



ICS NEWS

Volume 4 Issue N° 1 February 2008

Bridging Basic Science and Clinical Practice

ICS 2007 in Rotterdam a resounding success!



Rotterdam in the Netherlands, birthplace of Desiderius Erasmus, Dutch philosopher and one of the great humanists in the 15th Century, was host to the ICS 2007 Annual Meeting. A bronze statue (left) of Erasmus stands on a pedestal in the heart of Rotterdam, while his memory is preserved in the Erasmus University of Rotterdam and the iconic Erasmus Bridge (above) spanning the River Maas.

See page 3 for a review of ICS 2007.



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Society for Urodynamics and Female Urology (SUFU) 2008 Winter Meeting, Miami, Florida, USA, 27th February – 1st March 2008 (www.sufuorg.com)

Society of Urologic Nurses & Associates (SUNA) Annual Symposium, Tampa, Florida, USA, 28th February – 2nd March 2008 (www.suna.org)

20th European Board and College of Obstetrics and Gynaecology (EBCOG) Congress, Lisbon, Portugal, 4th – 8th March 2008 (www.mundiconvenius.pt/2008/ebcog)

23rd European Association of Urology (EAU) Annual Congress, Milan, Italy, 26th – 28th March 2008 (www.eaumilan2008.org)

American Urological Association (AUA) 2008 Annual Meeting, Orlando, Florida, USA, 17th – 22nd May 2008 (www.aa2008.org)

Wound Ostomy and Continence Nurses (WOCN) Annual Meeting, Orlando, Florida, USA, 21st - 25th June 2008 (www.wocn.org)

4th International Consultation on Incontinence (ICI), Paris, France, 5th – 8th July 2008 (www.congress-urology.org)

International Urogynecological Association (IUGA) 33rd Annual Meeting, Taipei, Taiwan, 15th - 17th September 2008 (www.iuga.org)

Combined American Academy of Pediatrics/International Children's Continence Society (AAP/ICCS) Meeting, Boston, USA, 10th - 13th October 2008 (www.i-c-c-s.org)



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PROFILE
communications



ICS 2007 IN ROTTERDAM A RESOUNDING SUCCESS!

The world port of Rotterdam formed the setting for the 37th Annual Meeting of the International Continence Society: *"Bridging Basic Science and Clinical Practice"*, held at De Doelen congress centre in the heart of Rotterdam, the Netherlands, 20th -24th August 2007. Many congratulations are due to Ruud Bosch and his team for providing an excellent scientific programme with over 100 presentations, enjoyable social events and a great atmosphere throughout. And of course many thanks also to the 2,523 delegates, sponsors and exhibitors who attended and helped to make it a memorable ICS occasion.

Unprecedented High Attendance at Educational Courses & Workshops

The educational courses and workshops, covering most aspects of incontinence, have always been an important part of the ICS Annual Meeting. These normally run for two days prior to the main scientific programme, thereby allowing participants to make the best of both the main conference and the educational workshops. While workshops are proposed and organised by ICS members subject to approval by the Education Committee, the educational courses are chosen by the Education Committee and views expressed during a course are the ICS point of view. The ICS Education Committee tries to provide a balanced programme so as to offer a good selection for every kind of member. At ICS 2007, 14 courses and 25 workshops were held (with one course cancelled) from originally over 60 applications. No fewer than 2,041 places were booked by delegates for the pre-meeting courses and workshops! An amazing achievement and demonstrates just how much importance delegates attach

to this form of education.

The best-attended workshop was by Hashim Hashim on *'Update On The Management Of Overactive Bladder Syndrome'* with 178 participants. The second-best attended workshop was by Mauro Cervigni and Firouz Daneshgari on *'Mesh In Pelvic Floor Reconstructive Surgery'* with 92 participants. The best-attended course was the free course by Lewis Wall on *'Ethics Workshop: What Should Be the Relationship Between Industry and Scientific Medical Societies Such As The ICS?'* and the second-best attended was also a free course by Deborah Gordon on *'Outcomes of Continence Awareness Programmes'*.

Scientific Presentations

Scientific presentations covered a wide range of topics, including urinary and faecal incontinence, dysfunction of the lower urinary tract in children, female pelvic floor prolapse, as well as basic science.

While botulinum toxin has been used for some years for cosmetic improvement, it is relatively new in the world of urology and currently generating a high level of interest. Manfred Stöhrer from Essen, Germany, explained that botulinum toxin, *"one of the strongest neuro-toxins we know"*, is truly a milestone in the treatment of detrusor overactivity, since patients don't have the side-effects commonly experienced with the usual OAB medication. However, botulinum toxin is still an expensive option, according to Stöhrer.

In recent years, neurology and the central nervous system have been a focus of attention in the wide field of continence, with the growing realisation that the brain masterminds the body's functions,

including the functioning of the bladder. Neuroscientist Gert Holstege, from the University of Groningen, the Netherlands who gave a state-of-the-art lecture on *'Mind the Bladder'* explained: *"We often think that this is only a problem of the bladder, but it is indeed mostly a problem of the brain. The bladder does what it is told to do by the brain."*



The Mayor of Rotterdam opening ICS 2007

The world is faced by an increasing elderly population and as geriatrician Adrian Wagg from University College London remarked in his talk: *"The Elderly Are Coming"*. There were a number of presentations this year that focused on treatment of incontinence in the older adult. Reduced quality of life is typically observed in the incontinent elderly. Particularly encouraging were studies that focused on treatment options and acceptability. The gender difference for pad preferences was interesting and emphasised the need to consider individual patient choice.

An innovation at ICS this year was the session on Lifestyle which began with the question *"Does Diet Coke Cause Overactive Bladder?"*, focusing on the effect of carbonated soft drinks containing caffeine and artificial sweeteners on the bladder in normal volunteers. This year's Meeting saw an increasing emphasis on quality of life issues, looking at therapy from the patient's point of view and asking whether we are really giving patients what they want.

Don't forget the webcasts

If you were not able to attend the Meeting or wish to refresh your mind from the comfort of your armchair, webcasts of many presentations are available on: www.prousonline.com or the ICS website www.icsoffice.org.

Jane Meijlink, Hashim Hashim,
Susie Orme and Katherine Moore



Delegates at ICS 2007

ICS 2008 - CAIRO, EGYPT

The 38th ICS Annual Meeting will be held at Cairo International Congress Centre, Cairo, Egypt, 20th-24th October, 2008.

Dear Friends and Colleagues,

Egypt, ancient land of the pharaohs, the legendary pyramids of Giza and the enigmatic Sphinx, is a destination that must be visited at least once in a lifetime. ICS 2008 in Cairo offers you a unique opportunity to visit the truly breathtaking historic sites of Egypt in the Nile Valley where some of the earliest evidence of medical treatment was discovered. Cairo, with its Pharaonic, ancient Christian and Islamic monuments, is also a modern city with shopping varying from traditional markets to sparkling new malls.

The meeting venue will be the Cairo International Congress Centre (CICC), conveniently located in the residential Heliopolis area, midway between Cairo International Airport and the bustle of downtown Cairo. The Centre prides itself on its magnificent architecture and its superb collection of fine arts and wall paintings. The exquisite Chinese Garden with its beautiful Pagoda forms an oasis of tranquillity in the heart of the CICC's 28-acre site.

In accordance with tradition, the ICS 2008 meeting programme will feature two days of Educational Courses and Workshops, followed by the Scientific Programme and Exhibition. Tours and social events will include the 'Sound and Light' display at the Pyramids and Tours to Luxor, Abu Simbel and the Red Sea, before and after the meeting.

ICS 2008 will also announce the first World Continence Day which aims to raise awareness of bladder and bowel health issues and improve the lives of people suffering from incontinence worldwide. The day's activities will highlight the day-to-day problems of those with incontinence, the contribution of the ICS, national continence promotion organisations and healthcare professionals, emphasising the value of a multidisciplinary approach to continence care.

Join us in Cairo this October for what promises to be an unforgettable Meeting!

Sherif Mourad

Chair ICS 2008 Annual Meeting

Obstructed labour and obstetric fistula

Obstructed labour is one of the greatest unaddressed healthcare needs for the women of this planet...

Sherif Mourad, Ahmed Abdelbary

Obstetric fistula is an injury of childbearing that has been relatively neglected, despite the devastating impact it has on the lives of girls and women. It is usually caused by several days of obstructed labour, without timely medical intervention - typically a Caesarean section - to relieve the pressure. The consequences of fistula are life shattering: the baby usually dies, and the woman is left with chronic incontinence. Because of her inability to control her flow of urine or faeces, she is often abandoned or neglected by her husband and family and ostracised by her community. Without treatment, her prospects for work and family life are greatly diminished and she is often left to rely on charity.

In many cultures, prolonged labour is thought to be a punishment from God or the ancestral spirits for sexual (or other) misbehaviour on the woman's part. Often, she is accused of having contracted a hideous venereal disease. The damage this succession of physical, psychological and social insults does to her self-esteem is profound. The stress this imposes on her marriage is usually fatal to her relationship with her husband, and most women with fistulas become divorced or are abandoned by their spouses. The human misery produced by obstetric fistulas is enormous, widespread, unacknowledged and generally neglected.

In the developing world, the true incidence of obstetric fistulas is unknown, as many patients with this condition suffer in silence and isolation. Some estimates place the prevalence as high as 2 million women worldwide. In some rural areas of Africa, the fistula rate may

approach 5-10 per 1000 deliveries - which is close to the maternal mortality rate in Africa.

In 2003, United Nations' Population Fund (UNFPA) and its partners launched the first-ever global *Campaign to End Fistula*. The campaign currently covers more than 40 countries in sub-Saharan Africa, Asia and the Arab region. The campaign has already brought fistula to the attention of a wide audience, including the general public, policy-makers, health officials and women with fistula. More than \$20 million in funding has been mobilised from a variety of donors. Activities are underway or being planned in more than 40 countries.

Obstructed labour is one of the greatest unaddressed healthcare needs for the women of this planet. It should not be allowed to remain so. This is a most important women's healthcare issue. One must understand the historical context of obstructed labour and the obstetric fistula, the societal complexities, and biological factors surrounding the current epidemic, and the surgical principles that govern fistula repair. With a better understanding of these issues, we can begin to address the problem and work to improve the healthcare status of women around the world.

Further reading:

Report on Obstetric Fistula, Guiding Principles for Clinical Management and Programme Development edited by Gwyneth Lewis (www.who.int/publications).



The Elderly

Maintaining Continence, Maintaining Independence

Although more common with increasing age, lower urinary tract symptoms and urinary incontinence are not an inevitable consequence of ageing. Unfortunately this misconception is not only widely held by the general public but also by many healthcare professionals. This explains the low number of this group presenting for treatment and also the poor satisfaction with treatment options to be found in the aged.

However, the concept of being 'elderly' is changing. With increases in life expectancy and improvements in chronic disease management, it is no longer valid to treat those of retirement age as a homogenous group. Frailty is not related to chronological age. It is urinary symptoms in conjunction with frailty, cognitive impairment and multiple pathologies that require special consideration.

The attitude of this demographic group is also changing, particularly in the younger old, who will no longer accept the premise that nothing can be done.

While the burden of lower urinary tract symptoms is well recognised, for the older adult this burden is potentially greater. Containment of urinary incontinence rather than attempting cure leads to increased direct healthcare costs without increased patient satisfaction. The indirect costs in this group are also substantial both to the economy and the individual.

Urinary incontinence causes reduction in self esteem and reduced social and sexual functioning. In the frail this can lead to social isolation, becoming housebound and depression.

The frail adult rarely presents in isolation and the burden of incontinence on the carer is also important. Night-time toileting and the need for intimate personal care breaks down relationships and can cause considerable resentment and carer stress. Little surprise then that incontinence is the second most important factor for admission to long-term institutional care adding to the indirect costs of this condition.

Even within the setting of care homes, patients with urinary

incontinence are perceived in a more negative way than those who are dry. Such factors only compound the sense of worthlessness associated with incontinence.

Of particular importance in the frail elderly is the symptom of nocturia. Night-time toileting disturbs sleep for both patient and carer, resulting in daytime sleepiness and impaired ability to perform instrumental activities of daily living. Getting up to toilet in the night is a significant risk factor for falls and fragility fractures, particularly fractured neck of femur. Fractured neck of femur still has a high mortality rate and considerable impact on independence on those who survive. It is another example of the considerable indirect costs of incontinence which are often overlooked amongst purchasers of healthcare.

The maintenance of continence is influenced by factors other than bladder function including cognition, mobility and dyspraxia. Chronic pain conditions, Parkinsonism and confusion all reduce the chances of staying continent in the frail. The influence of the environment and accessibility of toileting facilities also becomes increasingly important. Any assessment of this group has to include an assessment of cognition and functional status as well as a review of other medical conditions.

Personal goal setting should be achievable and the concept of social continence then becomes important. It may be that quality of life could be enhanced by being able to go shopping or participate in social events without fear of being wet. If containment is decided to be appropriate, patient choice should be respected and a range of pads and appliances made available.

In summary, incontinence in the frail is associated with considerable direct and indirect healthcare costs. Providing assessment and treatment for the elderly reduces the burden on both the economy and the individual. In frail patients the potential benefits of treatment can mean more than regaining continence: it can mean maintaining independence.

Susie Orme, Geriatrician

"The attitude of this demographic group is also changing, particularly in the younger old, who will no longer accept the premise that nothing can be done."

COMMITTEE NEWS

ICS EDUCATIONAL COURSE IN MUMBAI IN ASSOCIATION WITH SOCIÉTÉ INTERNATIONALE D'UROLOGIE (SIU), INDIAN SECTION

More firsts for the ICS – the first time in India and the first time that the ICS has worked in collaboration with the SIU.

Mumbai was host for four days, from 16th November 2007, to ICS/SIU instructional courses in Urology and Incontinence. The ICS hosted the first of these days which was preceded by live surgery workshops in local hospitals. Following the ICS day, the SIU continued with its annual courses in urology. The event was well attended by over 300 delegates, including doctors from neighbouring Pakistan and Sri Lanka.

It was certainly a packed agenda for the ICS course on day two. A small team of key ICS speakers covered several topics including Current Management of Neurogenic Bladder, Urological Injuries during Laparoscopic Gynaecological Surgery, followed by Prevention and Management. There were also panel discussions on different tapes available in India plus

the different options for the treatment of Overactive Bladder and Painful Bladder Syndrome.

The course was followed by the official opening ceremony with traditional prayers when all the dignitaries lit a candle to signify the joining together of the different groups.

This collaboration with the SIU was of great benefit to the ICS as it allowed us to make contact with several hundred professionals, who perhaps might not previously have been aware of ICS activities. By using the SIU established meeting, the ICS was able to create networks and educate those interested in incontinence.

You can view the handout of this course on our documents section on the ICS website (www.icsoffice.org), along with all previous Education Course handouts.

Avicia Burchill



Delegates and speakers at ICS Educational Course, Mumbai, India

NEWS FROM THE NURSES' EDUCATION SUBCOMMITTEE

Continence Nursing Research: A Global Approach

Incontinence, especially urinary incontinence, is a global public health problem that affects men and women across the lifespan. Nurses play a key role in the identification and screening of individuals at risk for developing incontinence, assessing incontinent individuals, and providing interventions that prevent, treat, and manage incontinence. In addition, nurses evaluate the impact of incontinence on quality of life as well as evaluate the impact of interventions designed to improve continence status.

The foundation of effective nursing intervention is evidence regarding efficacy and effectiveness. In addition, the quality of life and preferences for treatment of the affected individuals, their families, and caregivers should be taken into account. The costs to healthcare systems and society of untreated, mistreated and under treated individuals are also becoming increasingly important to nurses. Therefore research plays a pivotal role in identifying interventions that may reduce incidence, prevalence, and the impact of urinary and faecal incontinence.

The Nurses Education Sub-committee provides a venue for nurses to collaborate in clinical research activities and disseminate findings to advance nursing practice, stimulate further research, and improve continence care.

Guiding principles

In order to have a transparent system of participation, collaboration, and dissemination, the following principles guide the research agenda. They include:

- **Global:** All research activities will be respectful and inclusive of all ethnicities and cultures.
- **Inclusive:** All research activities will be open to all nurses interested in advancing continence nursing knowledge and practice. All sub-specialties across the lifespan are encouraged to participate and all nursing, behavioural health, organisational, and systems theories are welcome.
- **Comprehensive:** In addition to research on urinary incontinence and other urinary symptoms, research that focuses on faecal incontinence is also encouraged. All research methods and heterogeneity in funding sources for collaborative research and dissemination efforts will be encouraged.
- **Innovative:** The use of co-principal investigators and multi-

site studies in order to have adequately powered studies is encouraged. The use of electronic technology to facilitate global communication, while protecting human subjects and data integrity, is also encouraged.

- **Conceptual Model:** A conceptual model that embraces the public health context for urinary and faecal conditions, has been developed. This model also incorporates the major domains of public health, a comprehensive range of research designs, and different levels for the unit of analysis. As the research mission of the group develops, the model will undergo change. This model reflects the conduct of research and implies dissemination of research findings.

Action Plan

The long-term goals are: 1) facilitate research collaborations among the Nurses Education Sub-committee using electronic and traditional methods of communication; and 2) disseminate research findings generated by forum members. To achieve these goals, work is underway to create an infrastructure for timely communication about research and to conduct an online survey to create a database of members' research interests and activities.

Mary H. Palmer



Kathy Getliffe, Donna Bliss, Jean Wyman, Ronnie Pieters, Katherine Moore, May Palmer, Mandy Wells, Jan Patterson and Mary Wilde

Nominations for ICS posts

If you are interested in standing for any of the posts below, or know someone who you would like to nominate, please send your nominations to the ICS by 1st April 2008:

- **General Secretary** - (6 years)
- **Ethics Committee Chair** - (6 years)
- **Ethics Committee; nurse rep.** - (3 years)
- **Ethics Committee; physiotherapy rep.** - (3 years)
- **Ethics Committee; urologist** - (3 years)
- **Scientific Committee; 1 clinical rep.** (3 years)
- **Scientific Committee; 2 non-clinical rep.** (3 years)
- **Advisory Board; co-opted Nursing rep.** - (3 years)
- **Advisory Board; co-opted Physiotherapy rep.** - (3 years)
- **Advisory Board; co-opted non-clinical rep.** - (3 years)

We are also inviting bids for the ICS Annual Meeting Chair for 2012. (Annual Meeting bid application must be completed – see documents page on website).

Terms are subject to change as a result of the CRC process

Neurourology Fellowship

The ICS Neurourology promotion committee is offering the opportunity to health professionals interested in Neurourology, to obtain a three-month fellowship in one of the following institutions:

London (UK)	Clare Fowler
Cleveland (USA)	Graham Creasey
Innsbruck (Austria)	Helmut Madersbacher
Montreal (Canada)	Jacques Corcos
Antwerp (Belgium)	Jean Jacques Wyndaele
Halifax (Canada)	Jerzy Gajewski
Ghent (Belgium)	Karel Everaert
Paris (France)	Chartier Kastler and Pierre Denys

Objectives, entry requirements and application forms are available on the ICS website.



Dear Colleagues,

The editorial board of Neurourology & Urodynamics had a most productive meeting at the ICS Meeting in Rotterdam. Formal thanks were expressed to all of the reviewers for the Journal and I would like to take the opportunity here of publishing the details relating to the Top 16 reviewers for the Journal (occupying a nominal 10 "top places").

There was strong support for the new format of the Journal, but comments about layout were noted and have been actioned.



Everyone expressed their appreciation to the authors who are submitting their papers to the Journal, in particular those writing review articles, and I strongly encourage you all to consider the Journal for your scientific communications.

The proposal from Mandy Wells to have a supplement from various subspecialties within the ICS, such as nursing, was discussed and received support, but on the proviso that rigorous review should be conducted of anything published in the Journal to maintain the high standard which everybody feels is important.

It was furthermore agreed that supplements, provided they had substantive content, would be a valuable addition to the Journal. Linda Brubaker suggested that we should have a section for methods papers to be published and this also received support.

A proposal was put forward by Helmut Madersbacher inviting the Journal to join the online CME and there was unanimous agreement to this. The EU-ACME programme is a joint educational initiative between the European Board of Urology and the European Association of Urology.

An agreement was reached that reviews would be published from the International Consultation on Incontinence (ICI) meeting in July 2008 in the form of abstracted summaries within the Journal over the ensuing year.

There was also support by the board for the importance of the Journal working closely with the ICS Standardisation Committee, and in particular in this context Dirk De Ridder emphasised the importance of clinical science papers being published in the Journal in addition to the existing high quality basic science papers.

It was also agreed that limited advertising could be included in the Journal, provided that this was reviewed carefully by the core editorial team to ensure it didn't lower the tone of the publication.

On a personal note, I would like to thank my assistant Jen Tidman for all her hard work, and everybody who has provided such strong support to the Journal. I hope that you feel that the Journal is acting as a satisfactory scientific publication representing the ICS.

With kind regards,

Christopher Chapple
Editor-in-Chief, Neurourology & Urodynamics

References: Article references are available on request from ICS office

Public Forum: a first-time success for the ICS CPC in Rotterdam, the Netherlands

On Saturday 25th August 2007, at the conclusion of the ICS Annual Meeting, the Continence Promotion Committee (CPC) co-hosted its first Public Forum at De Doelen Congress Centre in Rotterdam. This Public Forum was a joint venture between local Dutch patient and professional organisations, the ICS CPC and the World Federation of Incontinent Patients. It provided the perfect opportunity for the CPC and ICS to raise awareness and discuss issues of relevance to Continence Promotion.

The Forum received extensive media attention as a result of articles published in local Rotterdam newspapers on incontinence and the planned event, while mailings were carried out by patient organisations. This increased public awareness of the coming Forum greatly added to its successful attendance. Over 200 consumers participated making the first CPC sponsored Public Forum an overwhelming success.



Attendees visit product displays

The Public Forum was interactive and the audience was neither shy nor embarrassed about asking questions during panel discussions.

Attendees paid a nominal registration fee and were provided with refreshments and lunch. During breaks, participants could enjoy the many displays of products and information on incontinence.

CPC Chairperson Diane Newman spearheaded the idea of a ICS-CPC sponsored Public Forum with the assistance of CPC committee members and the CPC's "Berlin Planning Group". The planning of the Forum took approximately 18 months and its success was primarily due to the Dutch planning committee: Ulli Haase, Marijke Sliker, Lynne van Poelgeest, Stella Kroese and Bert Messelink with the valuable support and encouragement of ICS conference Chairman Prof Ruud Bosch. Thanks are also due to members of the CPC's "Berlin Planning Group" and the ICS staff, particularly Carole Sales, for helping to make this first Public Forum a reality and a success and hopefully the first of many future events.



CPC Public Forum planners: Diane Newman CPC Chair, Pat Koochacki, P&G, Diane Owen, Lynne Hollister, Carole Sales, ICS Office, Ewa Kölby Falck, SCA

Since this first Forum was held in the Netherlands, the language of the day was Dutch. Moderator Marijke Sliker, Dutch physiotherapist and Forum organiser, put the audience at ease and introduced the speakers. Presenters from the Dutch Continence community included Bert Messelink, urologist, who provided a basic review of bladder and pelvic floor function, Ulli Haase discussed the role of the continence nurse, gynaecologist Mark Vierhout presented an extensive review of pelvic floor disorders including graphic pictures



Public Forum planners and presenters: Ulli Haase, Continence Nurse; Marijke Sliker, Moderator

of prolapse. Pelvic floor therapist Francien Nijman led a stimulating interactive discussion by inviting the audience to participate in pelvic floor exercises, while neurologic conditions and brain-bladder physiology were discussed by neuroscientist Gert Holstege. A patient suffering from bladder dysfunction presented the audience with personal experiences followed by an interesting talk by sexologist Woet Gianotten.



ICS conference chair Ruud Bosch officially launched the newly formed Continence Foundation of the Netherlands. ICS 2008 Annual Meeting Chair, Sherif Mourad and the CPC are currently planning the next Forum which will be held on 24th October 2008 in Cairo, Egypt. Another new CPC initiative, the World Continence Awareness Week, under the direction of CPC committee member Vasan Satya Srin, will be announced in Cairo.



Members of the World Federation of Incontinent Patients (WFIP): Francesco Diomede (Italy), Lynne van Poelgeest-Pomfret (The Netherlands) and Tomasz Michalek (Poland)

The CPC's mission is to raise public awareness of bladder and bowel health issues so as to improve the lives of people with incontinence worldwide. The Public Forum is one way of focusing the attention of the general public and global medical community of the reality of life for people with incontinence. A formal report on the Dutch Public Forum will be posted on the ICS website (www.icsoffice.org).

A Forum booklet will be available as a model so that national continence organisations can benefit from the Dutch experience.

Promoting Continence: A Clinical and Research Resource 3rd Edition

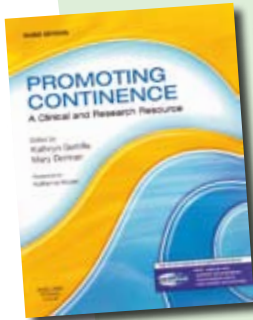
Editors: Kathryn Getliffe and Mary Dolman

Published by: Baillière Tindal Elsevier, September 2007

Pages: 350 pages ISBN: 9780443103476 Price: GBP £39.99

This third edition of a book that has become an authority for clinical nurse specialists, community nurses, continence advisers and health visitors, covers all aspects of continence, focusing on continence promotion and measurement of outcomes. It is already well-known internationally and one of the most comprehensive of its kind.

New to this edition: a free website with downloadable charts, case studies and activities, a new chapter on vulnerable groups — including the frail elderly and mental health and neurological problems, points for continuing professional development at the end of every chapter and research evidence to guide practice. Clearly written and attractively laid out, this is also an ideal book for general practitioners, physiotherapists, occupational therapists, health promotion and social services departments and for incorporation into continence education programmes.



The Overactive Bladder Evaluation and Management

Editors: Karl Kreder and Roger Dmochowski

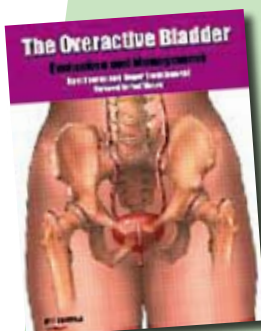
Published by: Informa Healthcare, June 2007

Pages: 434 pages ISBN 13: 9781841846309 Price: GBP £135

Overactive bladder affects the lives of millions of people of all ages around the world. This comprehensive new book on all aspects of the overactive bladder, edited by Karl Kreder and Roger Dmochowski, with foreword by Paul Abrams, has a distinguished international team of contributors.

It is divided into five sections: an introductory section comprising chapters on nomenclature, neurophysiology and diagnosis, followed by sections on pharmacology, neuromodulation, surgery and a final section dealing with children, the geriatric population and late-breaking information.

This book is a valuable update on the overactive bladder and will be very useful guide for daily practice for urologists, urogynaecologists, urologic and pelvic surgeons, both qualified and in training.



Fast Facts: Bladder Disorders

Editors: Alex Slack, Simon Jackson and Alan Wein

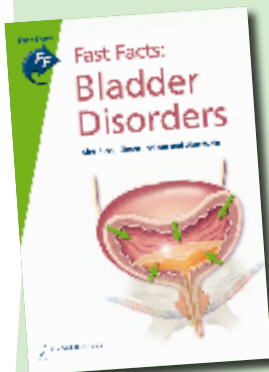
Published by: Health Press Ltd, 2008

Pages: 112 pages ISBN: 978 1 905832 01 9 Price: GBP £6

Hot off the press, *Bladder Disorders* is a useful addition to the well-known *Fast Facts* series. This attractively illustrated, pocket-size book is written clearly and concisely, with key points in boxes at every stage of the way.

It covers: anatomy and function of the urinary system, assessment, urinary incontinence, the overactive bladder, voiding problems, haematuria, urinary tract infections and cystitis (including PBS/IC), nocturnal symptoms, neuropathic bladder dysfunction, special considerations (the elderly, pregnancy, fistula-related incontinence) and ends with contact and information addresses which could perhaps in a future edition be further expanded.

This is essential information condensed into a compact and accessible form for primary care physicians, hospital doctors and specialist nurses dealing with patients with bladder disorders. The clear, simple English makes it easy to understand for non-native speakers of English. Could also be useful for students, courses etc. It is very affordable and excellent value for money. For information or to order a copy, visit www.fastfacts.com.



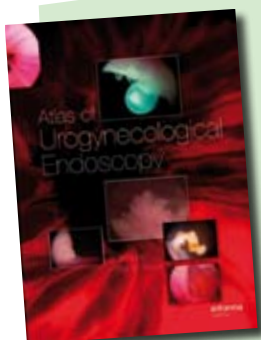
Atlas of Urogynecological Endoscopy

Edited by Peter Dwyer

Published by: Informa Healthcare, November 2007

Pages: 196 pages ISBN: 978 1 84184 540 1 Price: GBP £99

This well-illustrated Atlas of Urogynecological Endoscopy edited by Peter Dwyer is an ideal guide for education in endoscopy of the urinary tract in the field of gynaecology and pelvic floor disorders. The clearly and concisely written text provides readers with a comprehensive understanding of the equipment used, how it should be used and the lower urinary tract conditions they may encounter in the treatment of pelvic disorders.



4th International Consultation On Incontinence

5th – 8th July 2008, Palais des Congrès Paris, France

The International Consultation on Incontinence (ICI) to be held in July 2008, will be the fourth in the series. The first ICI was held in Monte Carlo in 1998 and highlighted the plight of some 200 million sufferers from urinary incontinence worldwide and the impact on their lives. The second ICI was held in Paris in 2001 and the third back in Monte Carlo in 2004.

Over more than a decade, international consultations have been held on: BPH, prostate cancer, urinary stone disease, bladder cancer, nosocomial infections, erectile dysfunction and urinary incontinence.

The consultation's methodology follows the evidence-based medicine principles defined in collaboration with the Oxford and the Cochrane groups. The aims of the conference are to review the current state of knowledge on incontinence, propose validated standard international instruments (symptom scores) to evaluate incontinence and propose a strategy for the diagnosis and management of incontinence following evidence-based medicine principles. It will also help standardise response criteria and recommendations for research on incontinence and pelvic organ prolapse. The conference is accredited by the European Accreditation Council for Continuing Medical Education (EACCME).

The ICI is a multidisciplinary consultation, covering the three main areas of urinary incontinence, faecal incontinence and pelvic organ prolapse in three broad categories: basic science, patient assessment and treatment. In the period leading up to the fourth ICI, 23 international committees of experts will discuss 23 different topics in the field of incontinence and present their findings in Paris in July 2008. Each committee will assess what we know, what we think we know, what we don't know and what we need to know. The members are international experts from a wide range of professions

and specialities. The recommendations from each sub-committee will be published in a book after the meeting.

Information and a registration form are available at www.congress-urology.org/congres2008. Further details may be obtained from consulturo@aol.com.

Hashim Hashim



THE ICS OFFICE STAFF WHO'S WHO AT THE OFFICE

1 Carole Sales Oct '03 Admin Coordinator Carole supervises membership processes and operations in the office, coordinates and develops communications strategies, including ICS publications, managing relations with media partners and communication with ICS members. She supports and coordinates logistics for ICS committees and is the link to suppliers.

2 Dominic Turner Aug '04 IT Manager Dom is experienced in programming and project management and heads the in-house IT department. He has built the ICS website, designed and written the software that makes the office and website work, including the Membership Database and Abstract

Submission Centre. He also supports the ICS scientific committee with the software to create the Annual Scientific Programme.

3 Avicia Burchill Nov '05 Admin Manager/Education Coordinator Avicia has a background in management in not-for-profit organisations and is responsible for the day-to-day management of the ICS office and staff, coordinating logistics for ICS educational activities, and is the link between the Trustees, congress organisers, the office and Annual Meeting.

4 Ashley Brookes Jan '08 Analyst Programmer Ashley supports Dom with IT projects and provides IT assistance to the ICS office.

5 Kelly Packer June '07 Admin Assistant Kelly is the ICS membership secretary and responds to membership queries. She also provides administrative support for the office and takes care of daily tasks.

6 Nicola Walsh Feb '07 ICS Bookkeeper (2007) Not in picture Nicola is a trained accountant who ensures that ICS financial processes are properly dealt with, working closely with the Auditors and Avicia to produce the final accounts and other required paperwork.

Carole Sales

ICS NEWSBOARD

ABSTRACT 2008

You are invited to submit your abstracts for ICS 2008. The Abstract submission system is open on the ICS website (www.icsoffice.org) until 1st April 2008. Follow the links from the home page.



How to ... contribute to the newsletter

- Step One:** Write to the *ICS News* editorial team with a suggested topic.
- Step Two:** Discuss your chosen topic with the *ICS News* editorial team and establish what your main story will be about and what photos/graphics you would like to include
- Step Three:** Write your article and send it to the *ICS News* editorial team at newsletter@icsoffice.org
- Step Four:** The *ICS News* editorial team may edit your text for final inclusion without affecting the nature of your article and they will send you a final edited version for you to sign off.
- Step Five:** Open the next issue of *ICS News* and see your contribution in black and white (and colour).

ICS 2011
GLASGOW, UK
Chair: Ian Ramsay

WANTED

Newsletter Contributors

The *ICS News* Editorial Board is seeking a number of volunteers to contribute articles for the newsletter.

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

ICS ELECTION RESULTS 2007

Children's Committee Chair Wendy Bower
Education Committee Chair Werner Schaefer
Ethics Committee Other Clare Fowler
Ethics Committee Geriatrician Mathias Pfisterer
Ethics Committee Gynaecologist Gunnar Lose
ICS Treasurer Ajay Singla
ICS/IUGA 2010 Chair Sender Herschorn & Harold Drutz
Publications & Communications Committee Chair Jerzy Gajewski
Scientific Committee Allied Health Professional Kari Bo
Scientific Committee Clinical Representative Yasuhiko Igawa
Standardisation Committee Chair Dirk de Ridder

SCIENTIFIC AWARD WINNERS 2007

ICS Award For The Best Clinical Abstract

Session 7, Continence Services and Physiotherapy. Podium presentation, 23 August 2007, 09.15 – 09.30, Mathias Pfisterer (Germany)

ICS Award For The Best Basic Science Abstract

Session 10, Experimental Physiology, Poster presentation, 23 August 2007, 15.52 – 16.00, Mary Pat Fitzgerald (USA)

ICS Award For The Best Clinical Presentation

Session 1, Urogenital Prolapse. Podium presentation, 22 August 2007, 10.00 – 10.15, L. Brubaker (USA)

ICS Award For The Best Basic Science Presentation

Session 2, The Brain And The Bladder. Podium presentation, 22 August 2007, 12.05 – 12.20, C. Twiss (USA)

Young Investigators Award

Session 2, The Brain And The Bladder. Podium presentation, 22 August 2007, 11.35 – 11.50, C. Morris (USA)

ICS e-NEWS

The ICS has recently launched the ICS e-News. It is a regular information mailing sent to you by e-mail and is designed to keep you informed on ICS activities and news between the *ICS News* issues. Please check that your e-mail address and your personal contact details are correct by logging on to the ICS website (www.icsoffice.org), so that you can be sure to receive these infomails.