, the *Terminology of Lower Urinary Tract Function* was updated in conjunction with IUGA relatively recently³, and so the SSC will soon start two new working groups, one to look at *Terminology of Lower Urinary Tract Function in Men* and one for people with neurological disease. The update on *Good Urodynamic Practices* will be a joint project with the Urodynamics Committee in the near future.

Two Working Groups are currently active; the Urodynamic Equipment Working Group is due to report this year, and the Chronic Pelvic Pain Working Group will report next year. A joint group with IUGA examining Female Anorectal Dysfunction will report in the foreseeable future.

We recently increased the number of members of the SSC. However, the Committee does not have good representation of all

stakeholders in the ICS, and we are keen to hear from any ICS member with an interest in joining the committee. Please simply email marcus.drake@bui.ac.uk.



Marcus Drake, Chair

1. Abrams P, Cardozo L, Fall M, et al. *The standardisation of terminology of lower urinary tract function: report from the Standardisation Subcommittee of the International Continence Society*. *NeuroUrol Urodyn*. 2002; 21:167-78

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

3. Haylen BT, de Ridder D, Freeman RM, et al. *An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction*. *NeuroUrol Urodyn*. 2010; 29:4-20

Urodynamics Committee

Urodynamics Committee Enters the Digital Era

● Peter Rosier



*Peter Rosier,
Urodynamics Chair*

YOU WILL UNDOUBTEDLY be aware of the fact that the Education Committee organises ICS educational activities around the world. These are very successful, highly appreciated and disseminate expert knowledge concerning standards of diagnosis and treatment of lower urinary tract and pelvic floor dysfunction. Some ten years ago, the idea was that this Committee would standardise the work presented on such occasions. The reason for this was to guarantee that ICS approved standards and terms would always be used and taught. However, this never actually materialised.

The ICS Urodynamics Committee now has this task and we have begun to create teaching modules - not only to provide presentations with current ICS approved, standard and up-to-date knowledge during courses organised by the Education Committee, but also to provide all of you with these tools and the background knowledge.

Scientific literature is a very fragmented source of knowledge. Handbooks do not always present material in such a way as to allow you to teach it or put it into practice immediately. ICS Urodynamics Committee Teaching Modules are meant to be very applicable in practice, with a sound basis of scientific information. Furthermore, these modules truly bring us into the digital era. At our next meeting in Beijing, we will present the first four modules as a workshop. We aim to record four presentations and make those available as webcasts via the ICS website and also as a module.

Every module will consist of three elements: a slide-set, a webcast presentation and a peer-reviewed, brief explanation of the scientific background of the module. Our aim is to publish these backgrounds in *Neurourology & Urodynamics* as 'ICS teaching module scientific background' and to add a QR code with the link to the slide set and the presentation on the ICS website. The ICS watermarked slide set will be made available to all members.

The first four Beijing teaching modules are our 'try-out'. The committee is striving to give these modules a very recognisable ICS identity, as well as ICS approved content so that they are indeed applicable both as the standard for all ICS courses and for your own teaching activities as well. Hopefully the example presentation on the internet will provide you with additional help, while you will also feel reassured by the scientific background published in a peer reviewed journal. You are warmly welcome to attend our ICS Urodynamics Committee workshop, to comment on our modules, or to discuss our process and put forward your own ideas about process and content in this context. If you already have ideas or proposals, please do not hesitate to contact one of the members of the Urodynamics Committee. ■

Continence Promotion Committee

Continence Promotion Activities

● Frankie Bates



Frankie Bates

THE CONTINENCE PROMOTION Committee (CPC) continues to strive to increase awareness around the still taboo topic of urinary incontinence. CPC chair Vasan Srini and sub-committee chairs Diane Newman, Christa Thiel, Els Bakker, Sherif Mourad and Frankie Bates met in February during the EAU Annual Congress in Paris. They were joined by CPC members Jane Meijlink and Lynne Van Poelgeest and Industry Representative Nicole Huige from SCA Hygiene.

There was a lively discussion regarding global strategies for continence awareness including World Continence Week in June, the Public Forum in Beijing and the CPC healthcare workshop in Beijing. The role of the CPC itself was discussed, including improving global awareness, initiating programmes and coordinating with patient advocacy groups and continence organisations worldwide. Fistula Committee updates were given as well as feedback from industry. Els Bakker gave a presentation on the new aims of the CPC microsite and Diane Newman announced plans for World Continence Week 2012.

The CPC Public Forum is scheduled for Wednesday, 17 October 2012 from 6 PM to 9PM at the China National Convention Center (CNCC) in Beijing and will be held in conjunction with the ICS Annual Scientific Meeting. The focus of the Public Forum this year will be Neurogenic Bladder and Overactive Bladder symptoms in spinal cord injured patients. This is a huge problem in China and one that needs to be addressed. Chairing this forum will be Limin Liao, Professor Wang Jianye and Frankie Bates. We have a great line up of speakers to cover both medical and behavioural approaches to care, as well as physiotherapy treatment to improve symptoms.

The CPC workshop has been accepted by the Education Committee and is scheduled for Monday 15 October. Again the focus is on Neurogenic Bladder and our speakers include Jean-Jacques Wyndaele, Yasuhiko Igawa and Kefang Wang. As in previous years, registration is complimentary, since part of the remit of the CPC is to increase awareness of urinary incontinence. Last year attendance was very high with standing room only, so be sure to sign up early!

Vasan Srini will be retiring from his post after completing his full term as CPC chair and the new Chair will take over in Beijing. ■

Continence Promotion Committee Chair

ICS is pleased to announce that Tamara Dickinson has accepted the position of Continence Promotion Committee Chair, and her 3-year term will begin in October at the AGM in Beijing. We wish you the best of luck with your new position Tamara.



Education Committee

8th PACS Held in Collaboration with the ICS and ICCS, Dubai, United Arab Emirates, 27-29 January 2012

● Sherif Mourad

THE PAN ARAB Continence Society (PACS) meeting, chaired by Sherif Mourad, held in collaboration with the ICS and ICCS, took place this year in Dubai, UAE at the wonderful venue of the Intercontinental Hotel – Festival City. The meeting was also joined by the American Urological Association represented by Ajay Singla and the Confederacion Americana De Urologia represented by Paulo Palma. The successful meeting included many class A speakers, with four speakers from the ICS (Gopal Badlani, Ruth Kirschner-Hermanns, Patrick Woodman and Mandy Wells) in addition to other leading experts from Europe, Canada, Egypt and the Middle East. An added bonus was a session dedicated to physiotherapy (Bary Berghmans and Maura Seleme) and another for nurses (Mandy Wells and Diane Newman), both of which were very well attended.

ICCS-Middle East Region, in collaboration with PACS, organised for the second year a parallel workshop during the 8th PACS/ICS/ICCS congress. Sherif Mourad opened the workshop, followed by an introduction to the Scientific Programme by Dr Amin Al Gohary, President of the Emirates Pediatric Surgery Society. Dr Mario De Gennaro, ICCS Education Committee chair, delivered a lecture on Neurogenic Bladder Management and ongoing ICCS guidelines. Mrs June Rogers gave an interesting presentation providing insight into Homecare for Urinary Incontinence and Bowel Management while Dr Mario Patricolo discussed Transitional Continence Clinics and Management of Incontinence in Adolescents.

Social events included a welcome reception outdoors facing the Festival City Lake while the gala dinner took place in the 5th floor open garden of the Crown Plaza hotel, overlooking the creek of Dubai. Sherif Mourad (PACS President) and Yasser Farahat (PACS Secretary) presented the awards to all the international speakers during the gala dinner in a wonderful celebration with lots of group photos.

The next meeting will take place at Yas Island near Abu Dhabi where the exciting Ferrari World will be welcoming you.

Other recent successful Education Courses from this year include Jakarta – Indonesia, Nusa Dua – Indonesia, and a guest lecture at

the Italian Society of Urodynamics meeting in May 2012, as well as a course in Buenos Aires – Argentina in June. ■



Sherif Mourad

Would you like the ICS to come to your country?

FOLLOWING DISCUSSIONS AT the Annual Scientific Meeting in Glasgow, the Education Committee decided to reorganise their committee and create new sub-committees. This task was completed in January 2012.

The Education Committee is one of the busiest ICS committees and the members felt that more engagement with trainees was required. In addition a long term strategy for Educational Programmes outside the annual meeting was needed.

The new subcommittees are:

- ICS Educational Courses and Workshops
- E-learning
- ICS Educational Quality and Evaluation
- ICS Trainees

The Educational Courses and Workshops sub-committee has the task of establishing links to relevant professional societies in countries underserved by the ICS in order to deliver high quality, multi-disciplinary educational activities as add-on courses to national or international meetings. They will also canvas for and arrange ICS sponsored lectures at such meetings.

The ICS now has a clear application procedure for those who are interested in having an ICS course in their country. Should you wish to apply please contact Avicia Burchill at the ICS Office:

avicia@icsoffice.org. ■

Upcoming Education Courses

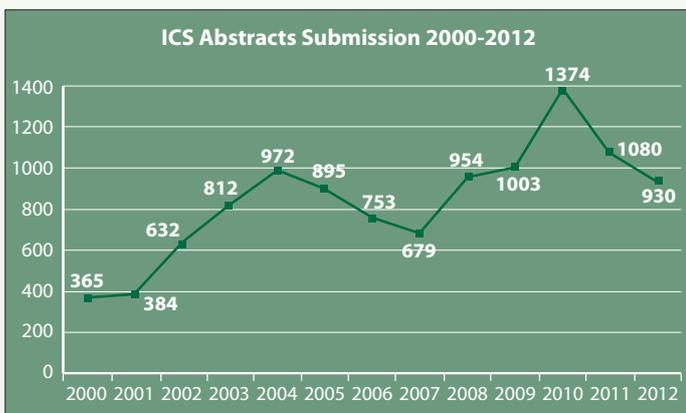
Course	Venue	Date
ICS Education Course in collaboration with the Venezuelan Society of Urology	Valencia, Venezuela	25-28/7/2012
Guest Lecture in collaboration with Asociación Guatemalteca de Urologia	Antigua, Guatemala	2-4/8/2012
ICS Cadaver Workshop: Female Pelvic Medicine and Reconstructive Surgery	Oporto, Portugal	20-21/8/2012
Guest Lecture in collaboration with the Confederación Americana de Urología (CAU)	Cartagena, Colombia	4-8/9/2012
ICS Guest Lecturers – Sociedad Iberoamericana de Neurourologia Y Uroginecologia (SINUG) Conference	Cadiz, Spain	20-22/9/2012
Guest Lecture in collaboration with the Deutsche Gesellschaft für Urologie (German Society of Urology)	Leipzig, Germany	26-29/9/2012
ICS Education Course with the Sicilian Urogynecologic Society. Female Pelvic Floor Dysfunction in the Mediterranean: a multidisciplinary approach	Palermo, Sicily	15-16/11/2012
ICS Education Course – Prevention and treatment of Childbirth-induced Pelvic Floor Dysfunction In Poland: A multi-disciplinary approach	Krakow, Poland	22-23/11/2012

Scientific Committee

ICS 2012 Scientific Committee

● Dominic Turner

THERE WAS A massive response to the call for abstracts for ICS 2012, Beijing. This was a new record for a non-US/EU venue and the response from Asia was phenomenal. Thanks should go to Professor Limin Liao (ICS 2012 Annual Meeting Chair) and his local organising committee for all their hard work in promoting the Annual Scientific Meeting in the region.



ICS 2012 Beijing Geographical Abstract Submission

Year	2011	2012	Change
Asia	33.5 %	48.5 %	+15.1 %
Europe	41.3 %	32.2 %	-9.1 %
Americas	20.5 %	13.3 %	-7.1 %
Oceania	3.2 %	3.4 %	+0.2 %
Africa	1.6 %	2.5 %	+0.9 %

Abstract Status	Total
Accepted	860
Incomplete	43
Not Accepted	25
Withdrawn	2
Total Submitted	930

Abstract submissions closed on the 1st April 2012. This was followed by 4 weeks of review by the 17 members of the scientific committee. In addition, thanks to 33 members of the Editorial Board of *Neurology and Urodynamics* who gave their time to act as external reviewers for specialist topics.

The ICS 2012 Scientific Committee Meeting was held in Beijing from the 5–7 May, to review all abstract submissions for 2012. Dominic Turner and Ashley Brookes from the ICS office attended the meeting to provide scientific support.

The ICS 2012 Meeting Administration System

The meeting lasted 3 days in which 930 submissions were reviewed and selections made for the forthcoming Annual Meeting. An exciting programme of 282 abstracts and videos in 10 Podium and 19 Poster sessions was constructed over a period of three days. The Committee

also selected the three State of the Art Lectures, a Round Table Discussion, 60 Session Chairs and three Best Abstract Prize Awards. This was an extremely busy meeting for all attendees. The ICS would like to thank the Scientific Committee members for all their hard work during this time and throughout the year. Special thanks also goes to Professor Limin Liao who organised a Neurogenic Bladder Workshop with the Scientific Committee members speaking at the 10th Anniversary of the China Rehabilitation Research Center. Thanks also to Professor Lan Zhu (ICS 2012 Scientific Co-Chair) who arranged a wonderful dinner on the final night at the Lao She's Teahouse in Qianmen.

Session Type	Total
Podium	44
Podium Poster	232
Podium Video	6
Non-Discussion Videos	6
Non-Discussion Poster	368
Read by Title	204
Total Accepted	860

Thanks also to Kenes and Michael Chang Zheng from China Star for making all of the arrangements and providing much needed translation with the local AV companies.



The ICS 2012 Online Review Site

ICS 2012 Scientific Programme Online

For the first time, authors will be able to upload their posters for people to view online – both before and after the meeting!

On behalf of the ICS 2012 Scientific Committee we look forward to seeing you in Beijing! ■

ICS 2012 Abstracts, Workshops, Videos and Handouts are now available online via the ICS Office website:
www.icsoffice.org/Abstracts



Scan the QR code



ICS 2012 Scientific Committee Meeting 5-7 May

Left to Right: Dominic Turner, Ashley Brookes, Xiaowen Tong, Margot Damaser, Montserrat Espuna, Tony Stone, Laurence Stewart, James Gillespie, Werner Schaefer¹, Katherine Moore, Lan Zhu¹, Manfred Stohrer, Limin Liao², Nucelio Lemos, Alex Lin, Jian Wen

1. Scientific Co-Chair, 2. Annual Meeting Chair

Abstracts online

Wednesday 17th October 2012	
07:30-08:30	Parallel Satellite Symposium
08:30-09:00	Opening Ceremony
09:00-10:30	Session 1 (Podium) - Surgery for Stress Incontinence I
10:30-11:00	Coffee Break/Poster & Video Viewing
10:30-11:00	ICS Press Conference
11:00-11:05	Advert for ICS 2013
11:05-11:35	State of the Art Lecture 1 - Chinese Acupuncture - History, Present and Future. Prof Jisheng Han, China
11:35-12:35	Session 2 (Podium) - LUTS Women
11:35-12:35	Session 3 (Podium) - Bladder Mechanoreceptors
12:35-13:30	Lunch
12:35-13:30	Meet the Experts
12:35-13:30	Pelvic Floor Exercise Class
12:35-14:00	ICS Meetings Committee
13:30-15:00	Session 4 (Poster) - Male I
13:30-15:30	Session 5 (Poster) - Epidemiology and Outcomes Research I
13:30-15:30	Session 6 (Poster) - Neurophysiology I
13:30-15:30	Session 7 (Poster) - LUTS Ethiology and Treatment

Kung Fu Demonstration at Lao Che's Teahouse



Basic Theory of Traditional Chinese Medicine and Treatment for Urinary Incontinence

● Tao Kong, Limin Liao

IN RECENT YEARS, there has been a surge of interest in Traditional Chinese Medicine in the Western world. What is it and how did it evolve? We take a brief look here at the basic principles.

Origins of Traditional Chinese Medicine

Traditional Chinese Medicine (TCM) has a recorded history dating back over 4,000 years. The "Huang Di Nei Jing" or "Yellow Emperor's Classic of Medicine" is one of the earliest books on TCM, going back to 1000 BC. TCM is fundamentally different from Western medicine and is derived from Taoist philosophy. It reflects the classical Chinese philosophy that man should maintain the harmony of his body and at the same time coordinate with the laws of nature. Confucianism, as an orthodox doctrine, provided a favourable social environment for the development of medicine.

Modern Chinese Medicine

Modern Chinese Medicine (MCM) is a holistic medical approach that integrates Traditional Chinese Medicine (TCM) with modern western medicine. In 1955, the People's Republic of China established formal medical schools to teach three kinds of medicine: TCM (Zhong Yi), Western medicine (Xi Yi) and Modern Chinese Medicine (Zhong Xi Yi Jiehe). The most highly trained and respected doctors in China are those with MCM education and experience. MCM includes acupuncture, Tui Na, Chinese Herbs and Qi Gong. While in the past Chinese medicine was taught through apprenticeship, today China has some 25 colleges teaching TCM. Some Chinese universities provide English language programmes in TCM.

What are the basic principles of TCM?

TCM identified the vital energy called Qi as the life force driving all living things. Qi flows through meridians (also called lines or channels) in the body, similar to water flowing in a river. There are twelve primary meridians, each associated with an organ system. Disease is believed to occur as a result of imbalance, causing excessive or deficient amounts of Qi in the meridians. TCM works to alleviate this imbalance and restore harmony using acupuncture and herbs. The theory of holism plays a central role in TCM. Treatment is based on eight strategies (Ba Fa): Sweating (Han Fa), Vomiting (Tu Fa), Draining Downward (Xia Fa), Harmonizing (He Fa), Warming (Wen Fa), Clearing (Qing Fa), Reducing (Xiao Fa) and Tonifying (Bu Fa).

Chinese herbs

Herbs are an important component of TCM used in the prevention and treatment of disease. Ancient Chinese herbal formulas are as effective as they were more than 4,000 years ago when they were first introduced. The formulas contain two to eighteen different types of herbs and are used to treat a wide variety of symptoms while stimulating the body's natural healing process.

Most countries in Asia use the TCM methods of acupuncture and moxibustion. Moxibustion is a traditional Chinese therapy using moxa or mugwort herb. It plays an important role in the traditional medicine of China, Japan, Korea, Vietnam, Tibet and Mongolia. It is dried and ground to a fluff which is either burned or processed into a

stick form. Practitioners can either use it indirectly, with acupuncture needles, or burn it on the patient's skin.

Acupuncture

Acupuncture has a clearly recorded history of some 2,000 years, but archaeology has indicated that it may possibly date back to Neolithic or Stone Age eras. Originally needles of stone or bone were used and have been found in ancient tombs, but were replaced by metal in the 2nd century BC. There are indications that acupuncture may indeed have spread from China to Eurasia by the early Bronze Age. Examination of the well-known 5,000 year old mummified body of Ötzi the Iceman has revealed signs of tattooing that may possibly indicate use of acupuncture. The principle behind traditional acupuncture is that acupuncture points are located throughout the body and act as gateways to influence, redirect, increase or decrease the vital "substance" of Qi, thereby modifying imbalances that cause disease. Thin, sterile, stainless steel acupuncture needles are inserted into acupuncture points to mobilise energy (Qi) flow and invigorate the proper function of muscles, nerves, vessels, glands and organs.

Tui Na

Tui Na is a hands-on body treatment that uses Chinese Taoist and martial art principles in an attempt to bring into balance the eight principles of TCM. Tui Na incorporates three techniques: Massage: to treat the soft tissue. Acupressure: to affect the flow of the Qi. Adjustments: to realign the musculoskeletal and ligamentous relationships and spine subluxations to restore the body's normal functions. The practitioner may brush, knead, roll/press and rub the areas between each of the joints (known as the eight gates) to open the body's defensive (Wei) Qi and get the energy moving in the meridians as well as the muscles. Traditionally Tui Na seeks to establish a more harmonious flow of Qi throughout the system of channels and collaterals, allowing the body to naturally heal itself. Tui Na is an integral part of TCM and is taught in TCM schools as part of formal training in Oriental medicine. Many East Asian martial arts schools also teach Tui Na to their advanced students for the treatment and management of injury and pain due to training.

The theory of Yin and Yang

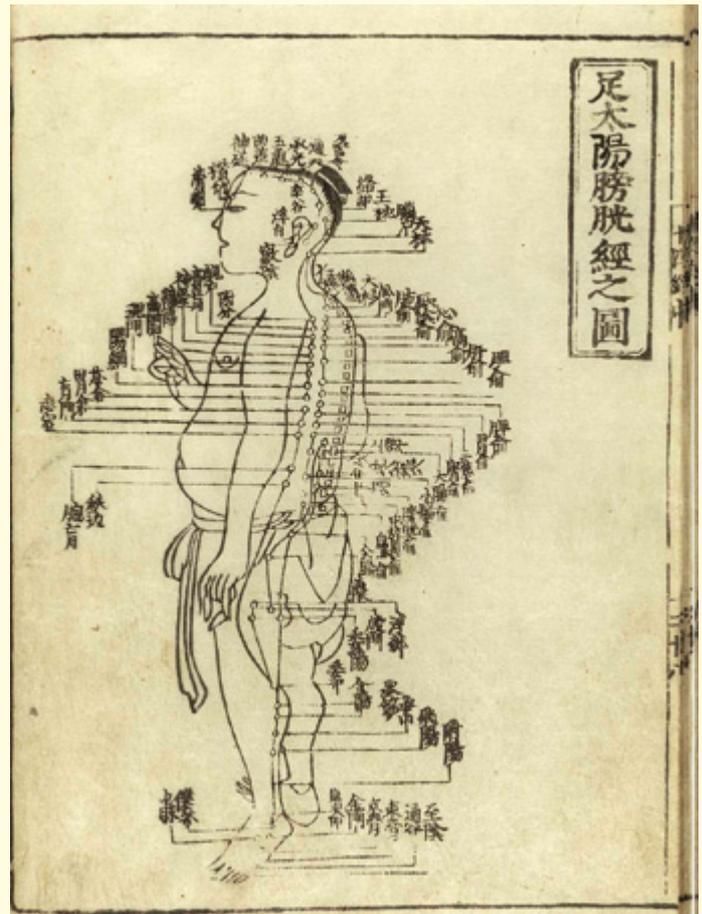
The concept of Yin and Yang was originally a philosophical/metaphysical theory of ancient China and can be traced back to the Shang dynasty (1600-1100 BC). Later on, this theory was incorporated into medical practice and became an important component of the theory of TCM. According to this theory, everything in the universe contains the two aspects of Yin and Yang, which are in opposi-

tion and also in unison. Primaevial analogies for these aspects are the sun-facing (yang) and the shady (yin) side of a hill. Two other commonly used representational allegories of yin and yang are water and fire. The yin and yang concept is also applicable to the human body, with the upper part of the body and the back assigned to yang, while



Yin and Yang symbol for balance.

Acupuncture chart from Hua Shou, Ming Dynasty



the lower part of the body is assigned to yin. The same concept extends to the different body functions and also to disease symptoms (e.g. cold and heat sensations are assumed to be yin and yang symptoms, respectively). TCM treatment is aimed at achieving the right balance between yin and yang and thereby curing the symptoms.

Many other principles and concepts

TCM has many other principles and concepts, including *Bian Zheng Lun Zhi*, a process of diagnosis aimed at determining the right therapy. *Wu Xing* – the Five Phases – is used to describe interactions and relationships between phenomena. In ancient times, it was thought that the five materials: metal, wood, water, fire, and earth were indispensable and fundamental elements constituting the Cosmos, enhancing, inhibiting and restraining relationships among each other. In *Zang Fu* (Viscera) emphasis is laid on the physiological functions of an organ rather than on its anatomical structure. *Wu Zang* (the five parenchymatous organs) represents the heart, liver, spleen, lung and kidney, while *Liu Fu* (the six hollow organs) represents the gallbladder, stomach, large intestine, small intestine, urinary bladder and triple heater.

Incontinence and TCM

As we all know, most bladder control problems occur due to weak or overactive bladder muscles. Muscle and nerve damage can cause urinary incontinence. Sneezing, laughing, jumping or lifting heavy objects can cause urine or stool to leak, or you may feel a strong urge to go to the bathroom frequently. Chinese medicine theory believes incontinence to be a deficiency of energy, or Qi. As “gates,” the bladder and anal sphincters need significant energy to function properly. Urinary incontinence is thought to stem from issues with kidney energy, so acupressure and acupuncture treatments may focus on increasing kidney Qi. Points along the bladder meridian may also be stimulated to help control urine flow. The spleen is thought to influence transportation and transformation fluids and foods, and is also responsible for developing the body’s muscles. Controlling urine elimination can relate to muscle function, so treatment for urinary incontinence may involve the spleen.

Herbal Medicine for Incontinence

Herbs can be especially effective for treating urinary incontinence. The group of plants called toning herbs can strengthen and restore the mucous membranes in the urinary tract and may prevent incontinence. The stems of horsetail, for example, can be taken in the form of juice, powder in capsules, or tincture. Other beneficial herbs include buchu, saw palmetto, corn silk, plantain and nettles. St. John’s wort is also often added to an herbal remedy for urinary incontinence. Herbs can also be effective for ailments related to or precipitating incontinence, such as recurrent urinary tract infection, constipation, and diarrhoea.

Acupuncture for Incontinence

An acupuncturist can correct imbalances in the flow of vital energy, or Qi. Urinary incontinence is thought to result from a deficiency of Qi in

the kidney. Acupuncture can help ‘lift the Qi’ in the bladder. Scientific research is currently finding evidence demonstrating the value of acupuncture in treating a host of physical problems. From a biomedical viewpoint, acupuncture is believed to stimulate the nervous system, which in turn influences the production of communication substances such as hormones and neurotransmitters. The ensuing biochemical adjustments activate the body’s self-regulating homeostatic systems, which stimulates natural healing abilities, promoting physical and emotional well-being. A study published in “Autonomic Neuroscience” in January 2009 found that participants who received acupuncture for faecal incontinence experienced significant improvement in bowel control. The “Chinese Journal of Surgery” found acupuncture, in addition to pelvic floor muscle exercises, to be a beneficial strategy for decreasing urinary incontinence. The study, published in September 2010, tested participants recovering from prostate surgery. The experimental group saw more improvement than controls who only used pelvic floor muscle exercises. Animal studies have shown that acupuncture treatment may specifically be of benefit for urinary incontinence by:

- Decreasing the expression of c-Fos in the brain. Induction of stress urinary incontinence in rats has been shown to increase expression of c-Fos (Chung 2008).
- Controlling nitrgergic neurotransmitters in order to increase nitric oxide levels in bladder tissue, thus relaxing smooth muscle and allowing increased bladder capacity (Chen 2006).

Systematic reviews and trials suggest that acupuncture can help patients with urinary incontinence, especially those with urge urinary incontinence. Stress urinary incontinence is improved when it is used with pelvic floor muscle exercises. It may also help with incontinence caused by a stroke, and nocturnal enuresis in children. However, further study is necessary. ■

ICS Urodynamics Fellowship Award 2011

Dmytro Mykhailov's ICS Fellowship experience in Canada

● Dmytro Mykhailov



Supported by Laborie
Medical Technologies

I WOULD FIRST like to introduce myself: I am Dmytro Mykhailov, urologist at Kiev City Clinical Hospital #3 in the Ukraine and have been a member of the International Continence Society since 2010.

I have for some time felt an urgent need to improve my knowledge in the field of urodynamics and the treatment of various types of urinary incontinence. Following my application for an ICS fellowship, I was delighted to hear that my application had been successful and that I had been awarded an ICS Urodynamics Fellowship grant for the Urology Department of Dalhousie University, Halifax, Nova Scotia, Canada. My training had been arranged for a period of 6 weeks from 9 January-19 February 2012. I would like to take this opportunity of particularly thanking Jenny Ellis from the ICS Office for her invaluable support.

Under the terms of the fellowship, I would have strictly observational privileges – no hands on. This department of urology has existed for over 85 years and provides specialised care to the population of the Atlantic Canada region. Its various sites are integrated into the Capital Health network. This gave me the opportunity to visit the urology clinic for ambulatory care at Cobequid Community Health Centre and the Queen Elizabeth II Health Sciences Centre. The latter comprises two separate campuses: Halifax Infirmary Site (HI) with an outpatient urologic clinic and Victoria General Site (VG) including the Centennial Building with its inpatient urology service and operating rooms. I was observing and learning urodynamics from Jerzy Gajewski MD, FRCSC. I also received much practical advice from Emmi Champion, a nurse from Urodynamics Laboratory at HI. Her experience was particularly valuable for me. All tests were performed and reported strictly in accordance with ICS standards.

I would like to focus for a moment on describing laboratory equipment as part of Good Urodynamic Practice. I was able to study in detail all the possibilities of the Laborie Triton. Great attention has been paid to patient privacy and to prevention of infections. I additionally had the opportunity to learn about pelvic floor conservative treatment using UROstim with EMG biofeedback and visual display on a computer screen. The urology department uses biofeedback programmes it has designed itself for painful bladder syndrome /interstitial cystitis (PBS/IC), overactive bladder, post radical prostatectomy incontinence and voiding dysfunction. Special attention was paid to intake and voiding diaries, pharmacologic management and diet and lifestyle modification as important elements of incontinence and voiding dysfunction care.

During my fellowship, I was able to take part in the complex urodynamic studies with a wide range of pathologies. I had the unique opportunity to master the identification of abdominal and detrusor leak point pressures, detection of artifacts, use of nomograms, calculation of bladder outlet obstruction and bladder contractility indexes.



*Dmytro Mykhailov in the
Urodynamics Lab*

I learnt how to understand differences between detrusor sphincter dyssynergia and dysfunctional voiding, the necessity for careful calibration and zeroing and balancing of equipment. I mastered all the nuances of the correct use of terminology in accordance with ICS standards.

I would also like to thank the urology department staff, including the residents and fellows. At the VG site, I was able to see videourodynamics, bladder hydrodistension in patients with PBS/IC, cystectomy with ileal conduit urinary diversion in a patient with severe PBS/IC, urethral bulking agent injection. I would especially like to thank Dr Greg Bailly for the chance to observe numerous operations in the field of female urology, incontinence and urethral reconstruction. With his and Professor Gajewski's detailed explanations, I saw the transobturator approach for SUI treatment using the Argus T Adjustable Male Sling System, male artificial urinary sphincter implantation, bladder suspension using autologous fascial sling. I also had the opportunity to observe different types of midurethral sling procedures: TVT Retropubic and TVT Obturator (inside-out and outside-in approaches). It was also very valuable to observe the management of complications after sling procedures with transvaginal partial excision due to vaginal extrusion and complete mesh removal due to urethral erosion.

My acquaintance with sacral nerve modulation deserves a special mention. This fellowship offered a unique opportunity to work with Professor Gajewski, one of the most renowned and experienced specialists in the field of neurourology, and to observe many aspects of the use of Interstim therapy for urinary control in his practice. This included peripheral nerve evaluation (PNE), battery replacement, SNM-implantation and SNM-removal.

Once again, I would like to express my deep gratitude to the ICS for this unique educational opportunity to visit Canada. With all my heart, I thank Professor Gajewski and the staff of the Urology Department of Dalhousie University who assisted me in my training. I believe this fellowship will help me in both my scientific work and in daily clinical practice, with undoubted benefit to a large number of patients at our hospital in the Ukraine. ■

*Jerzy Gajewski and Dmytro Mykhailov at Dalhousie University
Urology Department*



Two ICS Members in Queen's New Year Honours List

The ICS would like to offer its warmest congratulations to Clare Fowler and Grace Dorey, both of whom received awards in the Queen's 2012 New Year Honours List for outstanding achievement and service to the community.

Clare Fowler CBE

Clare Fowler was awarded a CBE (Commander of the British Empire) for services to uro-neurology, after developing this new subspecialty within neurology and establishing a department of that name at the National Hospital for Neurology and Neurosurgery 1987. Her research and clinical work was instrumental for developing a multi-specialty approach to neurogenic bladder dysfunction. In 1985 she described a syndrome which provided an explanation for urinary retention in young women and which has since become known as 'Fowler's Syndrome'. The photograph was taken at Buckingham Palace on 29 February 2012 where the investiture was performed by HRH Prince Charles.

Grace Dorey MBE

On 4 May 2012, Grace Dorey was invested with an MBE (Member of the British Empire) from HRH Prince Charles at Buckingham Palace for 'Physiotherapy: Services to Healthcare.' Her daughter Claire, son Martin and daughter-in-law Joanne were guests. Grace, who was awarded a PhD at the University of the West of England, Bristol for her research showing that pelvic floor exercises are significantly effective for erectile dysfunction, is currently working as a Consultant Physiotherapist at The Nuffield Hospital, Taunton and Queen's Medical Centre, Barnstaple. She runs male and female continence and sexual dysfunction study days for physiotherapists and nurses throughout the world and has published eight self-help patient books, three textbooks and three videos which are available from her website:

www.yourpelvicfloor.co.uk



LinkedIn

The ICS LinkedIn group is a place to learn, share, and engage in conversation with your peers. In the group's first month alone we had nearly 300 members join as part of the discussion forum. To join our LinkedIn group visit <http://linkd.in/ICSgroup>.



Twitter

For up to the minute ICS news and information follow [@icsoffice](https://twitter.com/icsoffice)



Facebook

Visit www.facebook.com/icsoffice and 'like' our Facebook page to access all the latest videos, pictures and updates on the ICS, the Annual Meeting in Beijing, and more!

Neurourology & Urodynamics Update

Dear Colleagues,

I AM WRITING on behalf of the core editorial team (Karl-Erik Andersson, Lori Birder, Dirk De Ridder, Roger Dmochowski, Mickey Karram, Heinz Koelbl, Robert Pickard, Eric Rovner and myself) to thank everyone for their strong support over the last year.

The journal can't function without the support of its reviewers and I am delighted to be able to thank the Top Ten Reviewers for 2011 who are as follows:



Rufus
Cartwright

Marcus
Drake

Karel
Everaert

Derek
Griffiths

Clare
Fowler



John
Heesakkers

Medardo
Hernandez

Peter
Rosier

Phillip
Smith

Frank
Van Der Aa

Thanks to the generosity of SUFU, ICS and the publisher, over the last year we have been able to catch up with the backlog in publication and also introduce a far speedier rate of getting articles online. In this context, I would like to thank Wiley-Blackwell for their strong support and interaction with us at the journal office.

Over the last year you will have seen a number of review articles published and we are very keen to receive reviews, so please feel free at any stage to get in contact with editorials relating to articles, particularly if you have peer-reviewed them, or with suggestions of reviews

that you would like to carry out. The journal is a forum for the members of the association and we really need your support.

Following on from the Editorial Board meeting at the ICS Annual Meeting in Glasgow, we have implemented several new initiatives. One has been to reduce our acceptance rate, while still providing an interactive and useful forum for all of the experts working in this clinical field. We have so far managed to lower the rate to 46.3% from 57.3% last August. The charges for colour figures have also been reduced after discussion with the publisher; these are now \$250 per page (previously \$950 for the first page and \$500 for each page thereafter). We have also increased our reviewer pool using recommendations from Editorial Board and have set up a social networking presence on Twitter and Facebook.

I have been overwhelmed by the very positive comments and support that I personally have had over the last six months, in particular from Karl-Erik Andersson who stood in for me for a two month period as Editor-in-Chief of the journal, during an illness from which I am delighted to say that I am making a good recovery.

I would like to acknowledge the fantastic support and hard work that Jen Tidman puts into the journal.

Certainly, based on the feedback that I have had relating to the journal, it is widely considered to be progressing along the right lines and for this I can only thank not only the editorial board and the reviewers, but both the officers and the members of the ICS for their input. Please contact myself or Jen at the editorial office (via neurol@btconnect.com) if we can help or if you wish to feed back to us with comments, advice or suggestions. ■

With best wishes,

Chris Chapple, Editor-in-Chief

Editor-in-Chief, Neurourology & Urodynamics



Chris Chapple

OBITUARY

Norman Zinner, M.D., M.S., F.A.C.S.

1934 - 2012

● Sender Herschorn



NORMAN ZINNER LIVED life to the fullest. Whether he was at home in California or travelling with his dear wife Nancy and enjoying the wonders of the world, whether he was working at his beloved profession of urology, whether he was at a scientific meeting with his colleagues and friends, Norman was always enthusiastic, involved, challenging himself and others to look at things differently, and above all interested in other people and how they think and feel.

His biography appears in the recent *History of the ICS 1971-2010*, of which he was one of the authors along with Ted Arnold and Eric Glen.

He was a Urology resident in 1961 and while focusing on urodynamic studies with Rog Ritter, challenged the common practices of female urethral dilation and Y-V plasty for 'stenosis'. These were commonly done procedures. In 1966 he joined the University of Washington, founded a urodynamic laboratory and organised a multidisciplinary team of researchers, engineers, mathematicians, and physicians to study obstruction. He studied obstruction by analysing high-speed photography that depicted the urine stream in droplets. Thus was born one of the first non-invasive urodynamic methods.

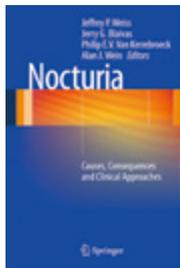
He urged the formation of the Standardisation Committee of the ICS and was a member of the first committee. Over the years he not only contributed in a major way to the ICS, but to other societies such as the original Urodynamics Society and then to SUFU.

I first met Norman and Nancy in 1978 at my first ICS meeting and have kept contact with him ever since. Norman was a passionate, caring, and considerate man who was an original thinker. He always had a kind word and an interesting story about his work, his family, or his life experiences whenever I met him.

Norman Zinner was one of the great individuals in our Society and he will be missed. ■

Book Reviews

● by Jane Meijlink

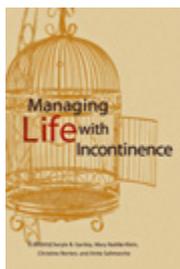


NOCTURIA CAUSES, CONSEQUENCES AND CLINICAL APPROACHES

Editors: Weiss JP, Blaivas JG, Van Kerrebroeck PEV, Wein AJ

Publisher: Springer 2012, Hardcover. 172 pp. ISBN 978-1-4614-1155-0. Price guide: € 99.95

This is the first time that a book has been written exclusively on the topic of nocturia. While many articles, scattered over many different journals, have been published in recent years on causes and consequences of nocturia, all aspects have now been combined in one state-of-the-art volume, authored by top experts, providing a comprehensive overview and a fascinating and useful read. The 12 chapters include a discussion of the current definition of nocturia and whether the patient is awakened by the need to void or whether the patient voids after being awakened by other reasons. It also points out that since at least 16% of the population comprises shift workers who sleep in the daytime, "nocturia" may in fact normally occur during the day. The book covers the many different medical conditions associated with nocturia, impact on quality of life, quality and importance of sleep, and the cost to society of nocturia-related sleep deprivation. The problems and consequences of nocturia in the elderly are also fully addressed, as well as pharmacotherapy and treatment with alternative therapies. The final chapter puts forward proposals for future investigations in the field of nocturia. This will be a valuable (and very readable) reference work for urologists, urogynaecologists, internists, nephrologists, pulmonologists, endocrinologists and sleep medicine specialists, also for allied professions working with patients suffering from nocturia.



MANAGING LIFE WITH INCONTINENCE

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

Publisher: The Simon Foundation for Continence, 2012, Softcover. 232 pp.

ISBN-10: 0615602258; ISBN-13: 978-0-615-60225-7. Price guide: \$ 16.95

While written specifically for people who have to cope with bladder and/or bowel incontinence every day of their life, this new book from the Simon Foundation also provides a wealth of information that will be useful for doctors and nurses who understand their patients' frustrations and wish to more fully understand the quality of life issues facing people with intractable incontinence. Chapters have been contributed by many well-known practitioners in the field of bladder and bowel incontinence, interspersed with intimate and inspiring personal stories written by eleven patients from Sweden, Japan, England, Canada, Israel, Brazil, and the United States, explaining very frankly how incontinence impacted their lives, and how they fought back to build lives of their choosing. In the coming year, the Simon Foundation expects *Managing Life with Incontinence* to be translated into several languages. The first translation, into Japanese, will be published early next year. The current English-language version can be ordered from the Simon Foundation: http://www.simonfoundation.org/New_Book_Order_the_Book.html

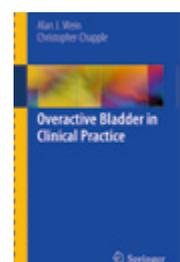


OVERACTIVE BLADDER SYNDROME AND URINARY INCONTINENCE

Edited by Hashim Hashim and Paul Abrams

Publisher: Oxford University Press, 2012, Softcover. 83 pages. ISBN: 978-0-19-959939-4. Price guide: £12.99

Literally a pocket-sized book, this small volume provides a practical and easy-to-read reference, covering all clinically relevant aspects of OAB and urinary incontinence, with chapters contributed by experts in the field. It starts with an indispensable list of symbols and abbreviations, has handy, practical tables throughout, a useful appendix with various guidelines and an index. The clearly written chapters include epidemiology, diagnosis and treatment, making this book useful for urologists, gynaecologists, geriatricians, nurses, continence advisors, physiotherapists, GPs and medical students. Good value for money.



OVERACTIVE BLADDER IN CLINICAL PRACTICE

Authors: Wein AJ, Chapple C.

Publisher: Springer 2012, Softcover. 147 pp. ISBN 978-1-84628-830-2. Price guide: € 29.95

A well-illustrated reference book, providing information varying from definitions, anatomy & physiology and epidemiology to diagnosis and treatment of overactive bladder, with sections on diagnosis, pharmacological and surgical treatment as well as the socioeconomic impact of OAB and quality of life issues. However, while there is one paragraph on acupuncture, there is nothing else on complementary or alternative treatments. Chapter 9 on comorbid conditions and complications does seem rather limited and it seems a little confusing to mix the two in one chapter (e.g. Falls & Fractures interspersed between Cardiac Disorders and Gastrointestinal Disorders). It would have been handy to have an index. Useful reading for residents and trainees in urology and urogynaecology.

The Chinese Urological Association



Professor Jieping Wu

THE CHINESE UROLOGICAL Association (CUA) of the Chinese Medical Association (CMA), established in 1981 by Professor Jieping Wu, academician of the Chinese Academy of Sciences and founder of China's urology, is a successful professional association for the advancement of urology in China that unites and leads its more than 13,000 members. CUA is committed to implementing "two standardisations" (to standardize the management of CUA and to standardise the diagnosis and treatment of urological diseases), "three missions" (academic communication, continuing

education and science popularisation) and "one promotion" (to promote internationalisation of the CUA). Members of the CUA Council are elected every three years.

The 9th CUA Council, elected in December 2010, comprises 64 members and has 6 offices, 9 academic groups as well as the Chinese School of Urology (CSU). Founded in February 2008, the CSU aims to provide professional, standard, international education courses to Chinese urologists.

Wu Jieping Medical Foundation

The Wu Jieping Medical Foundation (WJPMF) is a China-based charity, founded on 28 February, 2002. The WJPMF will receive the ICS 2012 meeting chair Limin Liao's donation for the purpose of promoting incontinence in China. ■



The Chinese Continence Society of the Chinese Urological Association



IT WAS NOT until the 1990s that China initiated developments in the fields of urodynamics and urinary incontinence. The tremendous efforts on the part of Professor Guo Naimian, Professor Jin Xiyu and other leading urologists enabled the establishment of a methodology for testing urinary tract functions. Meanwhile, they also developed a series of related devices and equipment, and set up standard examination methods and normal values of Chinese people. In 1997, the 1st Chinese Urological Association (CUA) Urodynamics Conference was held in Chongqing. During this conference, the CUA launched its Society of Urodynamics. Its first committee members included Presidents Jin Xiyu and Zheng Jiafu, Secretary Song Bo and 11 other experts. In 2004, its name was changed to the Chinese Continence Society (CCS).

In 2009, the fourth committee of the CCS took office and introduced standardised methods for diagnosing and treating urological diseases as well as a journal called Urinary Incontinence and Prostatic Diseases. The CCS also revised and compiled guidelines for specific diseases

and operations, such as Overactive Bladder Symptoms, Stress Urinary Incontinence, Neurogenic Bladder, Urodynamics Examination and Procedures and Benign Prostatic Hypertrophy. Under the working principles of promoting "academic exchange, continuing education and popularization of science," the CCS organised a series of academic conferences and academic activities, such as the 8th and 9th National Urinary Continence Conferences, the Urinary Continence and Prostatic Diseases Forum 2010, World Continence Week and ICS Education Courses, ICS Nurse Training Courses and Urodynamic Courses. The CCS also founded the OAB China Free Alliance, participated in the annual meetings of the Pan-Pacific Continence Society, and undertook publicity and education on urinary continence during World Continence Week. In addition, the CCS completed an epidemiological survey on the prevalence of OAB in the Chinese population and successfully won the bid for hosting the 42nd Annual Meeting of the International Continence Society in Beijing! ■

VISA ESSENTIALS FOR TRAVEL TO BEIJING

To be able to enter China and attend the Annual Meeting you will need to obtain a Visa, and the application process for this can take up to two months so you are advised to plan carefully – especially if you have plans for travelling overseas near the time. Before you send off for your visa, please make sure that you have all of the documents in the below checklist:

- Completed visa application form
- Invitation letter – can be downloaded from your personal account at the congress website after you complete your registration

- Your hotel reservation confirmation letter
- Copy of your flight ticket to China
- Valid passport – which must have at least 6 months left before expiry
- Photograph – recent 2-inch passport photo
- Visa fee – contact your local consulate for current rates

For further information on how to apply for the visa, and to download the application for your country, visit www.visaforchina.org or contact your local Chinese consulate.

For more information see the ICS 2012 Meeting website: www.ics-meeting.com