INTERNATIONAL CONTINENCE SOCIETY (ICS) REPORT ON THE TERMINOLOGY FOR MALE LOWER URINARY TRACT (LUT) SURGERY

A: NEED FOR A WORKING GROUP ON TERMINOLOGY FOR LUT SURGERY

Background

- LUT surgical procedures vary widely in indications. Even those designed for the treatment of stone and oncologic diseases have functional implications, that can lead to additional surgeries
- Prostate surgeries and physical therapies applied to prostate diseases have been subject to recent developments and multiple variations and local preferences in technical details and terminologies.
- For many years, even with small differences in surgical procedures, terms used to vary even within surgical teams in the same hospital.
- With the multiplicity of new techniques this problem became more important hampering clear communication among professionals.
- As deeply linked to urinary dysfunction, these procedures must be known by healthcare professionals other than urologists.
- Some procedures have their rationale and origins decades ago; influenced by many, with subtle differences among them. Traditional names and definitions were adopted long before current standardization approaches, leading to historical, conceptual and practical puzzles and misunderstandings.
- No document is available to standardize these terms in a comprehensive methodology encompassing open, laparoscopic, endoscopic surgeries and minimally invasive therapeutic options.

B: SCOPE

REPORT ON THE TERMINOLOGY FOR MALE LOWER URINARY TRACT SURGERY must have the following organ or anatomic based skeleton:

In general, LUT male surgery classification can be based on etiologies: Oncologic, stone disease and functional procedures.
These latter are the focus of this report, even though, oncologic and stone disease as well as their treatments can have functional implications as well.

Hence a functional, anatomical classification will include:

1 Bladder
2 Urinary diversions are to be considered

3 Prostate and bladder outlet

4 urethra and peri-urethral tissues- all urethral stenosis repair, congenital and acquired and surgeries for iatrogenic incontinence

Oncologic and Stone disease procedures will be excluded, but mentioned whenever they cause a urinary dysfunction leading to a LUT procedure. E.g. post radical prostatectomy anti-incontinence procedures.

- The document will review old procedures but still in use as well as the latest approaches with clear worldwide acceptance
- Regular updates will be needed and considered in the initial document structure
- The report is definitional with additional explanation when judged necessary
- The description of the procedure will be limited to the relevance of terms and expressions
- Whenever possible, aliases and synonyms will be commented and an historical explanation can be given. E.g. Millin operation and retropubic prostatic adenomectomy
- Appropriate references must be placed
- Terminology must be aligned with previous ICS definitions and to progressing WG on Male LUT dysfunction terminology.
- The report will be subject to several rounds of review within the WG, WG on Male LUT dysfunction terminology, the SSC and ICS membership (Wiki ICS, website)
- Appropriate figures will be included to supplement the text.
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- The Report will be contemporary with new concepts in the literature that may need further validation and research included and defined in an Appendix.

- Be a consensus-based Terminology Report for male LUT surgeries that will aid clinical practice and research. It will be appropriately referenced.

- Complying with our own scoping document the report will include the definition of the procedure, the accepted (ICS, SSC) term and aliases.

- When adequate, include a comment on actual usage, history and past variations.

- For the sake of completeness, the usual codes will be consulted – Local codices, ICD-9, ICD-10 etc

MEMBERSHIP OF WORKING GROUP

- Co-chaired by Rizwan Hamid and Abranches-Monteiro
- 4 to 6 Members
- Members should be specialists in Urology with experience on functional urology – ICS Members
- At least one member must have coding experience and certification on ICD-9 and ICD-10
- The WG should target the report within 10 to 12 months with an absolute maximum of 18 months.