

# ICS 2006

## ICS 36<sup>th</sup> Annual Meeting in Christchurch, New Zealand

The 36<sup>th</sup> ICS Annual Meeting attracted a total of 1,891 participants from around the globe, despite the long journey for many. Everyone was immensely touched by the warmth and friendliness of the New Zealanders. Our sincere thanks go to Prof Ted Arnold and his organising committee for their hard work. ICS 2006 was a joint meeting with the New Zealand Continence Association and the Continence Foundation of Australia.

The conference was officially opened by the New Zealand Health Minister Pete Hodgson who then took part in the local press conference. The ICS then hosted a press conference focused on the scientific programme and ICS educational activities.

The reception at the Town Hall was preceded by the Powhiri, a Maori ritual ceremonial welcome, and included a formal address by Rev. Maurice Gray.

### Scientific highlights from the ICS 2006

Prof C Norton emphasized that faecal incontinence is a significant healthcare problem with a major impact on psychosocial well-being. Prof J Oakley lectured on Current Ethical Issues for Health Professionals involved in Continence Care and Treatment, explaining that while many of the most important issues concerning relationships between health professionals and medical device industries, there are in fact several other ethical issues for health professionals in this field. Prof S Hunskaar lectured on Epidemiology of Urinary Incontinence in Women: from prevalence and risk factors to targets for clinical interventions.

A number of Basic science presentations concentrated on the role of Urothelium in lower urinary tract disorders. An award-winning paper showed that the  $\beta_3$  receptor gene could be a potential marker for detrusor overactivity.



Many interesting clinical papers considered the effect of pregnancy and childbearing on pelvic floor dysfunction. 3D/4D pelvic floor ultrasound revealed how prolapse and urinary symptoms are associated with damage of the pubovisceral muscle and that these abnormalities seem to be associated with age at first vaginal delivery.

A vital part of every annual meeting is the Trade Exhibition which this year presented



Traditional New Zealand greetings

new products along with competitions and promotions. Seven not-for-profit organisations in the field of incontinence and painful bladder syndrome received ideally located complimentary booths which gave them greatly appreciated exposure.

The relationship between industry and medical community is currently a very sensitive issue which is being addressed by the ICS through the ICS Ethics Committee and the Ethics workshop was organised during the meeting to seek input from the membership in this regard.

The webcasts cover a number of plenary sessions, all state-of-the-art lectures, several workshops and educational courses. To enjoy these, go to [www.ttmed.com/urology/ics2006](http://www.ttmed.com/urology/ics2006).

**Jerzy Gajewski, Jane Meijlink,  
Piotr Radziszewski, Stefano Salvatore.**

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# COMMITTEE NEWS

## NEW COMMITTEE FORMED AT AGM

The 36th ICS Annual Meeting in Christchurch, NZ was an outstanding success scientifically and socially. We are deeply grateful to Ted Arnold and the local organising committee.

As a result of repeated attacks on the present leadership which were sometimes worded in an inflamed way that went beyond the boundaries of fair conduct, the meeting was an opportunity to intensively discuss the present and the future of ICS. However, I am delighted that a consensus was reached under the common vision of the best interests of our scientific society.

The following STATEMENT OF RECONCILIATION was agreed and forms the basis for shifting from confrontation to cooperation for the sake of the ICS.

**"Recent disputes related to the International Continence Society's management and governance had regrettfully evolved to a situation of basic mistrust between involved parties. As an unwanted consequence of this, views and opinions were expressed by all involved parties that were hurtful to individuals and resulted in personal offence. In addition the ICS office was exposed to an unacceptable level of stress.**

There has now been resolution of these conflicts. All parties want to stress that it has always been, and will be so in the future, their aim to act in the best interests of the Society. Any personal damage caused has been unintentional. All relevant apologies were made

and accepted in good spirit. All now wish to express their mutual trust in each other. All want to co-operate in a concerted effort towards the goal that the International Continence Society will prosper as a democratic scientific society.

There is a commitment to treat everyone with respect and dignity."

At the AGM, I proposed a motion which was approved almost unanimously (no opposition vote, 4 abstentions) based on establishing a "Constitutional Review Committee" in order to review and propose changes to the ICS rules. This committee is co-chaired by Ted Arnold and Guus Kramer, to whom any interested member can send his/her views, suggestions and proposals.

I will host and chair an ad hoc meeting of the Constitutional Review Committee in Padova, Italy, aimed at finalising a working document to be discussed by the membership, for approval at the next ICS annual meeting in Rotterdam. For that purpose, in order to allow a proper discussion of the new rules by the membership and subsequent approval, a special meeting will be held on the Tuesday of the ICS Annual Meeting in Rotterdam.

We all want the ICS to remain a democratic scientific society responsive to its members' wishes, and I am confident that with the membership's help and support, we will succeed.

**Walter Artibani, ICS General Secretary**

*4th December 2006, following the 36th ICS AGM in Christchurch, NZ*

**NEW**

## Constitutional Reform Committee

### Chairs:

Ted Arnold & Guus Kramer

### Members:

Walter Artibani  
Jacques Corcos  
Michael Craggs  
Hans-Peter Dietz  
Michael Halaska  
Paul Hilton  
Gordon Hosker  
Bernard Jacquetin  
Gunnar Lose  
Dianne Newman  
Paulo Palma  
Chris Payne  
Werner Schaefer  
Marijke Slieker-ten Hove  
Anthony Stone  
Lewis Wall  
Osamu Yamaguchi

## ICS Nursing Education Sub-Committee Meeting

At the beginning of June, members of the ICS Nursing Education Sub-Committee held a two day meeting in Trondheim, Norway hosted by Anne Vinsnes.

### The initial Aims and Objectives of the meeting were:

#### Aims

- To develop a 10 year strategy for ICS linked International Nursing Education
- To coordinate an International Nursing Educational Development Programme.

#### Objectives

- To define core educational and practice content and competencies at basic and advanced practice nursing levels in continence care globally.
- To agree a format for nursing educational activities at ICS meetings.
- To discuss best practice approaches for teaching continence care.
- To determine an action plan for advancing continence nursing education and practice at an International level.

However, one of the outcomes of the Trondheim meeting, that had not been anticipated, was that it gave the Sub-Committee time to "gel". The Sub-Committee had only previously met during the ICS Conference for a couple of hours and there was a lack of clarity regarding its direction. This was resolved in Trondheim during the course of our deliberations and discussions as well as over some lovely food and drink!

The Sub-Committee developed a number of work-streams, to be led by Committee members and involving other invited and self-delegated nursing members of ICS. These work-streams will work via e-mail and meet in New Zealand at the Nurses' meeting. They will then continue their work and hopefully a summit will be held on the weekend prior to Rotterdam in order to agree a Short, Medium and Long-Term Action Plan.

#### The current work-streams are:

To define Continence Nursing and develop a Mission Statement

- To Characterise differing levels of Continence Nursing from Level 1 (Basic) to Level 4 (Advanced).
- To survey all members for their job descriptions and nursing roles in order to inform the characterisation.
- To coordinate the Continence Nursing Course and Workshops for the ICS Conference.
- To develop a framework for course contents for nurses at all levels (1-4) to be delivered at a local International level and to reach countries where nursing does not have a role or history or recognised education in continence care.

It was also agreed that Prof. Mary Palmer will take the lead for the Nursing Research Agenda and that this becomes a part of the Nursing Education Sub-Committee remit.

If anyone is interested in being part of a work-stream please contact Mandy Wells, Chair of the Nursing Education Sub-Committee on [mandy.wells@exeter-pct.nhs.uk](mailto:mandy.wells@exeter-pct.nhs.uk).

Mandy Wells

# Vesico-Vaginal & Recto-Vaginal Fistula in the Developing World



written by

**Sohier (Suzy) Elneil**

## History

Historically, vesico-vaginal fistulas (VVF), a communication between the vagina and bladder complex, dates back to 2050 BC when it was observed in Ancient Egyptian mummies. The first documented reference to fistula dates back to 1550 BC and its link and association with obstructed labour in 1030 AD. Between the 17th and 19th centuries, VVF was a major problem throughout Europe, the United States of America and other current members of the developed world. Sims in New York pioneered surgical repair of VVF in 1855 and many of the techniques are still widely used today[1]. He went on to open the first dedicated fistula hospital. Over time, with social and economic development, the numbers of VVF diminished and the hospital became a General Hospital in 1895 and eventually became the site of the world-renowned Waldorf Astoria Hotel.

While the problem in the developed world has diminished over the last century, it nevertheless persists in the developing and emergent nations of Africa[2, 3], Asia [4-6] and South America[7]. Famine, poverty and other economic and social underdevelopment issues hamper general development in many of these countries, thus worsening the problem of VVF.

## Incidence and Prevalence

Traditionally fistulas in the developing world occur in association with obstetric injury [8]. A tremendous disparity exists between risks associated with pregnancy and labour faced by women in the developing world compared to women from wealthier nations. For example, over the course of a lifetime, 1 in 30,000 Scandinavian women will die in pregnancy or labour. For a woman from Africa, the risk is 1 in 12. However, for every woman who dies in labour in the developing world, many more find their lives destroyed by terrible injuries because of untreated obstructed labour. Access to modern obstetric care is limited for much of the world, and availability of a timely caesarean section is virtually impossible. The grinding pressure of the foetal head during obstructed labour causes ischemia to the pelvic organs, and a spectrum of injuries ensues. These include the aforementioned VVF, recto-vaginal (RVF) and urethro-vaginal (UVF) fistulae.

In Africa, the prevalence rate is higher in rural areas due to poor obstetric facilities. Furthermore, long distances combined with

high cost of care, and poor nutrition make women more vulnerable to VVF. Unreliability and scarcity of data has meant that accurate numbers of those afflicted is not available. Although victims of this condition can be found across the length and breadth of the continent, there appears to be a concentration of sufferers in northern Nigeria [3] and other West African states, countries in the Horn of Africa and middle belt regions of the continent.

In Nigeria, for example, an estimated 529,000 women died from the complications of pregnancy and childbirth in 2000. According to the Federal Ministry of Health, there may be up to a million girls/women living with VVF, and an estimate of up to 80,000 new cases annually. Contributory factors include poverty, gender discrimination, lack of education, cultural or traditional practices and access to health services[7]. The developed world is only now becoming aware of the devastation to women's lives, largely because women in the developing world have had no voice in the international community.

## Prevention of Fistulas

Obstructed labour, the main proponent of VVF, is preventable. Therefore, the issues which are the basis for it - social and economic development of 'at risk' girls/women - need to be tackled. This would effectively prevent the problem. In the long-term, this approach will be more cost-effective than medical treatment, but more importantly it will be highly sustainable. In the interim period, a holistic approach to medical and surgical treatment, rehabilitation and follow-up in the community would be the most appropriate.

Women's health continues to be of great concern to both national and international organisations worldwide. There is increased awareness that the best approach is to adopt comprehensive programmes that examine all key periods in a woman's life cycle, from infancy to old age. Indeed, the World Health Organisation (WHO) has recently adopted "health security for women throughout the life-span" as the platform for its future advocacy efforts to improve the quality of women lives. No more so is this needed than in women suffering from a fistula.

## References

If you would like information regarding the references used in this paper, please contact the ICS office on newsletter@icsoffice.org

# ICS EDUCATION

## Sao Paulo Education Course

For the first time in South America, the ICS Educational Course held in Sao Paulo last July, organized by Prof. Linda Cardozo and Prof. Carlos D'Ancona, aimed at not only sharing scientific knowledge among young physicians, nurses, physiotherapists and other related professionals but also at stimulating discussion and the exchange of experiences with colleagues from different countries. One of the main aims of this course was to offer scientific information at a low fee.



The meeting was attended by over 250 physicians including urologists, gynecologists, coloproctologist surgeons from many South American countries.

The scientific programme included three workshops focusing on Urodynamics, Nursing and Physiotherapy. Prof. Linda Cardozo introduced the aims and objectives of the course followed by Prof. Walter Artibani who presented the ICS mission.

Prof. Carlos D'Ancona then gave a very informative presentation entitled "Detrusor overactive and outlet obstruction". Prof. Philip Van Kerrebroeck highlighted the importance of the ICS

Standardization and Terminology. Mandy Wells, who presented the lecture entitled: "*How nurses help in the management of incontinent patients*", showed how nurses help urologists/gynecologists treat incontinent patients and themselves treat patients as well, highlighting the increasing importance of nurses in the whole treatment process. A large number of Brazilian nurses attended this course.

Prof. Helmut Madersbacher gave a special presentation on Neurourology, followed by a debate on "*Men who Leak*" coordinated by Prof. Carlos D'Ancona. This last presentation focused on the impact on the quality of life in men with urinary incontinence and discussed alternative therapy from minimally invasive to classic therapies such as artificial urinary sphincter.

For physiotherapists the programme was unique. In the "*Debate – Physical therapy in stress incontinence – for and against*", Dr. Bary Berghmans showed that physiotherapy is effective for many patients suffering from stress urinary incontinence, with this treatment considered Grade A in Medicine Based Evidence.

We had an outstanding debate entitled "*My tape is the best for SUT*", where many urologists/gynecologists presented their experience with a specific product, aimed at helping the group choose the best tape in their daily practice.

Speakers from Europe and many from Brazil, participated in the Scientific Programme, discussed new topics and shared their experience in BPH therapy, Urodynamics and Overactive Bladder Syndrome. Brazilian doctors contributed significantly to the course but due to the lack of space, cannot be mentioned here.

Finally, I would like to say that this excellent meeting brought us highly scientific information and we hope the ICS will return to South America soon.

**Tadeu Tamanini, Urologist**

## GET INVOLVED IN AN EDUCATIONAL COURSE!

Due to the continued success of the stand-alone Educational Courses, we are calling for ICS Members to become involved and host a course in their country. The ICS plans to have at least two stand-alone Educational Courses per year, in addition to the Annual Meeting and are especially interested in visiting underdeveloped and developing countries. We are also looking for more speakers to participate at these meetings.

These ICS-subsidised courses are not-for-profit and are aimed at young healthcare and allied professionals who may experience difficulty in obtaining funding to attend the ICS Annual Meeting and are intended to encourage

attendance by those seeking to improve their knowledge of incontinence. All courses welcome ICS members and non-members and are usually held over 1½ days. Programmes cover ICS standardisation of terminology plus topics which are of particular interest to the local delegates. There is normally a mixture of international and local speakers and we try to ensure that the course is as multi-disciplinary as possible.

If you are interested in either coordinating or speaking at a course, please contact Avicia Burchill, ICS Education Coordinator at [avicia@icsoffice.org](mailto:avicia@icsoffice.org). We look forward to hearing from you.

## ICS Educational Course: Thessaloniki, Greece

### Course co-ordinators: Linda Cardozo and Stavros Charalambous.

We are delighted to announce an ICS Educational Course, the first in South-East Europe, in association with the Hellenic Urological Association, to be held in Thessaloniki, Greece 11-12 May 2007.

The aim of the meeting is to promote the exchange of expert knowledge in the continually-advancing field of Urodynamics, female urinary incontinence and pelvic floor dysfunction. The scientific programme includes state-of-the-art lectures the latest developments in clinical research, the sophisticated well-documented clinical methods and technologies as well.

The course venue – the Makedonia Hotel - is ideally located close to the city centre and within walking distance from shopping areas giving you to have easy access to the busy centre of Thessaloniki and the accommodation it provides.

Thessaloniki, the capital of Northern Greece, Greece's second largest

city, has a history spanning more than 2,300 years. Archaeological finds witness the position of Thessaloniki in the Macedonian Empire of Alexander the Great. Thessaloniki was the second most important city of Byzantium. Extraordinary monuments reflecting its brilliant past, including beautiful Byzantine churches can be seen throughout the city.

Thessaloniki provides an unrivalled place for such scientific events thanks to its economic and cultural role in the Balkan area, its function as a natural harbour for the South-East part of Europe and its gateway to the Holy Mount Athos and the beautiful Chalkidikis coasts.

Makedonia airport of Thessaloniki is serviced by most airlines, so it is easy to fly to Thessaloniki from any major city. The airport is only 20 minutes from the city centre.

We hope many of you will join us there.

**Stavros Charalambous**



Did you know that there are an estimated 100,000 gynaecologists and 5,000 urologists in China? Six international speakers travelled to Beijing in September to conduct an ICS Educational Course in conjunction with the Chinese Continence Society Symposium aimed at addressing just a few of these many doctors.

The course started on Sunday morning with introductions from various local associations such as the Chinese Spinal Cord Injury Society, the Chinese Gynaecological Association & Chinese Pelvic Floor Society and the Chinese Urological Association, Walter Artibani introduced the ICS with a resumé of its history and Linda Cardozo explained the reasons for running these courses.

The rest of the morning was taken up with an excellent presentation of Good Urodynamic Practice by Werner Schaefer. Werner is well known in China since he worked with Limin Liao, the course coordinator, on the 2002 standardisation report, Good Urodynamic Practice: Uroflowmetry, Filling Cystometry and Pressure Flow Studies. His presentation covered the aims and benefits of urodynamics, how to avoid problems and how to ensure clear readable results.

The afternoon was the turn of the Neurology section with Yasuhiko Igawa, Jean-Jacques Wyndaele and Helmut Madersbacher taking

it in turns to discuss the various topics. Jean-Jacques and Helmut discussed the diagnosis and management strategies of the neurogenic bladder respectively. Yasuhiko gave an interesting talk on Neurophysiology of LUT and Epidemiology. The afternoon was rounded off by an excellent talk by Helmut on Electrical Neuromodulation and Electrical Neurostimulation for Neurogenic Bladder. With the help of some insightful videos, Helmut was able to discuss the advantages and disadvantages of the various options for Neurostimulation and Neuromodulation. We were then treated to a wonderful evening of traditional Chinese entertainment and food with cocktails served in Daguanyuan Garden right next to the venue. We then moved inside for food and whilst we ate a wonderful meal we enjoyed a variety of acts including traditional Chinese Opera, dancing warriors and quizzes.

Walter Artibani opened the Monday morning session on the Effect of Urinary Incontinence on the Quality of Life followed by the Causes and Diagnosis of Urinary Incontinence in Men. This was followed by the Management of Male Urinary Incontinence by Jean-Jacques Wyndaele. Linda Cardozo then closed the Educational Course with similar topics on female incontinence.

Over 200 delegates attended the course and they were all very attentive and asked some interesting and challenging questions. Many of their questions were related to clinical cases on which they were working and this course gave them the ideal opportunity to ask the experts for their opinion. As is always the case with the Educational Courses, we specifically asked for feedback. The Chinese delegates were extremely positive and asked for more courses in the future.

I am sure that the entire faculty will agree with me that we were made to feel exceptionally welcome in Beijing and sincere thanks are due to Professor Limin Liao. My only complaint was that we didn't have more time to enjoy the delights that China offers.

**Avicia Burchill**



## 26-27 January 2007

ICS Educational Course Abu Dhabi Millennium Hotel, Abu Dhabi, United Arab Emirates. Coordinators: Linda Cardozo and Sherif Mourad.

## 1 February 2007

Abstract System Open for ICS Annual Conference 2007.

## 1 April 2007

**Deadline for submission of abstracts for ICS Annual Conference 2007.**

## 1 April 2007

**Deadline for nominations for ICS elected posts.**

## 1 April 2007

**Deadline for submitting bids for ICS 2011.**

## 7-9 May 2007

ICS Scientific Committee Meeting, Rotterdam, Netherlands.

## 11-12 May 2007

ICS Educational Course Thessaloniki Makedonia Hotel, Thessaloniki, Greece.

Coordinators: Linda Cardozo and Stavros Charalambous.

## 19-24 May 2007

AUA Annual Meeting, Anaheim, California, USA. Tel 800-908-9414.

## 19 May 2007

SUFU at the AUA 2007 Annual Meeting

## 12-16 June 2007

IUGA Annual Meeting at Cancun, Mexico.

## June 2007

ICS News, issue 6

## 20-24 August 2007

**2007 ICS Annual Meeting**, Congress Centre De Doelen, Rotterdam, Netherlands  
Chair: Ruud Bosch.

## 2 - 6 September 2007

29th Congress of the Société Internationale d'Urologie, Paris, France.

## 21 - 24 September 2007

22nd European Association of Urology Annual Congress, Berlin, Germany.

## 22 - 23 September 2007

34 ESU courses during the Annual EAU Congress, Berlin, Germany.

For more information about all the ICS events shown above, visit the ICS website on [www.icsoffice.org](http://www.icsoffice.org) or contact the ICS office on 0044 (0) 117 944 4881 or email [newsletter@icsoffice.org](mailto:newsletter@icsoffice.org).

# REVIEWS

## REVIEW OF NEURO-UROLOGY & URODYNAMICS

As you will all now be aware, the Society's journal is now under the editorship of Christopher Chapple. To focus attention on the journal and encourage contribution, ICS News will be regularly highlighting articles of particular interest to a multidisciplinary audience.

Many of us are involved in the performance and interpretation of urodynamics studies but feel that training is inadequate.

Ellis-Jones et al<sup>1</sup> assessed the impact of training and education provided on the Bristol Urological Institute Urodynamics course. They found a perceived positive impact of training on clinical practice.

Education increased the participants' level of confidence and ability to perform and interpret urodynamics investigations. This would suggest that more training courses need to be provided and that the teaching of urodynamics should be formalised.

As a clinician, I sometimes find it hard to appreciate how basic science articles will directly influence clinical practice.

However, I read with interest the article by Ogawa et al<sup>2</sup> on dopaminergic mechanisms

controlling urethral function in rats. They found that activation of supraspinal dopamine D2-like receptors can suppress activity of the striated muscle urethral sphincter and potentially aggravate urgency in Parkinson's disease. This is an interesting hypothesis that merits further clinical study if by treating the motor symptoms of Parkinson's disease we may be exacerbating the bladder symptoms. Patients with neurogenic bladder detrusor overactivity may benefit from higher than recommended doses of the antimuscarinics Tolterodine ER and Trospium, according to a study by Horstmann et al<sup>3</sup>. Sixteen out of 21 patients had significantly less incontinent episodes, increased reflex volume and cystometric capacity although one patient had to discontinue due to intolerable side effects. Higher than recommended doses of these antimuscarinics may be a treatment option in patients with inadequately controlled neurogenic detrusor overactivity.

Susie Orme



## DIFFERENT APPROACH

Chronic pelvic pain tends to be a vicious circle of increasing pain, with tense muscles generating more pain. The team of ICS member Ken Peters, urologist at the William Beaumont Hospital in the USA, has created this CD written and produced by urology nurse practitioner Donna Carrico, as part of the Beaumont WISH programme (Women's Initiative for Pelvic Pain and Sexual Health). The imagery on the CD is specific for the pain, frequency and urgency symptoms that these women feel. It is intended to help to decrease these symptoms and promote healing. Guided imagery uses words to direct one's thoughts and attention to imagined sensations that one seems to see, hear, touch or smell in order to feel more relaxed. For further information, please email LLampkins@beaumont.edu or call the WISH program on 1-248-551-3565.

Jane Meijlink

## ICS 2006 Courses and Workshops

### ICS Courses and workshops of top quality

12 ICS courses and 27 workshops were organised during ICS2006 in New Zealand. Courses are initiated by the ICS and express official ICS points of view. Workshops are applied for by individual members and reflect individual opinion that is not necessarily the same as that of the ICS.

The interest and attendance of ICS participants was enormous. 700 conference delegates attended the courses and no fewer than 1600 attended the workshops. What was especially striking was that the workshops and courses were very well attended by nurses and physiotherapists. This implies that there is definitely a need for topics with a broader approach as compared to the more detailed presentations of studies and outcomes. The most

crowded course was Lower Bowel Dysfunction and Management chaired by Christine Norton. Workshop 13 on Practical Bladder and Bowel Care in the Frail Elderly from Mary Palmer was also very well attended. The best attended workshop was Update on the Management of Overactive Bladder Syndrome chaired by Hashim Hashim. The first impression of the quality and the general appreciation of this successful ICS activity is very positive. The Educational committee is therefore very motivated to continue its workshops and courses, striving for continuous improvement.

John Heesakers,

Chair of the Workshops & Approved Courses Subcommittee



## Multidisciplinary Management of Female Pelvic Floor Disorders

Edited by Christopher R. Chapple, Philippe E. Zimmern, Linda Brubaker and Anthony Smith.

Published by: Churchill Livingstone June 2006

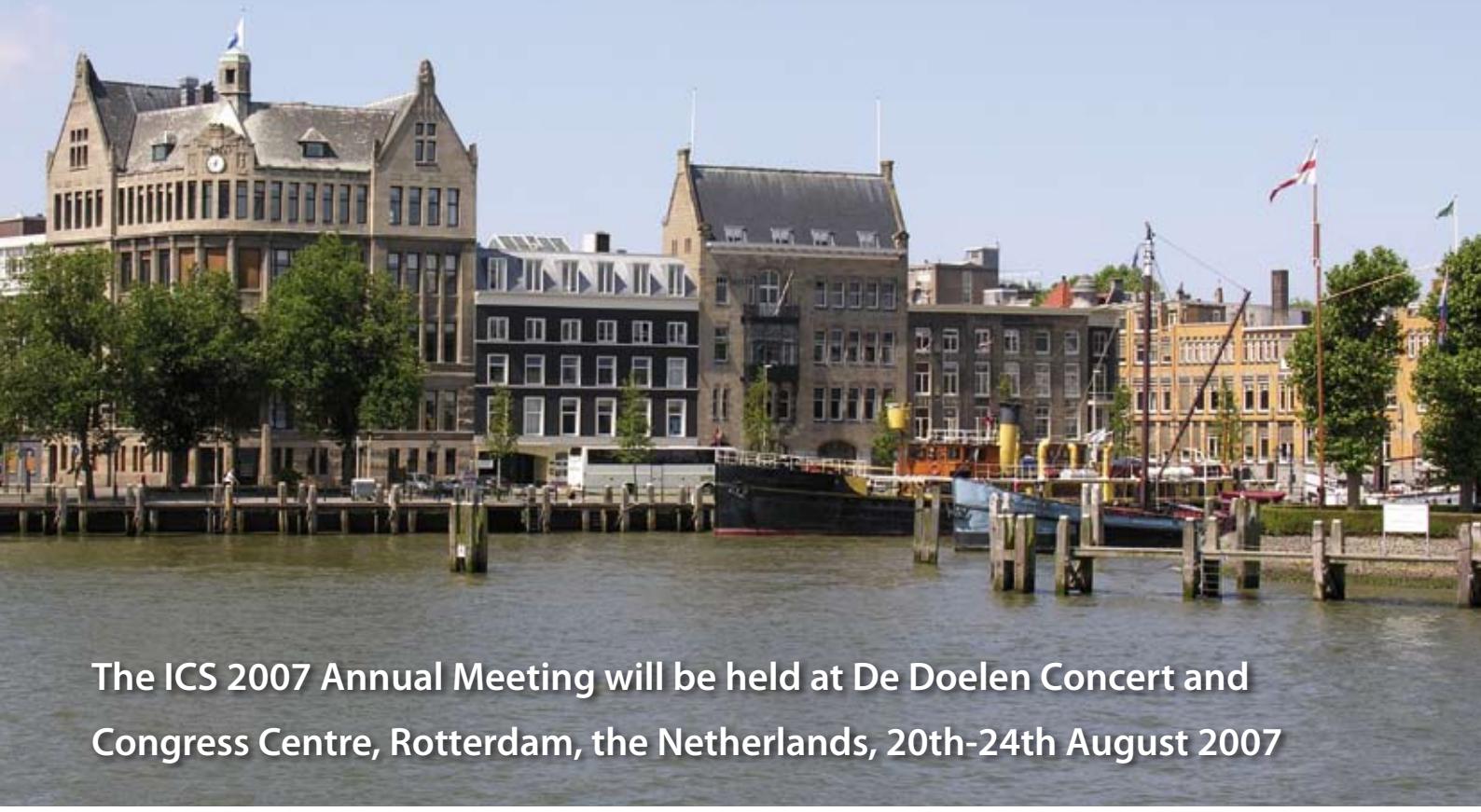
ISBN: 0443072728. Hardback 384 pages. 250 illustrations

This book is aimed at the clinician, of whatever discipline, who is interested in the multidisciplinary sub-specialty which deals with female pelvic floor disorders. The book is co-edited by clinicians from different backgrounds and covers the whole subject from anatomy through physiology to the pathophysiology and incontinence of pelvic organ prolapse. The consequent disorders affecting the pelvic floor may of course involve both the lower urinary tract and gastrointestinal systems, and a full spectrum of therapies – both conservative and interventional – is reviewed in detail. This book is easy to read and well-illustrated and would be useful for clinicians of very many different disciplines and levels of experience and expertise. It is interesting to see that chronic pain is considered in a separate section as is the neurogenic bladder, and at the end of the publication there is an excellent chapter by Linda Brubaker on the subject of statistical concepts for pelvic floor clinicians.

This book is highly recommended since it covers the field in some depth, forms a valuable contribution to existing literature and provides a useful aid to the practicing clinician.

Jane Meijlink

# ICS 2007 Rotterdam, Holland



**The ICS 2007 Annual Meeting will be held at De Doelen Concert and Congress Centre, Rotterdam, the Netherlands, 20th-24th August 2007**

*Dear friends,*

I have the pleasure and honour of inviting you to Rotterdam for the 37th Annual Meeting of the ICS, which will be held 20-24 August, 2007.

The local organizing committee and our PCO Congress Consultants are working hard on preparing a meeting that will be memorable from both scientific and social points of view.

Although I myself work at the University Medical Centre in Utrecht while Mark Vierhout, the scientific chair, is based at the University Medical Centre St. Radboud in Nijmegen, we have selected Rotterdam as the venue for the ICS 2007 annual meeting. There are a number of excellent reasons for this choice. Rotterdam is the second largest city in the Netherlands and one of the biggest seaports in the world. Situated on some of Europe's most important waterways, Rotterdam is known in Dutch as "waterstad" (water city). This seems a most appropriate symbolic reference to the regulation of the waterways in the human body! Rotterdam is also a modern city and the only Dutch city with a skyline. Most of its modern architecture emerged after World War II when Rotterdam was recovering from the devastation of enemy bombardment. Today Rotterdam is hot! It is a multicultural, contemporary, cosmopolitan city.

The venue for the meeting is Concert and Congress Centre "De Doelen", situated in the heart of Rotterdam, opposite the Central Station. "De Doelen" offers three main areas centred around three auditoriums with a capacity of 1,850, 700 and 465 respectively, and approximately 20 rooms for workshops and breakout meetings. With a direct skywalk linking "De Doelen" to the Westin Hotel, the main conference hotel and the conference centre are in fact located under one roof. The conference venue is situated in the main shopping district. Getting around Rotterdam is easy: there is an extensive bus and tram system as well as a subway.

The "Museum Park" is only 1 km away and features the famous Boymans Van Beuningen Museum, the Netherlands Architecture

Institute, the Natural History Museum and Kunsthall Museum (Modern Art). Other attractions of Rotterdam include the Euromast Tower, the Maritime Museum, Blijdorp Zoo, Feyenoord Soccer Stadium with its Hall of Fame and picturesque, historic Delfshaven where the "Pilgrim Fathers" began their voyage to the New World after exile in Holland.

Rotterdam, a gigantic international port (Spido port cruises, 1.5 km), is the ideal starting-point for visits to other famous Dutch attractions such as Kinderdijk (15 km) with its stunning world-heritage-listed windmills, historic Gouda famous for its typical Dutch cheese (25 km) or picturesque Delft renowned worldwide for its Delft Blue pottery (15 km). The famous botanical gardens of "Keukenhof" are only 55 km away. All these sites are easily accessible by train. There are plenty of opportunities for enjoyable, interesting social and partner programmes.

Schiphol International Airport in Amsterdam connects to major airports worldwide. From Schiphol Airport travellers can take a direct train to Rotterdam Central Station every 30 minutes (56 km, 45 minutes travel time). "De Doelen" Concert & Conference Centre is within 2 minutes' walking distance from Rotterdam Central Station. The local airport, Rotterdam "Zestienhoven" Airport, has connections with several European Cities.

Registration opens on 1st January 2007 via the ICS website ([www.icsoffice.org](http://www.icsoffice.org)). The deadline for abstract submission is 1 April 2007.

Make sure you keep abreast of the latest meeting information by visiting our website [www.ics2007.org](http://www.ics2007.org).

I hope you will come and join us for the 2007 ICS meeting. See you in Rotterdam!

*Tot ziens!*

Ruud Bosch,

Chair ICS 2007 Annual Meeting

# ICS NEWSBOARD

## ICS NOMINATIONS

Please send your nominations for the following posts to the ICS office by April 1st 2007.

- i. Standardisation Committee Chair
- ii. Publications Committee Chair
- iii. Education Committee Chair (with one-year handover)
- iv. Children's Committee Chair
- v. Clinical rep to Scientific Committee
- vi. ICS Treasurer
- vii. Chair of ICS/IUGA 2011. (Annual Meeting Bid Application must be completed – please see Documents Pages on the ICS website for further details)
- viii. Allied Health Professional to Scientific Committee

NB: All nomination must comply with the current ICS Bylaws.

You can view the bylaws on the ICS website [www.icsoffice.org](http://www.icsoffice.org) in the "Documents" section.

## ELECTION FOR ICS 2010 CHAIR

The election for the ICS 2010 Annual meeting chair will be open shortly.

The meetings and nominations committee are currently seeking further information before announcing the candidates.

All members will be notified by e-mail when the final candidates are announced. This information will also be posted on the ICS website [www.icsoffice.org](http://www.icsoffice.org).

ICS 2006 received 753 abstracts for the conference, 26 of which were plenary presentations, 110 discussion posters and 192 non-discussion posters. In addition, 186 were read-by-title, 226 rejected and 13 withdrawn.

## Wanted: book reviewers

The editorial board is also seeking a number of volunteers to review new books for ICS News.

We would also greatly appreciate it if ICS members would send us their suggestions for newly published books on incontinence and the pelvic floor for review in ICS News.

Jane Meijlink

## ICS Partners



The ICS office retains the right to edit any material submitted to the newsletter. Please note that not all contributions can be included, but we will endeavour to represent the diverse membership of the ICS. The ICS does not necessarily endorse the products mentioned in the ICS newsletter.

## How to ... VOTE

*It's easy on the website*

ICS members can vote for candidates for different ICS posts online on the ICS website. Here's how:

**Step One** Go to [www.icsoffice.org](http://www.icsoffice.org) and click on **VOTING AND NOMINATIONS** link on the home page.

**Step Two** Log on using your membership details.

**Step Three** Select the post you are voting for and number ALL the candidates in order of preference.

**Step Four** **SAVE YOUR SELECTION.**

**Step Five** Move to the next post you wish to vote on, or return to the home page.

## ICS WEBSITE SEARCHING FOR ABSTRACTS - THE EASY WAY

For each annual meeting, the International Continence Society produces a searchable database of all the abstracts to be presented at the ICS Annual Meeting and is available on the ICS website [www.icsoffice.org](http://www.icsoffice.org) and on a CD distributed by Astellas at the ICS Annual Meeting. The searchable database on the ICS website contains the Podium, Poster, Non-Discussion Poster and Read-by-Title abstracts for each year since Seoul 2001

You can tailor your search to find any abstract and you can view all the abstracts in full. It couldn't be simpler.

You are free to duplicate any of the material on the ICS website including the abstracts, as long as you fully cite each reference. The citation for the abstracts must include the full abstract title, the meeting at which it was presented, the type of abstract it was (non-discussion poster, read-by-title etc), the authors and the ICS website address.

## ICS News - calling for contributors

If you enjoy writing for an international readership and have something of special interest in the field of incontinence about which you might like to write for ICS News, please contact: [newsletter@icsoffice.org](mailto:newsletter@icsoffice.org).

If there is something you would like to read about in ICS News, please let us know.

The Election for General Secretary Elect has been postponed until the Constitutional Review Committee has presented their proposal to the membership at the 2007 AGM in Rotterdam, after which, nominations will be invited.

## The winners of the scientific awards 2006 are as follows:

### Best Basic Science Abstract Award

Winner - Abstract 120 - Kazuya Honda, Japan

### Best Clinical Abstract Award

Winner - Abstract 11 - Kaven Baessler, Germany

### Best Basic Science Presentation Award

Winner - Abstract 116 - Derek Griffiths, USA

Runner-up - Abstract 128 - Dr S Datta, UK

### Best Clinical Science Presentation Award

Winner - Abstract 40 - Carolyn Kirschner, USA

Runner-up - Abstract 57 - Sushma Srikrishna, UK

### Ferring Water Prize

Joint Winner - Abstract 7 - Rufus Cartwright, UK

Joint Winner - Abstract 46 - Kylie Mansfield, Australia

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