

ICS Committee Reports 2012

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ICS Children's Committee Report 2012

- Activities continue to be focused on adolescents and young adults
- Committee would like to reflect this in the name change to either 'Children and Adolescents' or 'Children and Young Adults' Committee
- Deliverables this last year:
 - The management of adolescents with neurogenic urinary tract and bowel dysfunction. de Kort LM, Bower WF, Swithinkbank LV, Marschall-Kehrel D, de Jong TP, Bauer SB. Neurourol Urodyn. 2012 Sep;31(7):1170-4
- First phase of the Transition to Adult Services project
 - Aim was to collect baseline data about current practice and issues surrounding the Transition and eventual Transfer of young people with on-going continence care needs into adult services. Predicated on lack of standardized Transition practices in urology.
 - Survey development by WB, LdK and LS in conjunction with ICCS representative Mario de Gennaro and external experts.
 - Metric: <http://www.surveymonkey.com/s/8ZRJNKB>. Maintained and operated by ICS Office.
 - Invitation to other Scientific societies to join the process
 - ESPU, IUGA, EUAN, APAPU, ICCS, SPU(AUA) agreed
 - ESPN, EAU under discussion; PUNS not responded
 - Request to use the tool nationally: Continence Foundation of Australia, Italian continence foundation
- Next phase of the Transition to Adult Services project to begin early 2013
 - Small Think Tank to interpret findings and propose solution
 - Effort to add Young Adult's voice to findings
 - Discussion of possible response to findings included in upcoming adolescent meeting in Toronto 2013.
 - Seek funding to trial proposed intervention / pathways.
- On-going development of the Adolescent meeting to be convened in Toronto mid next year. Currently co-ordinated by local organizers Joao Pippi Salle and Martin Koyle. Meeting represents an interaction with ICCS and planning to date has involved much discussion and input from both Societies. This is a novel and ambitious initiative, requiring highly specialized faculty. To our knowledge such a course has not been run before.

- Plans for 2013:
 - 3 new members joining the Committee: Giovanni Mosiello, Mario Patricolo and JG Wen
 - Continue focus on adolescent issues
 - Suggestions to identify priority conditions that lack management guidelines and to synthesize available evidence to inform standardized treatment
 - Suggestion to coordinate a of review bowel management resources for Children and Young Adults
 - Succession planning

Continence Promotion Committee (CPC) 2012

CPC is an active group with members from diverse backgrounds (16 countries) who are committed to raising awareness. The committee has benefited from a talented pool of physicians, nurses, physiotherapists, medical writers, patient advocacy directors, researchers, biomedical engineers among others.

The CPC subcommittees have worked actively working over the year to raise awareness of incontinence globally and thus improving the profile of ICS.

1. Internet Subcommittee

CPC micro site with emphasis on WCW and fistula awareness with consumer friendly focus is being constantly updated with downloadable videos, logo's for world continence week, fistula awareness along with posters and leaflets on both subjects.

2. Education Subcommittee

Beijing CPC workshop will be on focused on the topic of Spinal Cord Injuries and Neurogenic Bladder with emphasis on education and awareness.

The Public Forum is being jointly organised by the Continence Promotion Committee (CPC) and Chinese continence society and the theme is: Spinal cord injuries and Bladder Health - additionally this year local patient and professional organisations in the china are also expected to participate.

3. World Continence Week – celebrated in the last full week of June 2012 and this year 35 countries used the week as their national week

The awards instituted last year for world continence week have been discontinued as the committee felt the money could be better utilized by identifying a country where ICS/CPC could initiate continence promotion activities in collaboration with the

education committee and the incoming chair Ms. Tamara Dickinson is drafting the guidelines.

However we continue to encourage people/ organizations to post the world continence week activity information in the CPC micro site.

4. Industry Liaison

Industry is being Funding for the WCW activities / World continence week awards – adopt a country program and interacting with the industry to raise awareness in line with ICS objectives.

5. Fistula

Development of educational materials / flip charts on patient / consumer education of incontinence and fistula is currently ongoing and this should aid raising awareness in fistula missions and also can be ongoing activity.

CPC also developed an ICS video which is up-linked in the website.

Guidelines for Industry donation are formalized and are operational and more industry support is being solicited for developing awareness in select countries annually.

In order to recognize several continence organizations and patient advocacy groups working in the field of incontinence “ICS meets continence organizations” a working lunch is being organized for the second year in Beijing in collaboration with the ICS board of trustees. This initiative will enable ICS / CPC to understand the needs of these groups better and will help us direct our activities in collaboration with several groups existing and already promoting incontinence around the world.

Future Plans:

Increase the awareness for world continence week and facilitate many more organizations to join the movement and enlist support from WHO and other groups / societies working in incontinence to make it an event in their calendar.

Continued focus on CPC workshop annually and create awareness among membership on the need to for continence awareness.

Public forum's after the Beijing meeting will be re audited for their reach and utility/ impact and will be restructured to provide more focus – emphasis will be to learn from the past experience and develop and adopt new and more effective models of effective communication and awareness.

Encouraging and providing assistance to developing countries to effectively run continence programs and awareness. CPC is actively perusing running workshops in emerging counties (India, China, Africa etc)

CPC will actively work with fistula committee to raise fistula awareness and also will interact with industry for funding key projects

Special supplement of the ICS news for raising WCW awareness and further explore innovative technologies and tools to raise awareness.

Education Committee Report 2012

This year has seen a reorganisation of the Education committee into four working subcommittees which represent its spheres of activity. The Education committee now consist of:

- Courses and workshops subcommittee (led by Ervin Kocjanic)
- E-learning subcommittee (led by Patrick Woodman)
- Trainees subcommittee (led by Pallavi Latthe)
- Quality and evaluation subcommittee (led by Adrian Wagg)

Each with terms of reference within the wider committee. These changes were presented to and approved by the Board of Trustees in January 2012. Due to the vacancies in membership afforded by retiring members in 2011, the committee recruited 4 trainee members who will represent the views and educational needs of trainees and ensure trainee representation on the other subcommittees.

A formal process for dealing with expressions of interest in running educational activities outside the Annual Scientific Meeting was introduced along with process controls allowing their organisation to be streamlined. The Education committee is working on producing a core curriculum for the ICS and upon evaluation methods to assure the quality of its supported activities. The committee voted DR Adrian Wagg to take the role of Deputy Chairmen whilst the Chairman was engaged in activities related to the Annual Scientific meeting.

The committee has been active in participating in add-on courses and guest lectures this year and already has a burgeoning programme planned for 2013. Finally, the Chairman and committee should like to thank the retiring members for 2011 for all of their hard work in making this committee a continued success.

2011-2012 activities

- **International Continence Society and Society for Urodynamics & Female Urology; 16th October Berlin, Germany. Guest Lecture.**

The Chairmen for this ICS afternoon event were Eric Rovner and Werner Schaefer. The topics discussed were urodynamics, SUI, Bladder dysfunction, mesh complication, prolapse surgery and Evaluation of Patients with Neurogenic Bladder: Indications and Implications.

- **ICS 5th Education Course in China; 13th November 2011, Guangzhou, China. Add on Course.**

The ICS held their 5th ICS Educational Course in China on 13th November 2011. This course was added on to the OAB & Prostate Diseases Forum 2011. This event was hosted in conjunction with The Chinese Continence Society (CCS), Chinese Urology Association (CUA) and the Chinese School of Urology (CSU.)

- **ICS Educational course on male and female incontinence during the Biannual International Slovenian Urologic association meeting; 18-19th November 2011, Lasko, Slovenia. Add on Course.**

This was the first ICS course in Slovenia for 20 years. The course was multidisciplinary with topics covered by Ervin Kocjanic, Sherif Mourad, Kristene Whitmore and Ajay Singla.

- **ICS Education Course in conjunction with the SBU, 22nd November 2011, Florianópolis, Brazil. Add on Course.**

This one day pre congress joint meeting focused on male incontinence and voiding dysfunction in children. The meeting included urologists, nurses and physiotherapists. Carlos d'Ancona, Peter Rosier plus Enrico Finazzi Agró spoke at this course on behalf of the ICS.

- **Incontinence: The Engineering Challenge' seminar, 7-8th December 2011, London, UK. Guest Lecture. Guest Lecture.**

Mandy Fader attended the Incontinence: The Engineering Challenge' seminar in London and spoke on behalf of the ICS.

- **ICS education course in conjunction with the Israeli Urological Association, 13-16th December 2011. Guest Lecture.**

This course aimed to inform young resident urologists, urology nurses and trained certified urologists in the latest state of the art practice and knowledge in the field of bladder dysfunction and incontinence. Mary Pat Fitzgerald, John Heesakkers and Werner Schaefer spoke on behalf of the ICS.

- **8th Pan Arab Continence Society Event; Dubai, United Arab Emirates, 27-29th January 2012. Add on course.**

Sherif Mourad was the local host and ICS coordinator on behalf of this course. The ICS funded four speakers to attend, namely Ruth Kirschner-Hermanns, Patrick Woodman, Gopal Badlani and Diane Newman. Following on from the success of last year's Nursing session, the ICS also supported the Nursing Workshop sessions which were held on Sunday 29th January- funding the ICS Nursing Chair, Amanda Wells.

- **ICS Guest Lecture at The 3rd Asia-Oceania Conference of Physical and Rehabilitation Medicine conference; Nusa Dua, Indonesia, 20-23rd May 2012. Guest Lecture.**

The Indonesian Physical Medicine and Rehabilitation Society invited Helmut Madersbacher and Werner Schaefer to speak on behalf of ICS. This was the first time that ICS have been invited to speak at the event. The topics covered were neurophysiology, LUT dysfunction, urodynamics and surgery for neurogenic storage and emptying dysfunction.

- **ICS Guest Lecture at the Italian Society of Urodynamics (SIUD) 2012; Florence, Italy, 24-26th May 2012. Guest Lecture.**

The ICS was represented by Mark Slack who gave a key note lecture entitled "FDA caution advice on the use of meshes in urogynecology".

- **ICS Education Course Jakarta, Indonesia, 25-26th May 2012. Stand Alone.**

The ICS held a stand-alone course in conjunction with the Ministry of Health Republic of Indonesia, Fatmawati General Hospital and endorsed by The Indonesian Continence Society & The Indonesian Physical Medicine and Rehabilitation Association. The course aimed to improve the knowledge of management of Urinary Incontinence for local doctors, nurses and physiotherapists.

Helmut Madersbacher, Dora Mair, Helena Frawley, John Heesakkers and Werner Schaefer spoke at this event on behalf of ICS.

- **Educational Course in collaboration with the Argentine Urological Society- Sociedad Argentina de Urología SAU, Buenos Aires, Argentina, 15th June 2012. Add on Course.**
The local ICS coordinators were Drs. Salomón Victor Romano, Christian Cobreros and Gustavo Garrido. The ICS speakers for this event were Werner Schaefer, Beth Shelly and Howard Goldman.
- **Education Course in collaboration with the Venezuelan Society of Urology; Valencia, Venezuela, 25th July-28th July 2012. Add on Course.**
The course added on to the Venezuelan Society of Urology's annual meeting between 25-28th July. The ICS speakers for this event were Andrea Marques, Patrick Woodman and Ajay Single.
- **ICS Guest Lecture in collaboration with Asociación Guatemalteca de Urologia, Antigua, Guatemala, 2nd August-4th August 2012. Guest Lecture.**
The ICS was represented by Werner Schaefer who gave two keynote lectures: A critical view of the overactive bladder and New insights into bladder control.
- **Cadaver Workshop, Oporto Portugal, 20-21ST August 2012. Stand Alone Course.**
The focus of the workshop was for six delegates (young surgeons) to receive hands on surgical training on pelvic floor reconstruction. We had 20 applications for the 6 available positions. This event was organised by Mario Gomes and Diaa Rizk. The speakers for this event were Alexandre Lourencp, Stavros Charalampus and Diaa Rizk. The feedback from the delegates received so far has been excellent!
- **Guest Lecture in collaboration with the Confederación Americana de Urología (CAU), Cartagena, Colombia, 4th September- 8th September 2012. Guest Lecture.**
The ICS was represented by Victor Nitti who gave keynote lectures on the following subjects: Pelvic Floor Prolapse, Male Incontinence, Refractory Overactive Bladder and Female Incontinence.
- **ICS Guest Lecture, Sociedad Iberoamericana De Neurourology Y Uroginecologia (SINUG) 12th Annual Conference, Cadiz, Spain, 20th September- 22nd September 2012. Guest Lecture.**
The ICS was represented by Werner Schaefer and Jacques Corcos. Werner Schaefer gave a key note lecture entitled 'Good Urodynamic Practice' and Jacques Corcos gave a key note lecture entitled 'Current management of Neurogenic voiding dysfunction.'

- **Guest Lecture in collaboration with the Deutsche Gesellschaft für Urologie (German Society of Urology), Leipzig , Germany, 26th -29th September 2012. Guest Lecture.**
The ICS was represented by Werner Schafer who gave a key note lecture on The Overactive Bladder: A Critical Review, “How much brain does the bladder need?”

Ethics Committee Report 2012

There has been limited activity for and from the Ethics Committee (EC) during 2012 therefore the Committee’s report is limited.

1. Activities/achievements:

The Committee’s efforts to monitor disclosures was very successful based on last year’s meeting. I am unaware of any disclosure issues that required attention.

2. Committee membership;

Members:

The most recent Duties and Organization of the Ethics Committee 2009 was amended to have a Committee consisting of 15 members. Currently, there are 10 members:

E J Stanford	Urogyn	2014
Nina Davis	Uro, geriatrician	2013
Andrew Farkas	Gyn	2012
Suzanne Hagen	Nurse	2012
Mary Palmer	Nurse	2014
Mitesh Parekh	Urogyn	2013
Tom Rosenbaum	Uro	2012
Margaret Sherburn	Physio	2012
KD Sievert	Uro	2012
Safwat Tosson Gyn		2012

Six (6) of the current members are scheduled to rotate off after the Beijing meeting. In the 4/12 ICS newsletter the EC asked for members to apply if interested and, to date, I am unaware of any applications.

The anticipated structure of the EC is gyn 2; uro 2; continence nurse 1; geriatrician 1; physio 1. The General Secretary also serves as a member. The bylaws of ICS indicate that the GS is a non-voting member however the Duties 2009 indicate he/she is a voting member based on his/her discretion.

Action points:

I propose that the EC remain with the current structure with a max of 15. This allows for the addition of ad hoc members as needed.

It needs to be resolved as to whether the GS is a voting or non-voting member. The duties of the Committee were revised in October 2009. In one line the GS is a voting member but this is deleted in another section. The ambiguity needs to be resolved. It is the EC stance that a voting GS could represent a conflict of interest and the EC suggests that the GS be a non-voting member.

Excerpt from Duties and Organization of EC 2009

The Ethics Committee shall be composed of 15 members, to include the General Secretary of the ICS as a full voting member of the committee (should he/she so wish), an Ethics Committee Chair elected by the ICS membership as per the Bylaws. The remainder of the committee members will be appointed by expressions of interest as per the Bylaws

The ICS Ethics Committee shall be composed of the following categories of members:

1. The General Secretary of the ICS
2. A Chair
3. A gynecologist or urogynecologist
4. A gynecologist or urogynecologist
5. A urologist
6. A urologist
7. A continence nurse advisor or other member of the nursing profession
8. A geriatrician
9. A physiotherapist

The remaining positions will be additional members not covered by the previous categories.

The members of the committee shall elect from among their members a Deputy Chair to assist the Chair in carrying out the functions of the committee.

The EC has elected to not designate a Deputy Chair.

3. Budget requests:

There has not been any activities requiring EC communication that the ICS office could not facilitate. However, should a need arise, the EC is requesting funds to have a series of conference calls to discuss issues on an as needed basis. Unused funds would be carried over.
Request: \$250/ £154

The EC has been asked to present a topic at each annual meeting. The structure of this needs to be discussed with the Scientific Program Committee. It was proposed that a presentation of a topic was sufficient. Due to the lack of understanding, the request for this year lead to a full workshop. It was the intention of the EC to present briefly a topic in a short symposium such as a lunch lecture. Funds for a speaker will be necessary.

Action point: Clarify the structure of the EC presentation at each annual meeting and secure funding to support this activity.

4. Disclosure/Research;

The disclosure statement required of each presenter was very successful at the Glasgow meeting. The EC assumes that the Scientific Committee will continue to require a disclosure slide be filled out by each presenter and presented at each presentation. The question is how to monitor the disclosures in regards to content.

Action point: The manner by which to monitor content will be discussed at the EC meeting.

5. Speaker funding

The Board, Scientific Committee and EC need to have a serious discussion about Speaker funding.

6. Ethics Committee Direct Email;

It has been proposed that a direct email be used to communicate with the EC by ICS members- Ethics@icsoffice.org. This will be discussed at the EC meeting with the EC members and ICS office staff.

ICS Fistula Committee Report 2012

The Fistula Committee has adjusted the number and formation of its membership. New committee members have been recruited and may more new members will be joining us in 2012/2013 namely physios and nurses.

The committee now has one main group of members. Committee associates group was dissolved and two of the active members of this group plus two elected members joined the main committee to replace Jane Meijlink and Vasan Srini who stepped down and other non-active members to keep the number limited to Chair + 10 members.

Fistula Committee Members

Sherif Mourad

Chris Payne

Ervin Kocjancic

Sophie Fletcher

Gilles Karsenty

Hassan Shaker

Jacqueline Cahill

Limin Liao

Suzy Elneil

Ahmed Saafan

Diaa Rizk

Mission sub-committees

1. Awareness and coordination with ICS CPC, PCC & Website:

- a. Sophie Fletcher
- b. Jacqueline Cahill
- c. Sherif Mourad
- d. Limin Liao

2. Communication/coordination with other medical organizations:

- a. Chris Payne
- b. Gilles Karsenty
- c. Sherif Mourad
- Suzy Elneil

3. Funding:

- a. Jacky Cahill
- b. Ervin Kocjancic
- c. Ahmed Saafan
- d. Diaa Rizk

4. Training:

- a. Sherif Mourad
- b. All zonal chairs

5. Follow up:

- a. Ervin Kocjancic
- b. Hassan Shaker
- c. Sophie Fletcher

Zonal Task Forces

It was decided to keep the basic structure of the interim committee which divided the world's problem areas into zones with one committee member assigned to each zone.

Sub-committee	Zone	Sub-committee chair
Zone 1	Africa North East	Sherif Mourad
Zone 2	Africa West	Gill Karsenty
Zone 3	Africa Central	Suzy El Neil
Zone 4	Asia	Limin Liao
Zone 5	Americas	Chris Payne / E Kocjancic

Training courses:

- ***The first ICS Fistula Workshop*** was held at Ain Shams University Hospital in Cairo, 16-17 January 2010, in collaboration with the Pan Arab Continence Society (PACS). The workshop was led by Professor Sherif Mourad together with his associates Drs. Farahat, Farouk, Omar, Osman, Saafan, Shaker and Yassin. The participants were urologists, gynaecologists, and urogynaecologists from Senegal, Benin, El Salvatore, Honduras, USA, United Kingdom, Indochina, Saudi Arabia and South Korea. Some came from countries where obstetric fistula is endemic, or endemic in neighbouring countries, while others had a special interest in going to areas where this physically and socially debilitating medical tragedy occurs in order to help as a surgeon. Some participants in poorly funded countries were supported by the ICS for the cost of travel and the workshop.
- The committee plans to create an internet based course that will be taken by participants prior to the workshop. This will allow the workshop to then focus much more on technical details of the surgery.
- ***The second ICS Fistula Workshop*** in Kampala – Uganda; Following on from the success of the 2010 Fistula Workshop, the ICS offered 5 ICS members the chance to attend the 2011 Surgical Repair to Vagina Fistula Workshop in Uganda. The workshop took place between 28th-30th April in Kampala at the Kibuli Hospital, organised by Dr Sherif Mourad.
- The trainers included:
 - *Sherif Mourad (Director of the workshop and ICS Fistula Committee Chair)
 - *Hassan Shaker (ICS Fistula Committee Member)
 - *Mohamed Yassin (ICS Member)
 - *Ahmed Saafan (ICS Fistula Committee Member)
- The trainees were ICS members from Burkina Faso, Jordan, Egypt, Canada and Mexico.
- The workshop started with the theoretical section as seen in the programme and then the practical/ surgical section which took place along 3 days.

- Sherif arranged for the trainees to experience 12 cases initially, but during the workshop the delegates in fact underwent more than 30 cases! The cases included all the different types of vaginal fistulas; low fistulas, high fistulas, multiple, simple, recurrent up to 6 times fistulas, complex and rectovaginal fistulas. The trainees also performed cases of urethroplasty and urethral reconstruction. The approaches were both vaginal and abdominal approaches. Also Ureteric reimplantation was performed and I operated on a rare case of vesico-uterine fistula.
- The workshop was a great success on the national level, and was noted in the local newspapers, Radio and TV.
- Whilst in Kampala Sherif Mourad discussed with local authorities (MOH, University and national hospital director) the possibility of establishing a large training center in Kampala as a referral center for East Africa for the treatment of Vaginal fistula. He also met with UNFPA representative in Uganda and we discussed the possible motions of preventive measures of this big problem.
- ***The ICS Fistula Surgical training course*** in Chengdu – China. Limin Liao the China subcommittee chair organized an ICS fistula course in collaboration with the Chinese Continence Society. Sherif Mourad was invited to perform live surgical training for fistula repair. Two live surgeries were performed and transmitted directly to the conference room where all the audience were following the entire steps of the procedures and well translated by Limin and other Chinese gynecological Professors. This was followed by a lecture and extensive discussion about the possible complications of fistula repair given by Sherif Mourad who represented the ICS. The follow up reports from China showed that the 2 cases are completely dry and are doing very well.
- ***The third ICS Fistula Workshop*** was set up and run by the Chair of the ICS Fistula committee, Professor Sherif Mourad. The faculty included Dr Hassan Shaker, Dr Ahmed Saafan and Dr Mohamed Hussein, all from Ain Shams University and Suzy Elneil, from University College Hospital in London. The 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. Ten 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 of 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 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 (who needed a hysterectomy), two patients with severely contracted bladders following primary obstetric fistula repair several years ago who needed bladder augmentation. On day three, three 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 honored 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.
- The ***next or 4th ICS Fistula Workshop*** will take place in Kampala – Uganda on December 13-15th, 2012.

Fistula Website:

The fistula website is designed in a collaborative work between the FC, the CPC and probably the PCC with Sophie Fletcher and Jane Meijlink as the director of the process. The news and activities of the fistula committee will be available on line, together with some educational material including teaching power point slides and videos of fistula repair.

In fact a dedicated video showing the different aspects of the fistula committee will be produced by the ICS office with the help of Jane and other members, to be available on line as well.

Fistula Fact Sheet:

Jane Meijlink together with Sophie Fletcher and Sherif Mourad produced a balanced fistula factsheet that was well reviewed and approved by the committee members to be added to other factsheets of ICS.

Plans:

The committee is still planning for more training courses in Uganda, Egypt, Sudan and Niger. To help working in the real African environment of the of fistula patients. The next training course or workshop would happen in December 2012.

The committee has noted that an obstacle to training is that the instruments and facilities available to many surgeons are terribly inadequate. Such equipment is available at far lower cost outside North America and Europe. It therefore proposes identifying a basic instrument set, cystoscopes , a basic urodynamic machine, lighting and suction equipment. We could then raise funds from individuals and organisations who may want to support fistula work in this way. At the same time we could establish minimum standards for facilities to receive the donated equipment so that we can assure donors the equipment will be well utilised.

The ICS Fistula Center in Kampala:

Sherif Mourad and other members are still in the agreement process with the Ugandan authorities namely the Ministry of Health and Mulago University Hospital to allocate a suitable building for the fistula center that will serve as a referral center for East Africa.

The video production:

A well designed video about the whole fistula problem was produced by the ICS CPC with great effort done by Vasan Srini who supervised this task.

Budget:

The committee will be seeking a budget (calculated by the office) to cover the following:

- The committee meeting twice a year (one during the annual meeting and the other in mid year or during the EAU) only the main committee will be sponsored.
- Two training courses in the same way (5 fully sponsored, 3 half sponsored with a fixed amount for the travel expenses and 2 not sponsored).
- Books and printing materials for awareness
- A flexible or rigid cystoscope
- Basic urodynamic machine

Communications:

The committee is planning to communicate and collaborate with all the societies and associations who are interested in this field as: UNFPA, IUGA , SIU, PACS, ISOFS, EAU, WHO, AUA and AFFCS.

Activities

- Several applications were received for the fellowship. Candidates from Egypt, China and Russia, were evaluated with this years appointment being ultimately awarded to Dr Hassan from Egypt. He will spend 2 months with Dr Wyndaele in Antwerp.

The selection process, this time, involved the committee as a whole. The process was effective and timely, suggesting that the previous subcommittee was unnecessary.

- Four new members will be added to the committee this year to replace those stepping down. One new member (LK), will represent nursing on the committee, as discussed at last years meeting.

Future Plans

- The committee needs to be more involved during the year in all aspects of the functions of the committee. In this respect, at the upcoming meeting in Beijing, we will attempt to not only define these activities, but set these in motion.
 - o The nature of the fellowship will be reviewed, with specific reference to length of appointment and its research component.
 - o Educational efforts will be discussed. Topics will include: coordination of neurourology workshops at annual meeting and locally. Projects aimed at primary and community care will be discussed.
 - o Although encouraging multicenter and multidisciplinary research is one of the functions of the committee, this has not as yet been promoted. We will discuss how to facilitate this.
 - o With respect to standardization and guidelines, the committee will revisit the role of the EAU guidelines. Discussion will focus on how global differences in management should be incorporated into this process.
 - o To initiate this, the committee will focus on specific topics for informational dissemination. This year's topic will be intermittent catheterization.
 - o Following on from last year's discussion, Dr Pesce will present a report on Pudendal Neuropathy. The members will decide whether this topic should be included in the remit of the committee, possibly as a subcommittee task or recommend formation of a separate committee to the Trustees .

New subcommittees

- o To be decided at committee meeting

Budgets requests

- o To be decided at committee meeting

Expressions of interest

- o Will evaluate composition and number of committee members at meeting

Nursing Committee Report 2012

For the first 6 months of this annual report I was unwell and was not as progressive and active as I should have been. The sub-committee chairs did some brilliant work and I must also thank Jenny Ellis for all her support.

- 1) The chair of the communications sub-committee, Sharon Eustice, has progressed the nursing web-site and we now have a public nurses forum for all nursing members and which has started to be actively utilised.
- 2) The chair of the education sub-committee, Donna Bliss, has been working well in the education committee to increase nursing input in workshops
- 3) We are working with Dan in looking to progress e-learning packages
- 4) The nursing data-base of nurses who are able to talk abroad and their subject areas is being updated and refreshed
- 5) This year in Beijing there is a dedicated nursing workshop
- 6) The nursing meeting is being held on the Sunday pm and although I do not anticipate many international nursing members attendance I do understand that there will be a number of Hong Kong nurses in attendance
- 7) We have 8 nursing abstracts being presented at the nursing meeting which is 4 up on last year.
- 8) The chair of the research sub-committee, Kathleen Hunter, who has taken over from Mary Palmer is taking forward the nursing research agenda, particularly in refreshing the database on nurses wishing to participate in multi-national multi-centre research and this will progress over the next 12 months
- 9) The chair of the clinical practice sub-committee, Jennifer Skelly, has concentrated on working to underpin with Jan Patterson who retired as chair of this committee last, work around the role of the specialist continence nurse. Further work on this will be presented at the nursing study day on the Sunday prior to conference.

ICS Physiotherapy Committee Annual Report 2012

Chair: Helena Frawley, PhD, FACP

Term of office: Aug 2011 – Aug 2013

Date report submitted: 31 August 2012

Committee members: Marijke van Kampen, Pauline Chiarelli, Chantale Dumoulin, Els Bakker, Margaret Sherburn, Jacqueline de Jong, Beth Shelly, Doreen McClurg, Fetske Hogen Esch, Stephanie Knight, Melanie Morin.
(Education Committee Representative: Marijke Slieker-ten Hove)

The Physiotherapy Committee represents and supports ICS physiotherapy members and the physiotherapy contribution to various ICS committees in order to encourage and maintain the multidisciplinary strength of the ICS. It acts as a liaison body between the Chair of ICS, ICS Board of Trustees and its physiotherapy members regarding matters of mutual concern.

The Physiotherapy Committee has 3 functions: communication, research and education.

2 x Committee meetings in past 12 months: Glasgow, Aug 2011; Teleconference, Jan 2012.

Activities and achievements over the past year:

- Membership and Communication sub-committee:
 - Organisation of the Beijing 'Physiotherapy Round-table' meeting
 - Ongoing contributions and improvements to the 'ICS Physiotherapy Committee News' page on the ICS website
 - Compilation and finalisation of 'The History of Physiotherapy in the ICS' document
 - Contribution to 'ICS Newsletter', summary of Physiotherapy activities
- Scientific and Research sub-committee
 - Successful delivery of the 'State-of-the-Science Seminar: Improving pelvic floor muscle training adherence strategies: from theory to practice' which was conducted in the 2 days pre-ICS Meeting in 2011. Ongoing follow-ups from this activity include:
 - Presentation of key findings from this Seminar at the 2012 Physiotherapy round-table meeting
 - Review of theories and strategies which promote adherence to exercise
 - Determinants of adherence to pelvic floor muscle training in the treatment of incontinence, including participants' perspectives
 - Analysis of results from SurveyMonkey survey, completed by >500 ICS members
 - Preparation of 'Consensus Statement' and several related manuscripts (x 3) for publication, as outcomes from this research activity
 - Committee representation and contribution to ICS Standardisation and Terminology Sub-committees:

- Chronic Pelvic Pain: Helena Frawley
 - Conservative Management of Female Pelvic Floor Dysfunction: Helena Frawley (Mentor); Beth Shelly (Working Party)
- Contribution to Scientific Program for 2012:
 - Lunchtime pelvic floor muscle exercise classes
- Education and Professional Development
 - External to Physiotherapy committee:
 - Physiotherapy representation to ICS education committee: review of workshop submissions, contribution to all other Education committee activities as relevant.
 - Co-ordination and liaison of physiotherapy speakers to ICS Educational Courses: Argentina, Jakarta
 - Submission of Physiotherapy Educational Workshop for 2012 Meeting
 - Internal to Physiotherapy committee:
 - Preparation of Physiotherapy 'Competence Profile'

Plans for the next year:

- Membership and Communication sub-committee:
 - Planning for 2013 Round-table, inclusion of local speakers and liaison with local members
 - Approach relevant ICS committees who do not have physiotherapy input or representation, to establish if a contribution can be made
- Scientific and Research sub-committee:
 - Submit manuscripts from 'State-of-the-Science Seminar: Improving pelvic floor muscle training adherence strategies: from theory to practice' to N7U Journal for publication
- Education and Professional Development:
 - Continue to raise awareness of Physiotherapy contribution to multidisciplinary educational activities
 - Contact key physiotherapy members to contribute to submission or workshops for 2013 Meeting

Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws):

- nil

Details of any budget requests:

- Jan teleconference 2013
- June / July teleconference 2013 (pre-ICS meeting, to ensure all activities and items are on track)

Confirmation whether the committee will call for expressions of interest for new committee members, as of the 2012 AGM in Beijing:

- Committee will approach any Spanish Physiotherapy members who are potentially able to assist local planning and organising for 2013 Barcelona Physiotherapy Round-table Meeting

Special request for any members whose terms are ending to be renewed for one more term. This is permitted assuming this Bylaw change is voted in by the membership at the 2012 AGM:

- Not known at this stage

Publications & Communications Committee Report 2012

- 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 new members has been incorporated;
 - o Jeffrey Garris
 - o Pamela Ellsworth
 - o Stergios K. Doumouchtsis
- The most important activity of the committee is publication of the biannual 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 usually distributed electronically every second week.
- 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 (under the direction of Nina Davis) 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 Committee is also involved in promotional activity and secured marketing items for the members (Tie and scarf)
- 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, Publications & Communications Committee

Standardisation Steering Committee Report 2012

Progress in the last year

Working practices

The new approach to developing contemporaneous ICS standards is now fully in force, and is the context for the two most recently established working groups. The paper setting out the mechanisms is published; Rosier PF, de Ridder D, Meijlink J, Webb R, Whitmore K, Drake MJ. Developing evidence-based standards for diagnosis and management of lower urinary tract or pelvic floor dysfunction. Neurourol Urodyn. 2012 Jun: 31:621-4. Accordingly, SSC has mechanisms for transparency and inclusiveness.

Working groups- current

1. Urodynamic equipment; chaired by Andrew Gammie. The group has been active and the group's members have each contributed constructively. The Report is due and a full draft is expected at the ICS Beijing meeting.
2. Chronic pelvic pain; chaired by Ragi Doggweiler. Has now been in place for a year. Has generally focussed on establishing scope of the group's discussion, and subsequently divided specific areas to individual group members. Due to report next year.
3. Conservative management of female pelvic floor dysfunction; chaired by Kari Bo [Joint with IUGA]. First draft of scope agreed. Report due 2 years.

Working groups- proposed

The SSC meeting in Beijing will discuss instigating four working groups as below. Others will be considered and encouraged according to requests of ICS membership.

1. Male LUTS, and
2. Overactive bladder

The IUGA/ ICS joint report on female LUTS (Haylen BT, 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) has caused an unbalanced situation. Female LUTS is catalogued by a more recent document than male LUTS, which relies on the 2002 Standardisation (Abrams P, et al. The standardisation of terminology of lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society. *Neurourol Urodyn.* 2002: 21:167-78). People are confused by this and sometimes cite the female contemporaneous document when referring to men. Furthermore, the problems inherent in the 2002 document have to an extent been restated in the 2010 document, and frequent enquiries/ unfavourable comments are received regarding the OAB complex and component symptoms. Accordingly, the two new working groups are proposed.

3. Bowel dysfunction. This topic has been minimally addressed in the SSC.
4. Good Urodynamic Practices. The document was published in 2002 (Schafer W, et al. Good urodynamic practices: uroflowmetry, filling cystometry, and pressure-flow studies. *Neurourol Urodyn.* 2002: 21:261-74). Update is now required, and a joint initiative with the ICS Urodynamic Committee will be discussed.

Terms of reference

The “Terms” document reviewed at the ICS meeting in Glasgow has been adopted.

Membership

Current membership; Marcus Drake (Chair), Catherine DuBeau, Robert Freeman, Ash Monga, Jane Meijlink, Peter Rosier, Ralph Webb, Kristene Whitmore. Three new members elected this year are; Luis Monteiro, Salma Kayani, Stergios Doumouchtsis. No term extensions are requested

The balance of specialties is biased towards gynaecology and there also will be a problem with patient representation when Jane Meijlink reaches the end of her term. Specialist-defined adverts for membership will be discussed, and a formal request to Trustees is likely to follow.

Meetings and activity

The committee has been active with two full teleconferences and several other teleconferences between subgroups. Attendance at the Beijing meeting will be affected by the proximity to the IUGA meeting, which may prevent some gynaecology members attending.

Two further joint working groups with IUGA have published;

1. Toozs-Hobson P, Freeman R, Barber M, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for reporting outcomes of surgical procedures for pelvic organ prolapse. *Neurourol Urodyn*. 2012 Apr; 31:415-21
2. Haylen BT, Freeman RM, Lee J, et al. International Urogynecological Association (IUGA)/International Continence Society (ICS) joint terminology and classification of the complications related to native tissue female pelvic floor surgery. *Neurourol Urodyn*. 2012 Apr; 31:406-14

Online tools have been developed to facilitate understanding and use the relevant tools and are available via ICSOffice.org

Wiki

The SSC plans to use the ICS Wiki to underpin future development of standardisation documents. The Wiki has the current standardisation documents uploaded. A sub-editor has been appointed, Dev Gulur. He is a Urology Resident in the UK, and has been tasked with populating the wiki aiming to cover all individual LUTS and the extent of practice of the ICS.

Progress is slow, and assistant editors will be needed. The SSC may request to approach keen trainees who applied to the ICS for a role.

The ICS Urodynamic Committee annual report 2012.

- **Activities and achievements over the past year**

The ICS Urodynamic Committee has developed the first four ICS teaching modules in draft. The presentation part of the modules will be recorded during a 'dedicated' workshop at the ICS Beijing 2012 meeting. The modules consist of a combination of a webcasted presentation and slides set, together with a peer reviewed short review (published in NU&U). All modules will cover a specific topic in functional urology.

The committee has reported in the ICS news of January and July 2012.

- **Plans for the next year**

The ICS Urodynamic Committee strives to find official ICS endorsement for the first, here above mentioned, draft modules and publish the modules on paper, as well as on the ICS website in the nearest possible future.

The ICS Urodynamic Committee wants to discuss, with the ICS board and trustees if (and how) the committee needs to assist to ensure a minimum and or unvarying level of 'topic and content quality' for all future ICS-(sponsored)- lectures and courses.

- **Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws)**

There will be no subcommittees

- **Details of any budget requests**

Budget for the committee will remain to be nil. The committee has worked via e-mail. However a budget (to allocate for the ICS office) to allow webcasting of the modules is deemed necessary in the near future.

- **Confirmation whether the committee will call for expressions of interest for new committee members, as of the 2012 AGM in Beijing**

All members of this new committee started at the same time. The committee will develop an 'end of term' scheme and there will be a call for (one or two) new members following on to Beijing 2012.

- **Special request for any members whose terms are ending to be renewed for one more term. This is permitted assuming this Bylaw change is voted in by the membership at the 2012 AGM.**

None