*Scoping document January 2012*

*Title:* **IUGA-ICS JOINT REPORT ON THE TERMINOLOGY FOR THE CONSERVATIVE**

**MANAGEMENT OF FEMALE PELVIC FLOOR DYSFUNCTION**

*Description of the topic: the arguments for creating the working group are:*

* The terminology in current use around this topic lacks uniformity, which leads to uncertainty, confusion and unintended ambiguity. Comprehensive and precise description will aid this situation, leading to more accurate reporting in this field.
* Several disciplines involved in this area commonly use discipline-specific parlance. It is important to recognise that several disciplines have a role in this field, however more standardised terminology would aid inter-disciplinary communication and understanding.
* Existing published reports address some of the aspects of this topic, but there are some areas currently lacking in standardisation of terminology:
  + Messelink et al 2005 and Haylen et al 2010: refer to evaluation and diagnostic terminology but not treatment terminology
  + There is a need for further description of management of pelvic floor and pelvic floor muscle management than is currently provided in terminology reports. With the development of the evidence-base for conservative therapies in the management of pelvic floor dysfunction, especially physiotherapy treatment of conditions such as incontinence and pelvic organ prolapse, terminology linked with these managements has evolved but with regional and discipline variations. A consensus on currently accepted terminology is required.

*Scope: It is envisaged that this report will consider:*

* *Conservative management*, i.e. non-surgical and non-pharmacological management.
  + Conservative management of female pelvic floor dysfunction may be provided by different disciplines working in this field, commonly physiotherapists / physical therapists, nurses, medical doctors
  + Terminology related to the accepted names of professions, the health professionals providing management, and the different types of therapy will be specified and distinguished (e.g. ‘physiotherapy’ as a profession distinct from ‘conservative therapy’; ‘exercises’ / ‘biofeedback’ as distinct from ‘physiotherapy’)
  + The emphasis in this document will be on management commonly undertaken by disciplines practising conservative therapy
* *Management* will include the following aspects:
  + Assessment: including history and physical examination
  + Investigations
  + Diagnosis
  + Treatment
* *Female only conservative management*. Terms which appear to have gender specificity will be highlighted so that a subsequent male report is not restricted or jeopardized by inappropriate terminology
* *Pelvic floor dysfunction* will be predominantly focused on terminology of pelvic floor muscle function and dysfunction:
  + these will include comprehensive description of terminology used in the conservative management of pelvic floor muscle dysfunction, including symptoms of bladder and bowel dysfunction, pelvic organ prolapse and pelvic pain
    - terminology regarding pelvic pain related to pelvic floor muscle dysfunction will align with the current working group on chronic pelvic pain
  + terminology of symptoms (expanding on the Messelink et al 2005 section); signs, investigations (ditto re Messelink); diagnoses of pelvic floor muscle-related conditions (avoiding duplication with Haylen et al 2010); treatment (including NEW physical therapies, e.g. exercise and adjunctive therapies including equipment, and lifestyle modifications – not covered by Messelink or Haylen)
* all existing guidelines will be taken into account in the compilation of this report
* a literature terms analysis (bibliometric search) will be included in the process
* in addition to addressing terminology, the working group will also consider optimal methods of reporting conservative therapy research, and make recommendations of such
* Timeline: the working group should target produce the report within 18 months, but with an absolute maximum of 3 years from commencement

*References:*

1. Messelink, E.J., et al., *Standardization terminology of pelvic floor muscle function and dysfunction: report from the pelvic floor clinical assessment group of the International Continence Society.* Neurourology and Urodynamics, 2005. **24**: p. 374-380.

2. Haylen, B.T., et al., *An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction.* Int Urogynecol J Pelvic Floor Dysfunct, 2010. **21**(1): p. 5-26.