ICS Report on the Terminology for Conservative Management of Male Lower Urinary Tract and Pelvic Floor Dysfunction

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

The current terminology around the conservative management of male lower urinary tract (LUT) and pelvic floor (PF) dysfunction has not been collated into a single document, leading to uncertainty, confusion and unintended ambiguity. As several disciplines have a role in this field, more standardised terminology would aid inter-disciplinary communication and understanding. Comprehensive and precise descriptions will assist this, leading to more accurate reporting in this field.

Currently, the majority of LUT/PF publications relate to women. Issues for men are often inserted into the same document without describing particularities of male PF anatomy and function on assessment and treatments. In the current ICS reports of the ICS Standardisation Steering Committee, two such documents were identified relating to the standardization of terminology of lower urinary tract function[1] and PF clinical assesment[2], both contain information about men and women in the same document. Examples where further information is required include the lack of any description of penile/scrotum examination and the PF muscle function examination does not take into account particularities of men PF muscle contraction such as the lift of scrotum during the exercise, for example. Furthermore, in these documents no description of management of pelvic floor dysfunction in men is available.

A further example of the need for standardization of nomenclature in men relates to the anatomical description and assessment of the PF muscle. Some authors suggest that PF muscle assessment in men should be graded differently from women with a 0 to 6 scale suggested instead of the traditional 0 to 5 Oxford scale[3]. In addition, articles about PF muscle training lack uniformity when suggesting what muscles should be activated during a PF muscle contraction. Some authors state that the strengthening of ischiocavernosus and bulbospongiosus muscles play an important role in the treatment of erectile dysfunction[4], whilst other authors refer to the bulbospongious muscle as bulbocavernosus[3,5] .

The divergencies in nomenclature identified in the literature show a need for the development of a document providing standardization of the terminology and treatment procedures for male LUT/PF, especially physiotherapy assessment and treatment of urinary incontinence, bowel symptoms, erectile dysfunction and pelvic chronic pain.

Scope: It is envisaged that this report will consider:

• Conservative management, i.e. non-surgical and non-pharmacological management.

- Conservative management of male pelvic floor dysfunction may be provided by different disciplines, physiotherapists / physical therapists, nurses, medical doctors
- Terminology related to the accepted names of professions, the health professionals providing management, and the different types of therapy will be specified and distinguished (e.g. 'physiotherapy' as a profession distinct from 'conservative therapy'; 'exercises' / 'biofeedback' as distinct from 'physiotherapy')

• Management will include assessment (including history and physical examination), investigations,

diagnosis, treatment:

• Male only conservative management. Terms which appear to have gender specificity will be highlighted

so that a subsequent male report is not restricted or jeopardized by inappropriate terminology

- *Pelvic floor dysfunction* will be predominantly focused on terminology of pelvic floor muscle function and dysfunction:
- these will include comprehensive description of terminology used in the conservative management of pelvic floor muscle dysfunction, including symptoms of bladder and bowel dysfunction, and pelvic pain
- terminology regarding pelvic pain related to pelvic floor muscle dysfunction will align with the current working group on chronic pelvic pain
- terminology of symptoms (expanding on the Messelink et al 2005 section)[6]; signs, investigations (ditto re Messelink); diagnoses of pelvic floor muscle-related conditions (avoiding duplication with Haylen et al 2010)[7]; treatment (including NEW physical therapies, e.g. exercise and adjunctive therapies including equipment, and lifestyle modifications – not covered by Messelink or Haylen)
- all existing guidelines will be taken into account in the compilation of this report
- a literature terms analysis (bibliometric search) will be included in the process
- in addition to addressing terminology, the working group will also consider optimal methods of reporting conservative therapy research, and make recommendations of such
- Timeline: the working group should target produce the report within 18 months, but with an absolute maximum of 3 years from commencement

References:

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3. Dorey, G., Glazener, C., Buckley, B., Cochran, C., & Moore, K. (2009). Developing a pelvic floor muscle training regimen for use in a trial intervention. Physiotherapy, 95(3), 199-208.

4. Lavoisier, P., Roy, P., Dantony, E., Watrelot, A., Ruggeri, J., & Dumoulin, S. (2014). Pelvic-floor muscle rehabilitation in erectile dysfunction and premature ejaculation. Physical therapy, 94(12), 1731-1743.

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6. Haylen BT, Freeman RM, de Ridder D, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk D, Sand P, Schaer G (2010)

7. An International Urogynecological Association (IUGA) – International Continence Society (ICS) Joint Report into the Terminology for Female Pelvic Floor Dysfunction.. International Urogynecology J, 21:5-26.