

## ICS Committee Reports 2019

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## Children and Young adults Committee Report 2019

- Activities and achievements over the past year: organisation of:
  - joined course with ICCS and ESPU in September 2018
  - workshop in Gothenburg on transitional care of neurogenic and anatomical incontinence
  - round table in Gothenburg on transitional care of functional incontinence, September 2019
  - course on transitional care of incontinence in Abu Dhabi, December 2019
  - definition of criteria, and selection of fellowship on paediatric and adolescents Neuro-Urology. Training centre have been defined; fellows have been selected.
  - improvement on activities related to neurogenic bowel and bladder as defined previously, starting preparation of 2 manuscripts
  - agreement with Urodynamic Committee for an educational module project on Urodynamics in myelomeningocele patients

- Plans for the next year
  - Organise 1-2 workshop in Las Vegas
  - Organise 1 educational course, maybe joined to ICCS Congress
  - Maintain project with fellowship on paediatric Neuro-Urology
  - Publication of 2 papers on neurogenic bladder and bowel best practice management
  - Publication of educational module on urodynamic

# Report of ICS Developing World Committee- 2019

Prepared by Sakineh Hajebrahimi, Chair

Members:

Ajay Singla

Laleh Amini

Margaret McDougald

Kate Sloane

Magdy Hassouna

## Research and training working group

Emmanuel J Braschi (Argentina)

Riyad Almusa (KSA)

Rahmi Onur( Turkey)

Shirish Dattatreya Yande ( India)

## Non ICS Members who are invited to cooperate in research project working group

Homayoun Sadeghi Bazargani( epidemiologist)

Hadi Mostafaei( Member of Iranian EBM center)

Fereshteh Farhadi (Member of Iranian EBM center)

### 1. Activities and achievements after ICS-2018

#### Research:

Two research proposals were approved in the research center for EBM in collaboration with ICS.

- ◆ The first one: a systematic review about prevalence of urinary incontinence in developing countries, that is now finalised and all peer reviews were completed by educational and standardisation committees and we will submit the manuscript in NAU soon. This review was funded by research center for EBM. This systematic review showed us all available data for the prevalence of urinary incontinence in the developing world.
- ◆ The second one: The recent systematic review demonstrated the gap of knowledge regarding the burden of urinary incontinence in the developing world. The initial steps passed and it plans to provide a standard epidemiological map for urinary incontinence in the developing world. This project is approved in research center for EBM and started with their collaboration.

#### Training

The following plans decided to be done:

- Establishment of “developing worlds training courses” in the fields written below:

- Will look for opportunities to do add-on workshops or individual lectures

at relevant medical meetings in the Developing World. This year we receive a request from the Georgian Urology Society to have an add-on ICS course in their national meeting-2019. Sakineh Hajebrahimi will attend in **Georgia** this year as an ICS speaker.

-Fortunately, GPC granted \$10,000 to have a “stand alone” course in **Sudan** in December 2018 in potential topics including Incontinence and Fistula. We emphasised quality over quantity in training, “train the trainer” type events and we had a very successful workshop and surgeries in Khartoum.

- We planned an ICS Stand-alone course in Iran, 2019. IrCS has more than 60 members.
- We believe ICS Algorithms would be quite valuable in Developing World but will need a translation. We translated 4 of the most important algorithms to Arabic, Persian, and Turkish with permission of the ICI books editor. We will send those to the educational committee.
- We will hold a workshop in ICS 2019. And we will encourage our colleagues to participate in this event.

**Plans for future:** *Future plans will be decide by the new chair and members, but we can suggest some.*

- Finalising of the current research proposal
- Having ICS speakers from developing committee, in the national meeting of developing countries.
- Conversations with ICS to have a special session for developing countries.
- Providing a special web page and networks for ICS- developing world.
- Updating the committee members and inviting more active people.
- We will plan a workshop for ICS 2020.

### **Budget request for 2020**

*(May be decided by the new chair and members)*

We request a budget for training courses in a developing country in 2020(£10,000.)

A budget is needed for publication of the translated algorithms (500£), as well.

Sakineh Hajebrahimi  
The chair

## Annual report of the Education Committee 2019

Elise De, Chairman

Name	Country	Field	End
Elise De Chair	USA	Urologist	2022
Alex Digesu	UK	Urogynaecologist	28/08/2020
Paula Igualada-Martinez	UK	Physiotherapist	28/08/2020
Nikolaus Veit-Rubin	Austria	Gynaecologist	14/10/2021
Frankie Bates	Canada	Nurse	14/10/2021
Enrico Finazzi Agro	Italy	Urologist	14/10/2021
Amy D. Dobberfuhr	USA	Urologist	14/10/2021
Matthew Fraser	USA	Neuroscientist	14/10/2021
Mikolaj Konrad Przydacz	Poland	Trainee	14/10/2021
Massarat Zutshi	USA	Coloproctologist	14/10/2021
Mauro Cervigni	Italy	Urogynaecologist	Ex-officio Trustee position

Activities and achievements in the past year

### Tasks delegation to committee

Delegation of tasks/roles within the committee

- ICS Course applications - Alex
- Workshops - Paula
- Learner Assessment and CME - Enrico
- Institute - Nikolaus
- Small project lead – Frankie
- Early Career – Miko & Amy

### 2019 Workshops – Traditional role plus some new innovations

- Workshop application process was overhauled to a shorter, more concise application. Guidelines were also revised.
- Last year's workshop reviews were available to the committee while evaluating
- 38 workshops accepted and 24 rejected by the education committee in London in February 2019. Targeted under represented workshop topics i.e. imaging
- ICS Core Curriculum workshops run by the committees are running again during ICS 2019. We are continuing to target these for filmed, published, express education videos.
- New Institute Workshops being presented in Gothenburg this year
- In-App Evaluations will continue to be conducted and the questions have been amended based on last years feedback.
- Marco Blanco has been asked to re-film his research workshop and project to target

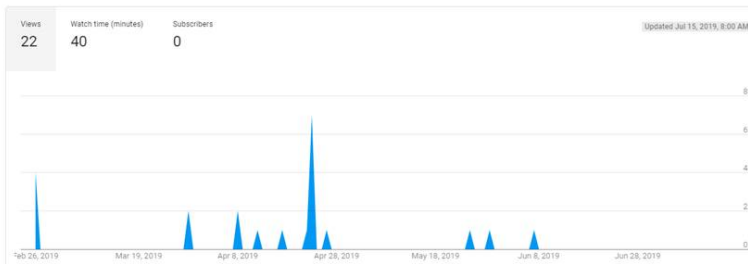
best evaluated workshops from 2018 via the Institute Directors to re-film.

- Plans for 2020 workshop applications are underway with a deadline of SUNDAY 5<sup>th</sup> January 2020.

### Learner Assessment Project

- Sub-committee of Amy and Enrico with co-opted Tomas Griebeling and Adrian Wagg have worked to develop the learner assessment.
- Now that workshops are edited learners can complete the survey monkey multiple choice test and get instant results. If they want they can request a certificate of completion.
- Outcome: - See below view and watch time. Not massively successful and no one has requested the certificate. However this could be due to niche content of the workshops. Perhaps worth identifying more “popular” topics from the 2019 workshops and approaching chairs post meeting if they are willing to prepare multi-choice questions.

#### Minimising radio toxicity to benign tissues radiation oncologist



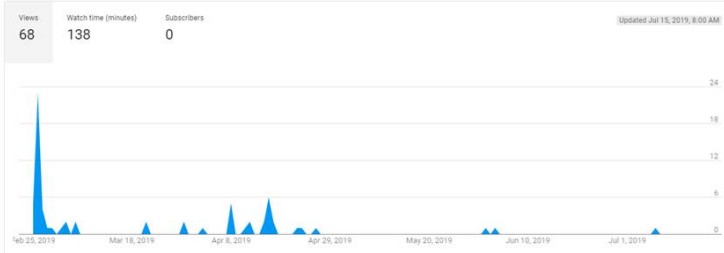
#### Understanding clinical differences in neurodegenerative diseases



#### What is health illiteracy is it the same as not being able to read why is it a problem



## Nocturnal LUTS, what, when , standardisation of terminology



### 2019 Early Career Sessions

Amy Dobberfuhr and Mikolaj Konrad Przydacz have arranged the **Early Career Session** at ICS 2019 after a structured handover of this role from Kari Tikkinen.

- Range of experts
- Night out

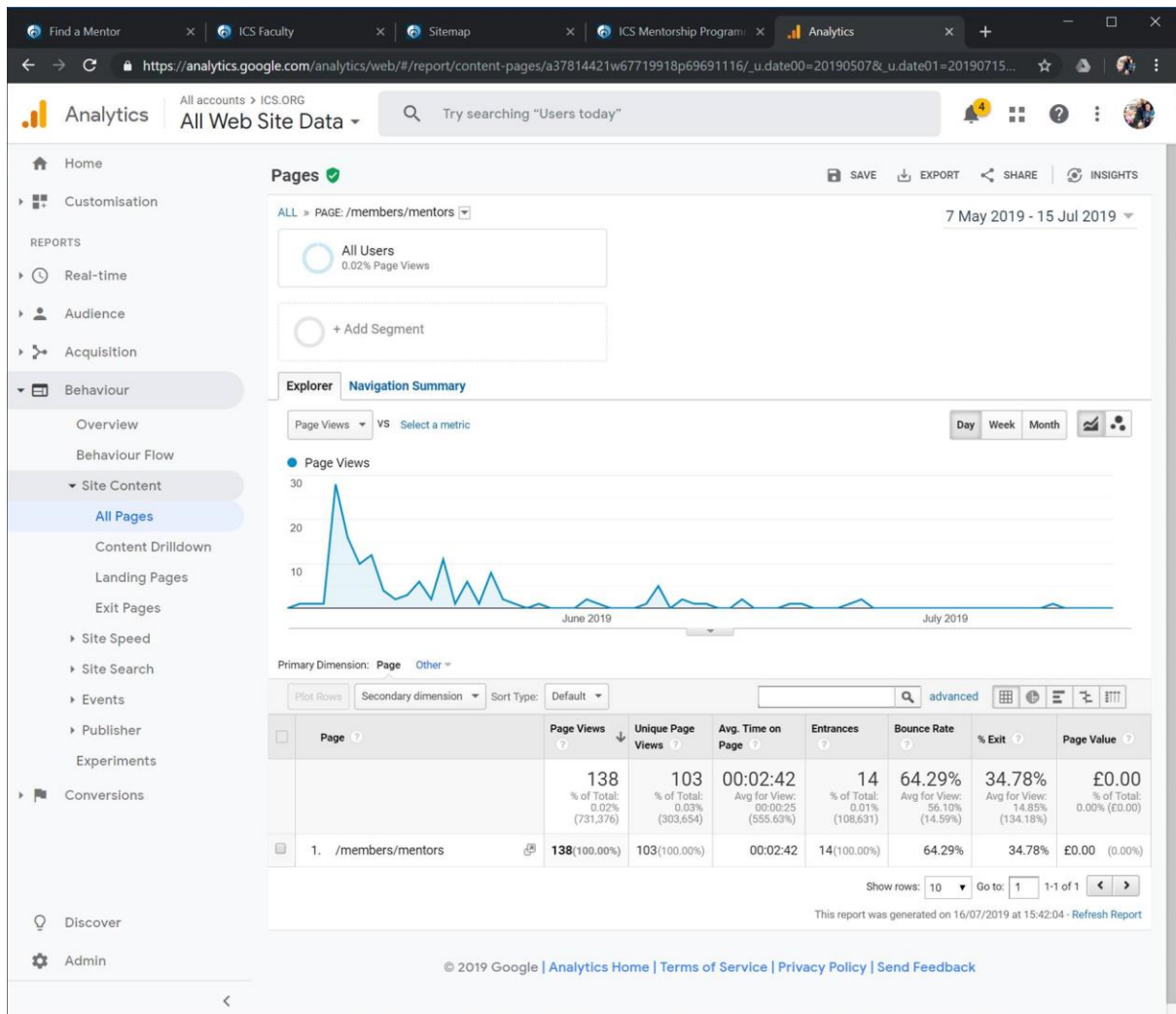
### Faculty Database

- New database developed with Frankie and office.
- Now up and running and with completely updated information.
- Searchable by profession, continent, language

### Mentorship Programme

- One of our largest projects this year, headed by Frankie and Niko.
- New database allows mentees to connect with able and available mentors, searchable by profession and location.

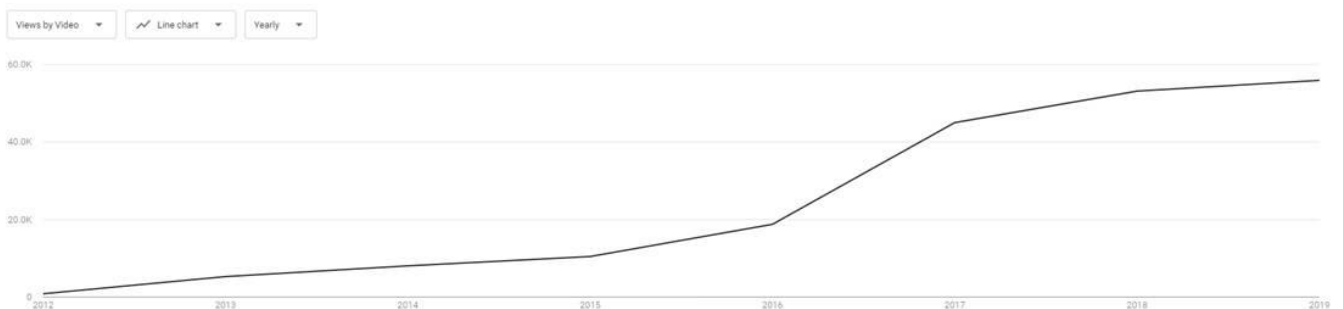
As of July we had 138 Visits to <https://www.ics.org/members/mentors>



## Online Education Content

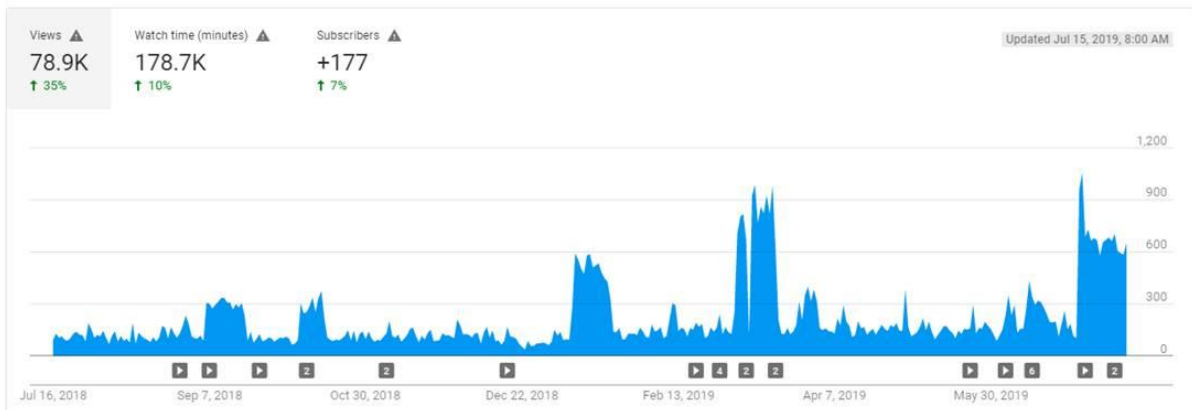
- # Hits on ICS TV has reached a new high!

Here's our yearly views hitting a new annual record each year, soon we'll be hitting 100k views per year!



Here's the view stats showing healthy progress from this time last year up to present. 2,978 hours have been watched on our YouTube channel in a year.





- Standard Operating Procedures for ICS Online Education now being adhered to by all ICS members.
  - Another major project for the Education Committee this year, the SOPs have been completely overhauled and now cover all of the following:

[ICS Education 3-Part Module](#)

[ICS Express Learning \(Education\) Video](#)

[ICS Interviews](#)

[Webinar](#)

[Standardisation Report](#)

[White Paper](#)

[ICS Committee Paper, Report, Project, Consensus Statement and Guidelines](#)

[Book](#)

[News](#)

[Dispute of Quality of Material](#)

[Annual Meeting Content](#)

[Collaboration](#)

[ICS Courses, Add-on Courses, and Lectures](#)

[Translation of ICS Documents](#)

- All online content now formalised into Institutes and Type of Content
- A major project was means by which to keep track of content. All projects are currently catalogued within a complex spreadsheet and new SOP proposals are compared to prevent duplication. New software Microsoft TEAMS will be rolled out during 2019.
- New work:
  - Several videos were commissioned by the Education Committee
    - Faculty Development
    - Educational modules
    - Scientific Content
  - The majority of ICS 2018 content is now edited and online.
    - Plan to film as much as possible at ICS 2019
    - Work continues in this area - the turn-around from filming to final edited version is now very swift with the full time editing staff member! Improvements will be made to the filming and editing process in 2019 which hopefully with improve the turn around time even more.

- Curating of content and planning curricula with Committees and Institutes are significant ongoing priorities

### **ICS Cadaver Course – Education Committee Tangential, Just Commented**

SOLD OUT IN 2018 - 21 Delegates: Netherlands, UK, Spain, Philippines, Brazil, Slovakia, Australia!

1:4 cadaver to delegate ratio

9 Faculty either Bristol based or within 2 hours drive

#### **Delegate Evaluations**

- Attending the event has helped me maintain and improve the standard of care for my patients **4.8/5**
- The aims / learning objectives of the event were achieved **4.8/5**
- 100% of delegates would recommend the course!!

#### **2018 Budget**

**Income: £18,800**

**Expenses: £12,725**

**Surplus: £6,075**

- Planned for October 2019 – almost sold out!

### **Education Courses/Guest Lectures – Lots of work this year on alliances and expenses**

A full list of courses and guest lectures arranged by the education committee can be found at the end of this report. The budget for 2018 was £22500 and extra £5000 was granted but not all spent. Budget for 2019 £25000 have £3961 (July 19) remaining. The committee has also worked hard to ensure that different speakers are used at these events and the funding rules are applied. We have also worked hard to reduce the cost of each trip and have given many partial travel awards. Alliances/ Exchanges with SIU, ASCRS, IUGA, SUFU.

#### **Plans for 2020**

- Adaptation of workshop programme for 2020 meeting in view of ICI sessions
- Continue to develop the ICS Institute with the School Directors and range of SOP's required.
- Consider assigning each Institute a member of the Education Committee to suggest content and to comment on usability of ICS TV appearance. No oversight role, simply proposing/commenting
- Consider allowing Education Committee to review curricula and help to commission new content
- Continued focus on Learner Assessment

#### **Budget**

The following budget was approved in August 2018 to cover to August 2020.

- £25,000 for education courses/guest lectures each year
- £5000 for ICS Educational Online Content Production each year
- £8000 for face to face meeting – 1st February 2020 – London.

An application for 2021-2022 budget will be made in Las Vegas so that there is no requirement to wait for the Feb 2021 Board meeting.

# Ethics Committee Report 2019

(Please note this document will be updated after the Ethics Committee (EC) meeting Wednesday, September 4, 2019.)

## 1. Ethics Committee Membership

The Ethics (EC) Membership normally includes 10 individuals including the Chair. This is felt to be the optimal number to support EC activities. However, this year, we lost our 2 scientific representatives – Chris Chatterton, Ph.D. who resigned due to health and professional reasons and Ryuji Sakakibara who was asked to leave the EC due to lack of participation.

### Current EC Committee Membership

**Nina S. Davis** (US) Chair/Urologist

**Alvaro Bedoya-Rongo** (UK) Urogynaecologist

**Elise De** (US) Urologist

**Ruwan Fernando** (UK) Urogynaecologist

**Cristina Naranjo-Ortiz** (Spain) Physiotherapist

**Heidi Moosdorff-Steinhauser** (NL) Physiotherapist

**Martha Spencer** (CAN) Geriatrician

**Tamara Dickinson** (US) Advance Practice Nurse Practitioner

We are also grateful for the ongoing support of **David Castro-Diaz** as ex officio member from the Board of Trustees.

We will very much miss **Cristina Naranjo-Ortiz** who will be rotating off of the committee after this meeting.

After a very successful election this spring, the EC is welcoming 3 new members:

**Anne Suskind** (US) Urologist/geriatrician/scientist

**Kimberly Leblanc** (CAN) Advanced Practice Nurse Specialist in Wound/Ostomy/Incontinence

**Antonella Giannantoni** (IT) Neurourologist

Dr. Suskind was co-opted last year after joining the ICS to participate in our very successful workshop.

## 2. Activities/Achievements

- The ICS 2018 free workshop (Core Curriculum), **Ethical Dilemmas in the Care of the Aging Patient: A Case-Based Interactive Workshop** focused on medical decision-making in the care of the frail elderly built on the success of the prior year and may have exceeded our prior attendance record, as it was, literally, standing room only. There was spirited interaction from all attendees. Once again, the workshop received high grades from the participants.
- Building on the success of the workshop, **Nina Davis** traveled to Bristol and filmed a video, "Frailty Assessment and Surgical Planning for the Geriatric Patient". Thanks to

the ICS staff for their professionalism and expertise in filming and editing the piece and gratitude as well to Adrian Wagg for assistance with preparing the content.

- This year, no workshop is being offered, as it was felt by Chair, Nina Davis, that it was time to step back and re-evaluate the TOR of the EC via a needs assessment to help to better focus the activities of the committee and, by addressing the expressed needs of the membership, to be able to then integrate them as dictated by the Trustees' Strategic Plan.
- The EC continues to be committed to encouraging ethics submissions for the Annual Meeting. Sadly, only one award has been given out in the three years we have been offering the prize. This occurred at the Florence meeting. This year, in spite of a significant increase in PR efforts including reworking and reissuing of a video by **Alvaro Bedoya-Rongo**, an article and reminders in the eNews as well as inclusion of examples of appropriate submissions on the application website, there were no submissions worthy of consideration. That is, only 3 submissions were received. They were rejected by reviewers for inclusion in this year's Programme, and a further review by members of the EC found none to be deserving of consideration for the award. Therefore, it was decided not to give out a prize this year. The EC had hoped that, with time, the Ethics Award would become an inducement for trainee submissions in particular and a sought-after award, but this has not come to pass. At the EC's annual meeting here in Gothenburg, discussion will be held as to whether or not to continue offering the award.

### 3. Future Projects and Activities

- A Needs Assessment was carried out earlier this year – “Five Questions in Five Minutes”. **125 members** responded.  
The five questions were as follows (Most were 2-part questions. A yes or no question and an explanation of the answer including recommendations.)
- *Do you believe the Ethics Committee is of value to the ICS? Briefly explain your answer.*
- *Do you know of other organisations that have an Ethics Committee? If so, please name the organisation and the Ethics Committee's activities for that organisation.*
- *Have you attended any programmes sponsored by the ICS Ethics Committee? If so, how many?*
- *If you have attended any programmes conducted by the ICS Ethics Committee, did you benefit from the programmes? Please briefly explain why you did or did not benefit.*
- *What type of programmes, activities or content should the Ethics Committee be providing to best serve the needs of the ICS membership?*

Preliminary analysis of the survey was carried out this spring was discussed at our teleconference in June. **Elise De** was kind enough to summarise some of the key themes proposed by the respondents:

- 1) Research ethics
- 2) International differences
- 3) Public health ethics (e.g. FGM)

- 4) Clinical scenarios (e.g. neurogenic patient declining intervention)
- 5) Pharma/adoption of medications or devices not adequately tested

Additionally, a basic course in biomedical ethics has been requested off and on for many years and the survey reinforced this. **Elise De** proposed an early career session, but adding a video on the subject to the Core Curriculum seems essential. The EC will continue to mine and analyse the data for important subject matter to drive future activities.

- The EC will continue to expand its microsite with educational content so that it will also serve as an informational resource for membership.
- The EC will continue to develop materials with ethics-related content as its contribution to the ICS Core Curriculum. Our geriatric members, **Martha Spencer** and **Anne Suskind**, with the support of the EC member, are preparing a white paper on ethical care of the frail elderly. Preliminary planning has been carried out by teleconference, and, per the ICS SOP, a proposal is being prepared and will soon be submitted to the Trustees for review and approval.

#### 4. Budget Request

The EC budget request for 2019-20 has been appended to this report.

5. Special thanks to the ICS Office for their forbearance, responsiveness and ongoing support of EC activities.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Nina S. Davis', with a stylized flourish at the end.

Nina S. Davis, M.D., FACS  
Ethics Committee Chair

	2019-2020 BUDGET REQUEST - ICS ETHICS COMMITTEE			
Budget Item Request	Cost	Justification	Alignment to ICS strategy	Objectives (should be specific and measurable)
<i>Conference calls, 3/year for up to 10 individuals including co-opted member(s), ICS Staff and Dr. Castro-Diaz, Trustee member</i>	<b>£500</b>	<i>The conference calls are integral to conducting the business of the committee including communication of important information, sharing and expanding upon ideas regarding projects such as composing white papers or organising workshops/activities for the ICS Annual Meeting, as well as discussing issues of concern to the committee.</i>	<i>-Ongoing EC monitoring of COI compliance ensures that the integrity of the organization is maintained</i> <i>-Programmes deriving from a needs assessment survey distributed to the entire membership which, it is hoped, will guide the EC to ever more relevant educational programmes and materials that will significantly enhance the Core Curriculum.</i> <i>-Produce consensus and policy papers that will advance the academic objectives of the ICS and enhance its standing in establishing global policy.</i>	<i>-Maintain the highest level of academic integrity through monitoring of COI reporting and assessing commercial bias in the ICS-sponsored programmes</i> <i>-Publish 1-2 white papers or reviews/year on ethical topics of global concern</i> <i>-Provide an annual workshop to the scientific programme for the ICS Annual Meeting</i> <i>-Contribute a unique activity of interest to the general membership dealing with one or more “hot topics” in global ethics including debates that may be conducted as part of a workshop or as a stand-alone presentation at the Annual Meeting.</i>
<i>Best Ethics Poster Award at the Annual Meeting</i>	<b>£500</b>	<i>As approved by the Trustees. The cost would be applied to annual meeting budget.</i>	<i>Encourages submissions by trainees and early-career attendees</i>	<i>-Increased number of submissions under the Ethics category</i> <i>-Increased number of submissions by trainees and early-career professionals</i>
<b>Total Cost</b>	<b>£1,000</b>			

# ICS Nursing Committee 2019 Full-Term Report to Board of Trustees

Prepared by Donna Bliss, PhD, RN, FGSA, FAAN, Chair

**ICS Nursing Committee Members:** Donna Bliss (Committee chair), Joanne Robinson (Education and Practice subcommittee chair), Joan Ostaszewicz (Research subcommittee chair), Jo Booth (Communications subcommittee chair and chair of Bladder and Bowel Training Consensus Document Task Force), Tamara Dickinson (chair of Task Force on Fellowships), members Amy Hunter, Joanne Dean, Angela Rantell, Winnie Ka Wei Yeung, and **Nursing Institute School chair**, Sandra Engberg.

The Nursing Committee is comprised of three standing subcommittees, Education and Practice, Research, and Communications, and creates task forces as needed to complete various special projects. The Nursing Committee chairperson and members work together on various activities and along with the Nursing Institute chair.

## ***I. ACTIVITIES DURING THE PAST YEAR***

### **Nursing Committee Strategic Planning of Scholarly Activities**

- The Nursing Committee along with the chair of the Nursing Institute engaged in a Strategic Planning process, led by chair, D. Bliss, to assist in developing its future scholarly activities and materials for the Nursing Institute.
  - The outcomes of the Strategic Planning process were as follows: 1) a curriculum for the Nursing Institute, 2) goals, principles and criteria for developing or selecting committee projects/activities/documents, and 3) a plan for potential projects for the committee for the next two years. Documents for items 2 and 3 are on file at the ICS and available via our webpage

### **Education and Practice Related Activities**

#### **Nursing Sessions at ICS Annual Meeting**

- Planned the Nursing Forum and Nursing Workshop for the 2019 annual conference in Gothenburg, Sweden, along with the Nursing Committee chairperson.
  - The Nursing Forum features several nurse presenters who live in Sweden, the country hosting the ICS annual meeting.
  - All presenters in the Nursing Workshop are ICS members, and two live in the country hosting the ICS annual meeting. Presenters are interdisciplinary: two are non-nurses, and one is a member of the ICS Nursing Committee.



### **Promoting Nurse Participation in ICS Annual Meetings in Las Vegas (2020) and Melbourne (2021)**

- Following the promotion strategy used for ICS in Rio de Janeiro, Brazil in 2014, the Nursing Education Subcommittee identified conferences in cities in which the next two future ICS meetings will be held at which an ICS nurse might be sponsored as a speaker helping to promote attendance of nurses at the future ICS meeting. ICS Nursing Committee is working with ICS staff and Education Committee on this idea.
- For promoting the ICS Annual Meeting in Las Vegas (2020), sponsor a speaker from the Nursing Committee for:
  - *Society of Urologic Nurses and Associates (SUNA) Advanced uroLOGIC Conference*, Hyatt Regency, Dallas, TX, March 2020.
- The Nursing Subcommittee identified 8 conferences for promoting the ICS Annual Meeting in Melbourne (2021) via sponsorship of a speaker from the Nursing Committee:
  - *National Conference on Incontinence (NCOI)*, Melbourne, November 13-16, 2019
  - *Australian and New Zealand Urological Nurses' Society (ANZUNS)*, Christchurch, October 2019 & Annual Conference 2020 (site and dates TBD)
  - *South Pacific Nurses Forum*, Vanuatu, South Pacific, Biennial Conference 2020 (site and dates TBD)
  - *Asia-Pacific Prostate Cancer Conference*, Melbourne, August 2019
  - *Urofair*, Annual Conference 2020 (site and dates TBD)
  - *Australian College of Nurse Practitioners (ACNP)*, Melbourne, September 2019; Annual conference 2020 (site and dates TBD)
  - *Australian Association of Gerontology*, Sydney, NSW, November 2019; Annual conference 2020 (site and dates TBD)
  - *Gastroenterological Society of Australia*, Adelaide, September 2019; Annual conference 2020 (site and dates TBD)

### **Development of Materials for Co-Opting a Doctoral Student on Nursing Committee**

- The Nursing Education Subcommittee assisted with creation of a student membership application form, letter from the advisor, and preferred criteria to assist the Nursing Committee chair to co-opt a doctoral student to participate in the committee activities and learn more about ICS for one year.
  - ICS staff disseminated the call for doctoral student members, two applications were received, and one was selected for the Nursing Committee for 2019-2020.
- The Nursing Education Subcommittee and former co-opted doctoral student developed a welcome packet for new, future co-opted doctoral students that will be provided to the new student member.

## **Nursing Educational Courses in China**

- DB, Nursing Committee chair, continued the collaboration with the Chinese Urology Association Nurses (CUAN) to offer educational courses focused on nursing care for patients with incontinence and advanced practice continence nursing in China. D. Bliss and F. Bates will present at 3 conferences in 2 cities in China in Sept. 2019. Nurse attendance is expected to be 50-100 at each conference.
  - CUAN and ICS will have a signing ceremony to plan a future course about urodynamics for nurses to be held in China in 2020; this course may be planned in parallel to a course about continence nursing

## **Educational and Scholarly publications/resources/e-learning**

### **Book publication**

- The Chair of the Nursing Committee (DB) is editor of book about management of fecal incontinence for the advanced practice nurse that was published by Springer (FR). Most of the authors are ICS members and members of the ICS Nursing Committee and the book was endorsed by ICS. The book was ready for purchase and orders at the 2018 ICS annual meeting. ICS members receive a discounted price.
- The Nursing Committee followed up on interest by Prof. Mandy Fader to lead the production of a video on urinary catheterisation and catheter care at the request of the chair of the Educational Committee, when AB resigned from the Nursing Committee due to other professional and personal commitments. We are awaiting confirmation by Prof. Fader about doing this project.

## **Bladder and Bowel Training Consensus Document**

- Jo Booth with assistance of D. Bliss led the Task Force for a consensus document for Bladder and Bowel Training.
- Using a Delphi procedure, review of the Bladder and Bowel Training Consensus document was completed by 20 nurse members of ICS.
- The document was reviewed by the Standardisation Steering Committee and Educational Committee and appropriate revisions were made.
- The document received final approval by the Board of Trustees.
- J. Booth and D. Bliss are developing a manuscript about the document for submission for publication to NAU.
- 

## **ICS Nursing Institute School**

- Existing ICS education content was reviewed, and relevant content added to the Nursing Institute School website
- Working with the Chair of the Nursing Committee (DB), the curriculum for the Nursing Institute School website was developed and reviewed and approved by the rest of the Nursing Committee
- We identified gaps in current content needed to support continence nursing practice and identified an area where we believe a scholarly project would fill an important need and gap – fluid and dietary management of incontinence.

## **Research Related Activities**

- Three members of the Nursing Committee (J. Dean, J. Ostaszkiwicz and J. Robinson) one ICS nurse member (D. Newman) reviewed scientific abstracts submitted for the 2019 ICS annual meeting.
- A working group led by Joan Ostaszkiwicz and comprising Donna Bliss, Angie Rantell, Joanne Dean, and Jo Booth has been established to conduct phase 2 of the project to develop a consensus statement to articulate the educational preparation for continence nursing care. An SOP was submitted and approved by J. Ostaszkiwicz.
  - The working group will identify and map public domain information about the competencies that have been developed and/or recommended for nursing and nursing assistant education about incontinence and bladder, bowel and pelvic floor health. This information will be used to inform the development of a consensus statement about competencies for the various levels/types of nurses who provide continence care.
  - A preliminary search yielded several peer review publications (n=6) and existing documents/resources (n=25). A follow up search will be conducted by the working party. Thereafter, the ICS office staff will email ICS nurse committee members to invite them to identify additional peer review publications and documents /resources about relevant competencies.

## **Communications and Membership related activities**

- **Promote attendance of nurses at the annual ICS meeting and to join/renew ICS membership**
  - Jo Booth filmed a short video on how nurses can get involved in reviewing scientific abstracts submitted to the annual meeting
  - Promotional materials to encourage nurses to attend the meeting were developed and disseminated to nurse members.
  - The ICS annual meeting in Gothenberg Sweden targeted at ICS nurse members were developed by J. Booth and D. Bliss with the assistance of the ICS staff for the ICS website, newsletter, and emails
  - Free registration for nurses is offered for the ICS Nursing Forum and Workshop on Wednesday during the annual meeting.
  - A networking coffee break with Nursing Committee and other nurses attending the ICS 2019 meeting is planned on Wed. during the annual meeting in between the Nursing Workshop and Forum
  - DB will deliver a presentation about ICS Nursing Committee, ICS and benefits of being an ICS member and Affiliate organization during the courses in China
- **Provide up-to-date information about ICS Nursing Committee to members**
  - All abstracts from the 2018 annual meeting authored by nurses were added to the Nurses webpages

- A summary with photos of the ICS courses in China in 2018 were posted on the website
- Flyers about the ICS endorsed book about fecal incontinence management for advanced practice nurses were available at the ICS booth at the annual meeting
- JB updated Nursing Committee Members' details and positions on website with assistance of office staff
- An email call to ICS nurse members asking for references of new publications or awards to post on webpage and to add themselves to the speaker database was sent
- Information about the upcoming course in China in 2019 will be publicised on the ICS website
- Fellowship applications and small research grants were promoted to nurse members

### **ICS Fellowship Task Force**

- Members Tamara Dickinson (lead) and Amy Hunter
- For the past two years, the task force wrote and disseminated a call to all ICS nursing members to apply for available fellowships and no nursing members submitted an application. Last year we received an inquiry from one nursing member in search of center/mentor for a fellowship regarding fecal incontinence. It was at this point the Nursing Committee realised and began to discuss some of the barriers faced by nurses at their institutions to do this type of mentoring.
  - The Task Force set out to try to identify possible mentors or centers that have this capacity and interest and to compile a list that nurses applying for fellowships might consult as needed. It is thought that this was a way to promote nursing applications. The task force worked with the office staff to develop a call for individual nurses and/or healthcare centers who would be willing to be included on a list of possible mentors for nurses applying for an ICS fellowship. The call also explained the purpose and types of fellowships available. This call was sent out to ICS nurse members in June.
- In addition to the work above, T. Dickinson and D. Bliss worked with a group of other ICS members to score this year's fellowship applications. We were happy to see a geographically diverse group that also represents different disciplines with one of the awards going to a nursing member.

### **Committee members**

- The Nursing Committee revised the criteria used to review applications for the committee
- One new person, Lisa Krabbenhoft, was elected to join the committee for 2019-2020.

## **II. FUTURE ACTIVITIES**

### **Future Education and Practice related activities**

- Develop and implement the Nursing Workshop for the 2020 ICS Annual Meeting in Las Vegas.

- Develop and implement the Nursing Forum for the 2020 ICS Annual Meeting in Las Vegas.
- Collaborate with ICS office and Educational Committee to support a speaker(s) from the ICS Nurse membership at conferences to promote nurse participation in ICS Annual Meetings in Las Vegas (2020) and Melbourne (2021).
- Pursue making of video about urinary catheterisation and related care; need to identify a lead person

#### Nursing Institute School

- Submit SOP about review and consensus document regarding role of food and fluid in the management of incontinence. S. Engberg to lead this project and D. Bliss to assist. A manuscript will be submitted at the completion of this project

#### Research related activities

- Complete Project 2 of the Continence Nurse Competency project; submit manuscript for publication or article in newsletter about results;
  - Submit SOP for Project 3 after 2 is completed
- Submit SOP for a joint nursing-physio project content/items of a bowel diary with the aim of standardizing bowel diary items. D. Bliss to lead this project for nurses

#### Future Activity Bladder and Bowel Training Consensus Document

- Submit and publish a manuscript about the Bladder and Bowel Training consensus document – led by J. Booth and D. Bliss

#### Future Communications related activities

- Continue website, newsletter, and email communications to inform and engage ICS members
- Continue promotion/publicity activities to promote nurse attendance at annual meeting and membership in ICS
- Publicise course in China after completion
- Compile and publicise results of Task Force on promoting fellowships to nurses
- Continue to offer networking lunch for nurses at annual ICS meeting

### **III. BUDGET REQUESTS FOR 2019-2020**

- Support for the Nursing Workshop and Forum to be free to nurses at the 2020 meeting
- Offer the networking lunch for nurses and nurse graduate students at ICS 2020
- Office assistance to promote nurse participation in ICS 2020
- Applications will be made to ICS Education Committee to support a nurse speaker course for incontinence nursing care and a nurse speaker for course about urodynamics for nurses in China
- Office support to continue, website, and newsletter, and publicity activities
- Office assistance to assist with ICS Fellowships call and resource list
- Office assistance for new Nursing Committee projects about nurse competencies, consensus document for role of food and fluid for incontinence management, and bowel diaries as needed

- Funding and office assistance for video about urinary catheterization and related care after SOP is submitted and approved

## ICS Physiotherapy Committee Annual Report 2019

**Committee members 2018-2019:** Doreen McClurg (DM) Chair, Cristiane Carboni (CC), Rhonda Kotarinos (RK), Adelia Lucio (SL), Nelly Faghani (NF), Heather Moky (HM), Cristina Naranjo-Ortiz (CNO), Petra Voorham-van der Zalm (PZ), Paula Igualada-Martinez (PI), Gustavo Latorre and Jenniffer Voelkl.

The Physiotherapy Committee represents and supports ICS physiotherapy members. The physiotherapy committee member's 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.

It is pleasing to see that there is PT representation on many of the ICS committees, including the Board of Trustees.

**Cristina Naranjo-Ortiz (CNO) also representing the ICS Board of Trustees and Ethics.**

**Paul Igualada-Martinez is also on the ICS Education Committee**

**Nelly Faghani Children's and Young People's Committee**

**Cristiane Carboni (Chair) and Paula Igualada-Martinez are also members of the Physiotherapy Institute.**

Due to personal circumstances I am stepping down as Chair of the Physiotherapy Committee in Gothenberg and Heather Moky has been elected. Cristina Naranjo-Ortiz will have completed her six years and cannot re-new but will continue to represent the Board on the PT Committee. Petra Voorham-van der Zalm (PZ), is stepping down at Gothenberg due to ill health. Cristiane Carboni and Rhonda Kotarinos will have both completed 6 years in Las Vagas. We will therefore have 4 vacancies for election.

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

**We have had 3 teleconferences throughout the year and these have been very useful.**

**Physiotherapy Forum sub-committee** is led by Petra Voorham-van Zalm, and is responsible for the Organisation of the Gothenberg Physiotherapy Forum meeting. Last year we had over 120 registered and we expect similar numbers this year. This year we are changing the program slightly to have more time for debate following presentations which may identify some important points. We will also have brief presentations from Wendy Bower about submitting a paper to Neurourology and Urodynamics and also from Paula on how to submit a workshop to ICS.

START	END	TOPIC	SPEAKER
13:30	13:35	Welcome	Petra Voorham- van der Zalm
13:55	14:15	Electrostimulation	Dorien Bennink
14:15	14:20	Forum discussion	All
14:20	14:25	Comfort Break	
14:25	14:35	Edit a paper to Neurourology & Urodynamics	Wendy Bower
14:35	14:55	Children's pelvic floor	Jozanneke van Summeren
14:55	15:15	Children's pelvic floor	Alexandra Vermandel
15:15	15:25	Forum discussion	All
15:25	15:45	Dyssynergia of the pelvic floor	Danielle van Reijn
15:45	15:50	Questions	All
15:50	16:00	Report of the ICS Physiotherapy Committee	Doreen McClurg
16:00	16:30	Coffee Break	
16:30	16:50	Vaginal Flatulence	Hedwig Neels
16:50	16:55	Questions	All
16:55	17:15	Women's experiences: The effects of vulvodynia on a couple's relationship and sex life	Minna Törnävä
17:15	17:20	Questions	All
17:20	17:30	How to submit a workshop	Paula Igualada- Martinez

A drinks reception will be held after the event.

### PT and ICS Gothenberg

PT is represented in a wide variety of workshops and podium and poster presentations. The PT workshop we held last year presenting an update on the evidence on conservative management received good feedback and we are holding something similar this year on different topics.

### Membership and Communications Sub-Committee (CC and RK)

The communications sub-committee is chaired by CC and helped by RK. There is a rota for members of the committee to provide articles for the web-site.

### Education and Professional Development Sub-Committee (RK, PM, AL, & HM)

#### Publication accepted: -

The education and professional development sub-committee under Peter Meyers and Els Baker – Publication in Neurourology and Urodynamics 'International Continence Society supported pelvic physiotherapy education guideline' Published 2018,  
<https://doi.org/10.1002/nau.23350>

#### Work in development: -

**Education Review** – Scoping review of current world-wide practice in PFM examination and assessment – this was a survey led by Heather Rebecca Das and we hope to progress with this during the 2018-19 session. This has not progressed but findings will be identified in the education paper.

**Terminology for Pelvic Floor Muscle Function and Dysfunction** – Led by Helena Frawley and Beth Shelley. Progressing, the first draft will be ready for review, by the working group, in Philadelphia.

Educational Module proposal from the Physiotherapy Committee regarding the Physiotherapy Assessment of Urinary Incontinence (Female), as well as the SOP for this gold standard format for online educational content. This has now been approved by the Educational, Standardisation and Treasurer. This is progressing with the reviewed paper having been re-submitted by Gothenberg.

#### **Scientific and Research Sub-Committee (MM, RD, CNO, DM, PI)**

The new project for the Scientific and the Education committee is to pull together the methods for training physiotherapists in pelvic floor examination. The information collected world-wide is being collated and will feed in to the Educational Module this project. This is an important project as it will establish current practice in teaching PFM examination in the developed and developing world. We can thus plan teaching programmes to suit cultural barriers etc.

**Summary:** full or part progress made on all goals set 12 months ago. Part progress on goals during the year with a paper accepted for publication, one in draft form and acceptance of our SOP for developing educational materials

#### **Plans for the next year:**

- **Membership and Communication sub-committee:** • Planning for 2020 PT Forum. • **Scientific and Research sub-committee:** • Standardisation in training in the assessment of the pelvic floor – pull together the survey material • **Education and Professional Development:** • Progress educational article, videos etc. This may align more with the School of PT • **Continue to contribute physiotherapy topics and speakers to multidisciplinary educational activities** • **Contact key physiotherapy members to contribute to submission or workshops for 2020 meeting.**

**Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws):** • We will be discussing the sub-committee structure at the meeting in Gothenberg

**Details of any budget requests:** • Jan & July teleconferences 2020 • Funding for videoing educational material

**Confirmation whether the committee will call for expressions of interest for new committee members - as of the 2019 AGM in Gothenburg and detailed above we will have 4 vacancies and will be calling for expressions of interest for new committee members.**



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 2013 AGM:

- Not known at this stage

Doreen McClurg

Chair

## ICS Standardisation Steering Committee update 2018-2019

**Members:** Bernie Haylen (Chair), Marcio Averbeck, Donna Bliss, Jacqueline Cahill, Alex Digesu (ex-officio), Roger Dmochowski, Sarah Haag (co-opted), Rizwan Hamid, Matthias Oelke, Alex Schizas, Elizabeth Shelly.

**New Members in Gothenburg:** Joan Melendez and Giovanni Mosiello

**Members Stepping Down in Gothenburg:** Elizabeth Shelley

**ICS Office Support:** Jenny Ellis. Assisting: Tracy Griffin, Leah Collis, Dan Snowdon.

**Recent Meetings:** Multiple Working Group teleconferences; no SSC Meetings; different email polls to SSC members.

**Gothenburg Activities:** (i) SSC Meeting; (ii) 6 Working Group Meetings; (iii) Standardization Update Session (Thurs am).

### Recent Highlights in 2019

- **ICS Glossary:** An online collation of 1124 terms/descriptors from all ICS documents back to 2000. This works well on mobile handsets. Features include: (i) access to all recent and past references for each term; (ii) instant copying of each reference; (iii) instant download of all reference documents; (iv) instant contribution to more extensive feedback via ICS Terminology Discussion (below); (v) instant short feedback to ICS Office. This provides the ultimate facility for terminology accessibility, exclusive to ICS.
- **Rebranding of ICS Wiki as ICS Terminology Discussion:** With the online access provided by the Glossary, ICS terminology feedback has been directed through the Glossary portal as ICS Terminology Discussion. This is under the leadership of Sajjad Rahnema'i and Sarah Haag.
- **Terminology for Male LUT/PF Dysfunction (D'Ancona, Haylen et al):** This is the first ever male-only core terminology document for LUT/PF Dysfunction. It comprises 390 terms, 211 (54%) NEW and 71 (18%) changed. It is the basis for other Male-only ICS Terminology documents. It provides a complement to the Terminology for Female Pelvic Floor Dysfunction (Haylen et al. 2010)
- **Terminology for Nocturia and Nocturnal Lower Urinary Tract Function (Hashim et al):** This is an update of the Nocturia document of 2002 (Van Kerrebroeck et al).

### Overall Working Group Progress (Current Chair – commencing Sept 2016)

**Completed/ Near completion:** Ten (3 Published in 2017; 1 Published in 2018; 2 published in 2019, 4 for publication in 2020)

### 2017 Publications

- International Urogynecological Association (IUGA)/ International Continence Society (ICS) Joint Report on the Terminology for **Female Anorectal Dysfunction**, 2016. **Dual NAU/IUJ** Publication. Published [January 2017, IUJ Volume 28, Issue 1, p5-31; DOI: 10.1002/nau.23055](#)
- An International Urogynecological Association (IUGA)/ International Continence Society (ICS) Joint Report on **conservative and nonpharmacological management of female pelvic floor dysfunction**. **Dual NAU/IUJ** Publication February 2017, [IUJ 28, 2: 191-214; DOI 10.1002/nau.23107](#).
- The **ICS** Standardisation of Terminology of **Adult Neurogenic Lower Urinary Tract Dysfunction**. Report of the Working Group of the International Continence Society - November 2017, [DOI: 10.1002/nau.23397](#).

#### 2018 Publications

- **Joint report on the terminology for assessment of sexual health of woman with pelvic floor female dysfunction-** **Dual NAU/IUJ** Publication March 2018, [Int Urogynecol J Pelvic Floor Dysfunct 2018; 10.1007/s00192-018-3603-9](#), Neurourol Urodyn 2018; [doi/10.1002/nau.23508](#).

#### 2019 Publications

- **An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction**. D'Ancona CD, Haylen BT, Oelke M, Herschorn S, Abranches-Monteiro L, Arnold EP, Goldman HB, Hamid R, Homma Y, Marcelissen T, Rademakers K, Schizas A, Singla A, Soto I, Tse V, de Wachter S.. Neurourol Urodyn. 2019 DOI: [10.1002/nau.23897](#)
- **An International Continence Society (ICS) Report on the terminology for nocturia and nocturnal lower urinary tract function**. Hashim H, Blanker MH, Drake MJ, Djurhuus JC, Meijlink J, Morris V, Petros P, Guo Wen J, Wein, A. Neurourol Urodyn. 2019 DOI: [10.1002/nau.23917](#)

#### Early 2020 Publications

- **Standardisation of Terminology for Single-use Bodyworn Incontinence Products; working group of the International Continence Society (ICS) (SSCWG11 - Fader et al)**- Final document will be available in October 2019 for review process. Meeting in Gothenburg?

**ICS Report on the Terminology for Male Anorectal Dysfunction (SSCWG14 -Schizas et al)**- Working group Chair, Alexis Schizas. 9 members. Advanced draft There will be a face to face meeting at ICS2019. Manuscript to be ready for external, SSC and Board reviews by the end of the year. Meeting in Gothenburg?

- **ICS Terminology for Pelvic Floor Muscle Function and Dysfunction (SSCWG16 – Frawley, Shelly, Morin et al)**- The working groups has 3 chairs (1st Helena Frawley, 2nd Beth Shelly, 3rd Melanie Morin.) 14 Members. Update of Messelink et al. (2005) Manuscript to be ready for external, SSC and Board reviews by the end of the year. Face-to-face Meeting in Gothenburg.

- **ICS Report on the Terminology for Surgical Management of Male Lower Urinary Tract Dysfunction (SSCWG17 – Abranches-Monteiro, Hamid et al)** Luis Abranches-Monteiro and Rizwan Hamid (Co-Chairs) 9 Members. Advanced draft. There will be a face-to-face Meeting at ICS 2019. Manuscript to be ready for external, SSC and Board reviews by the end of the year

#### **Other Working Groups (Post Tokyo):**

- **ICS-IUGA Joint Report on the Terminology for Female Pelvic Floor Fistulae (SSCWG18 – Elneil, Romanzi, Goh et al)**- Working group Chair, Suzy Elneil, Lauri Romanzi as co-chair, with Judith Goh. 18 Members with good geographical coverage. Advanced draft stage. Regular teleconferences now programmed after some delays in progress for different reasons. Meeting in Gothenburg.

- **ICS-IUGA Joint Report on the Terminology for Female Obstetric Trauma (SSCWG20 – Doumouchtsis et al)**- Stergios Doumouchtsis (Chair), 14 Members. Advanced draft stage. Regular teleconferences now programmed after some delays in progress for different reasons. Meeting in Gothenburg.

- **ICS-IUGA Joint Report on the Terminology for Female Laparoscopic Pelvic Anatomy (SSCWG19)**- Salma Kayani (Chair), 12 members. Members working in subgroup on first draft. They are aiming to have the first draft ready by November 2019. Face-to-face Meeting in Gothenburg.

- **ICS Report on the Terminology for Conservative Management of Male Lower Urinary Tract and Pelvic Floor Dysfunction (SSCWG21 – Averbeck, Hashim et al)**- Hashim Hahim and Marcio Averbeck (Co-Chairs), 12 members. The working group has only just been set up in late 2018. Making steady progress to a draft document. Meeting in Gothenburg?

- **ICS Report on the Terminology for Sexual Health in Men with Lower Urinary Tract and Pelvic Floor Dysfunction (SSCWG22)**- Ervin Kocjancic (Chair), 11 members. Working on draft document. There will be a face to face meeting at ICS218. Meeting in Gothenburg?

- **ICS-IUGA joint terminology document on Comprehensive Female Pelvic Floor Assessment (SSCWG12)**- Changes of Chair, Title, Members. Should be re-invigorated shortly by past IUGA T & S Chair, and WG Chair, Joe Lee. Little progress with review soon.

#### **Collaborations:**

The Chair was in weekly contact with Joe Lee, Chairman Standardization and Terminology IUGA till the end of 2019. The new Chair, Renaud de Tayrac will attend the SSC Meeting in Tokyo. The only current projects (both also with AUGS) are the (i) Pelvic Floor Fistula and (ii) Female Obstetric Trauma documents. All three Chairs were keen to start an ICS-IUGA update of the Terminology for Female Pelvic Floor Dysfunction under a simplified (6 members chosen by each Society) arrangement. An SOP was submitted in January 2019. This arrangement was not approved by the respective Boards.

#### **Standardisation Update Session. ICS Glossary - Bernie**

- . Terminology for Surgical Management of Male LUT/PF Dysfunction - Luis or Rizwan
- . Terminology for Pelvic Floor Muscle Function and Dysfunction - Helena
- . Terminology for Pelvic floor fistulae - Lauri
- . Terminology for Female Obstetric trauma - Stelios

## Scientific Committee Annual Report 2019

Following a very successful Scientific Program Meeting, which took place on May 15th and 16th in Gothenburg, The Committee is pleased to report:

The number of accepted abstracts was slightly increased this year at 895. This was very encouraging despite the obvious increased pressure on contributor's budgets and significant reduction in industry support, and reflects the high standing of ICS as the premier meeting at which to present original work.

Most of the rejected abstracts were because of breach of anonymity despite this being made very clear at several checkpoints in the submitting process. Abstract length (more than one but no more than two pages) is more difficult to police now with the online submissions process. So for this meeting we have agreed a word count of 400 with a graph or figure counted as 100 words. This will be reviewed in September. We are also hoping to reduce rejections further by showing the submitter a preview of how their abstract will look and so hopefully prevent any obvious omissions.

We continue to involve a wide range of abstract markers from the committee and the editorial board of the NUU and this has worked well. We remain aware of the burden of work on these individuals and to try and minimise the workload we will specifically ask which editorial board members wish to score abstract and limit this to abstracts only in their specific field of expertise. We cannot however compromise on quality, and require all abstracts to be marked by a minimum of three reviewers one of which must be on the committee.

With our on-going developments and education the overall standard of marking continues to improve and outliers have been easily identified and where appropriate their scores have been removed.

There remains a wide distribution of submitted and accepted abstracts both by geography and speciality, which is encouraging, and endorses our commitment to being a truly global multidisciplinary organisation. We aim to continue to attract the best original research in both science and clinical practice across all disciplines, and also encourage smaller less well represented areas, and in order to facilitate this we must be able, from time to time, to co-opt an expert onto the committee to represent an unrepresented speciality as has happened in the past.

Again this year, whilst we continue to recognise the importance of ethics, given the very small number of abstracts received we are unable to give prominence to this field in the presented programme.

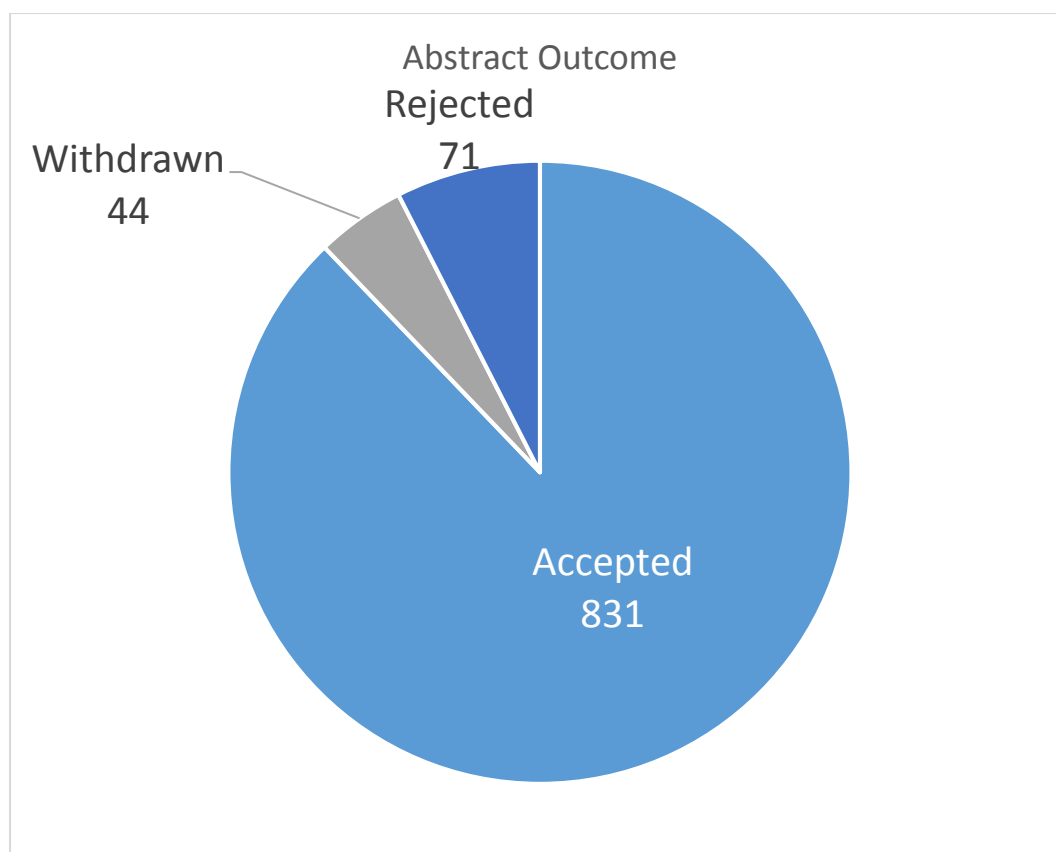
The two day planning meeting with the full committee, remains sufficient to pull the programme together but is only possible with our face to face meeting, facilitated by the expert IT provided by Dom and Ashley. So despite the very significant work performed before hand this programme planning meeting remains the cornerstone in constructing a successful meeting.

We continue to refine our programme putting increased volume and quality into the e-poster sessions and with that in mind we aim to make these sessions increasingly robust and educational. They therefore, deserve the same quality of facilities as that afforded to the more formal podium sessions.

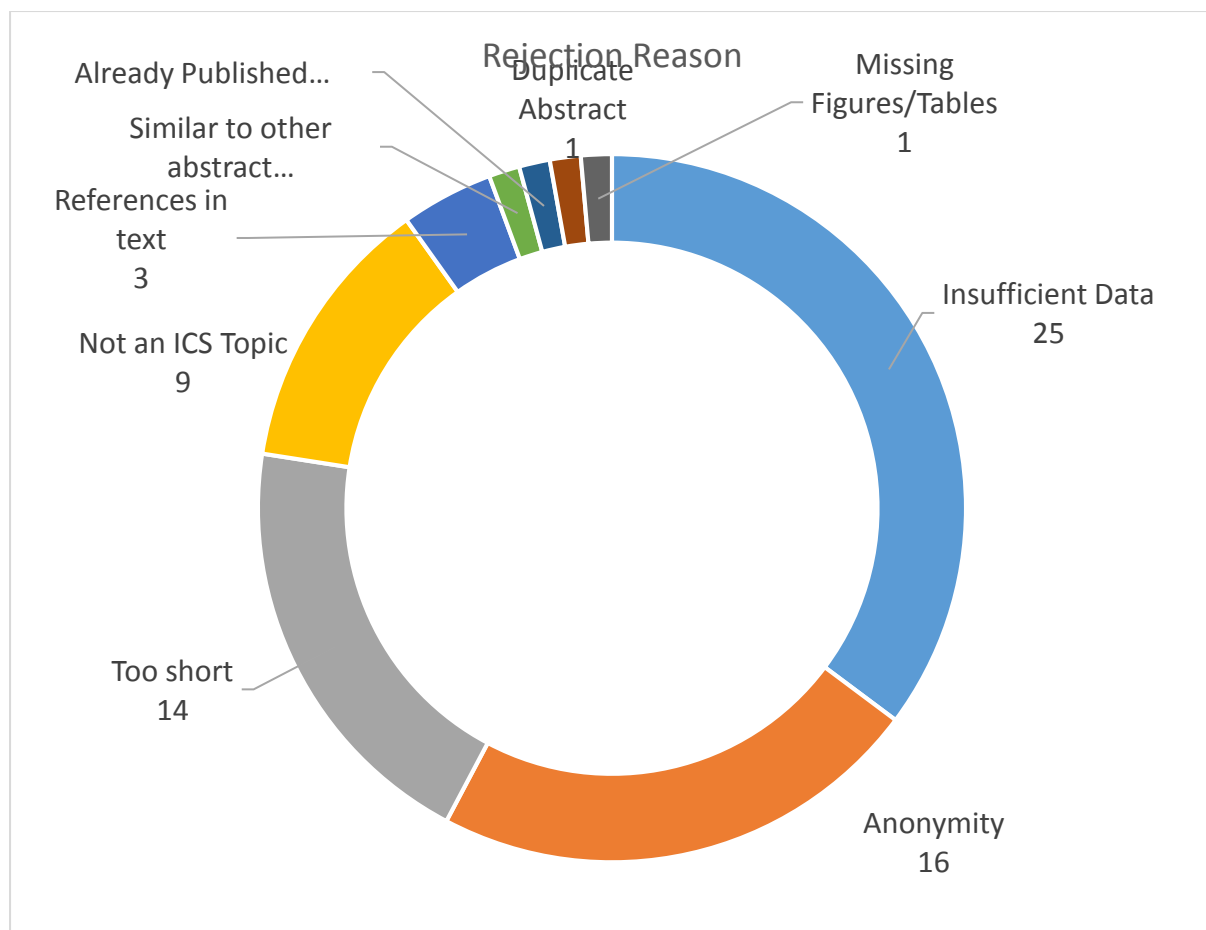
Much effort has been give to continue to embed the educational workshops within our meting and ensure as much as possible that there are minimal clashes of interest for delegates. The video submissions continue to grow and appear very popular. We are aware that by their very nature they are less open to scientific scrutiny and may have a disproportionate impact on those viewing them. We will continue to review how best to score them and include them within the programme.

The statistics for this year's meeting are attached.

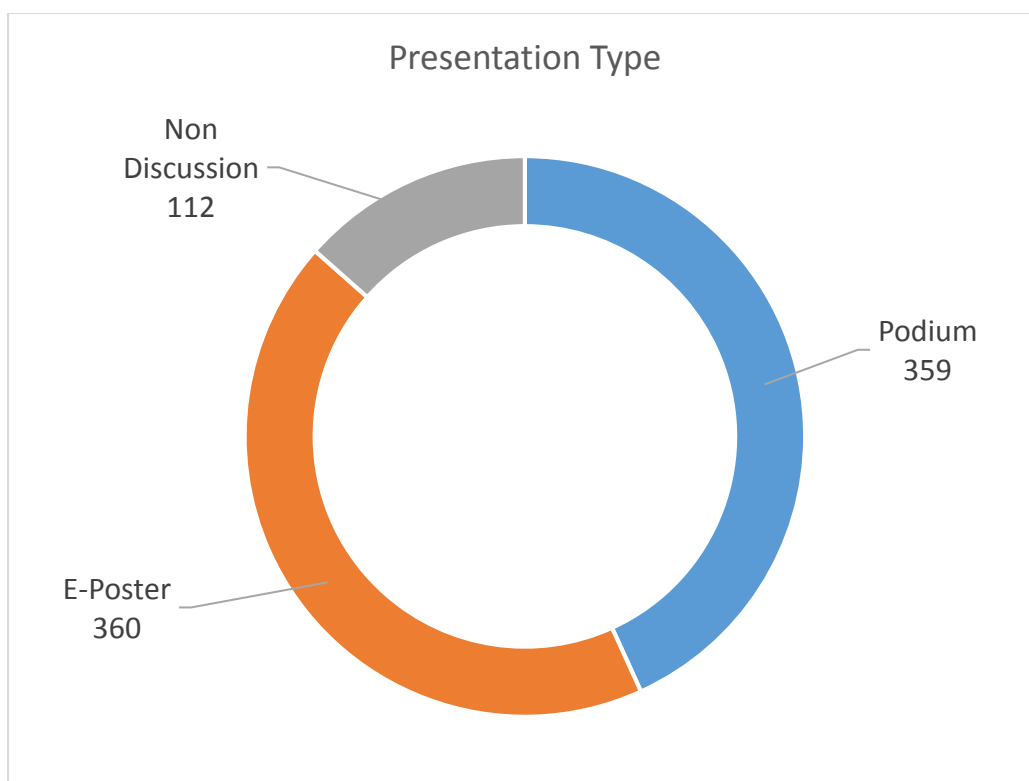
<b>Abstract Outcome</b>	<b>Total</b>	<b>%</b>
Accepted	831	87.8
Withdrawn	44	4.7
Rejected	71	7.5
<b>Total</b>	<b>946</b>	



Reason	Total	%
Insufficient Data	25	35.2
Anonymity	16	22.5
Too short	14	19.7
Not an ICS Topic	9	12.7
References in text	3	4.2
Similar to other abstract	1	1.4
Already Published	1	1.4
Duplicate Abstract	1	1.4
Missing Figures/Tables	1	1.4
<b>Total</b>	<b>71</b>	

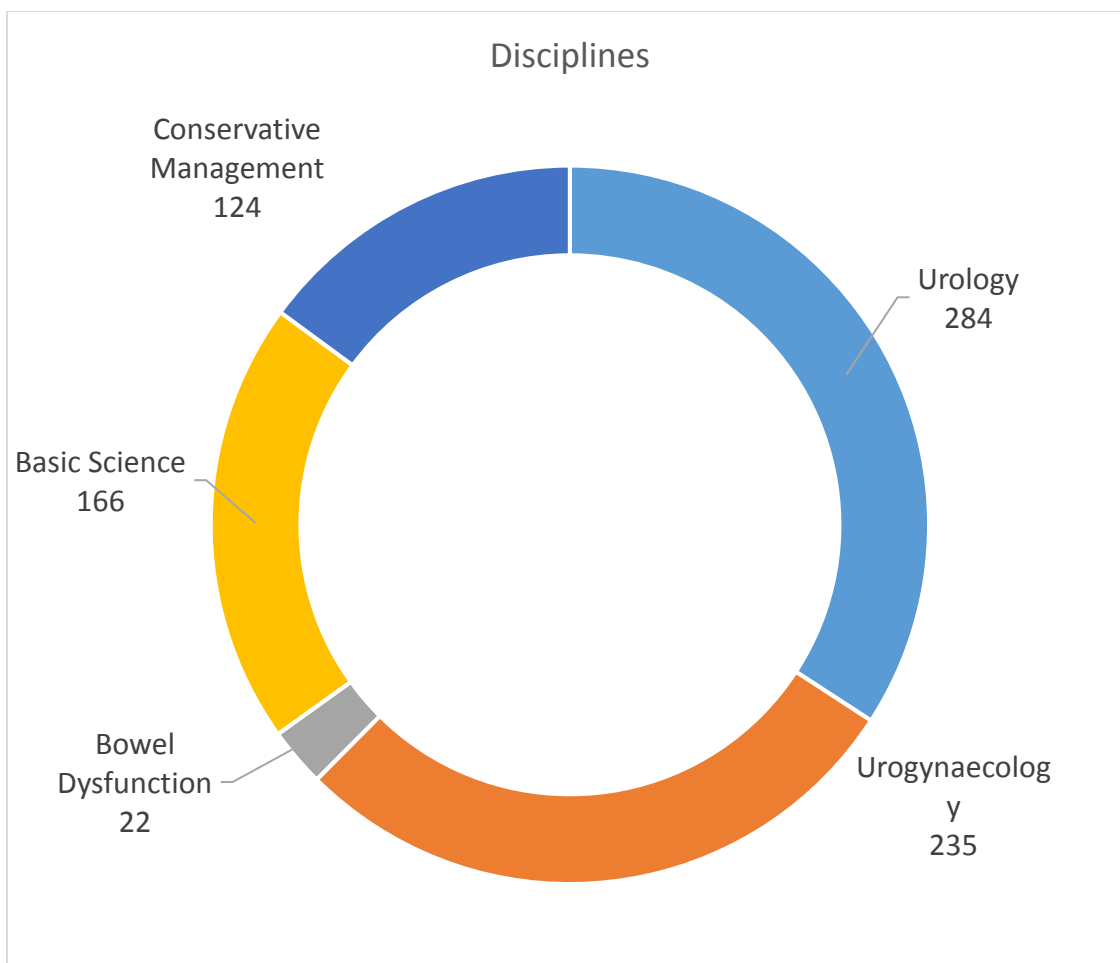


Presentation Type	Total	%	Session Type	Total	%
Podium	359	43.2	Podium	24	2.9
			Podium Short Oral	300	36.1
			Podium Video	35	4.2
E-Poster	360	43.3	Open Discussion ePoster	360	43.3
Non Discussion	112	13.5	Non Discussion Video	16	1.9
			Non Discussion Abstract	96	11.6
<b>Total</b>	<b>831</b>		<b>Total</b>	<b>831</b>	



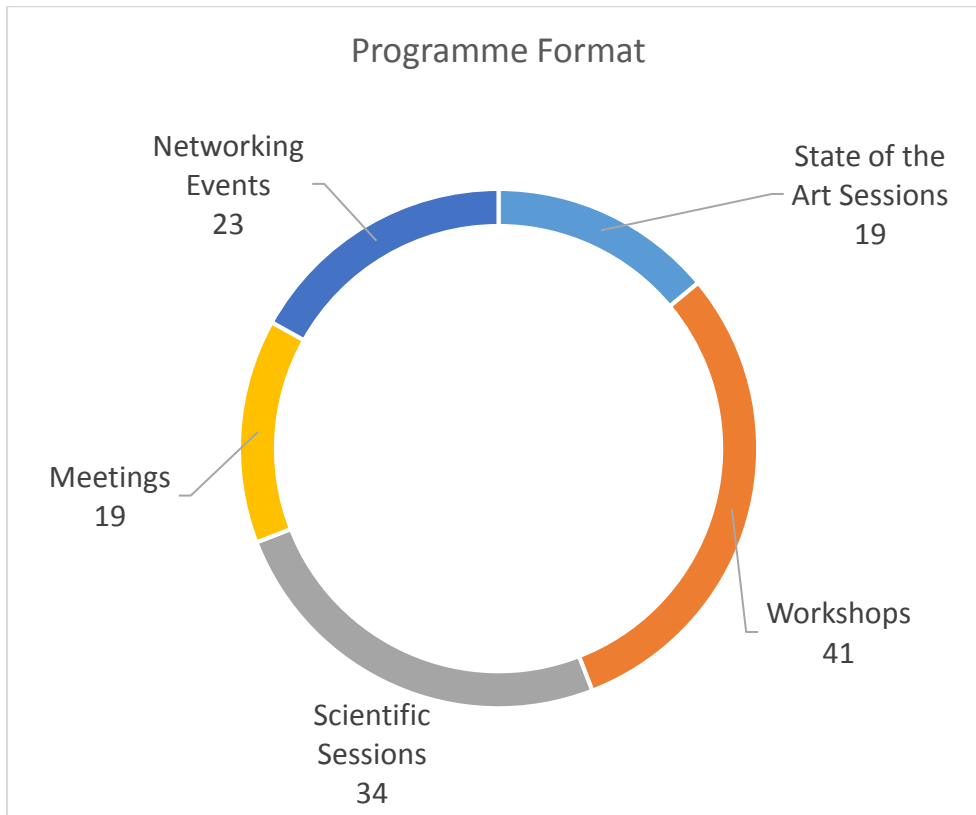


Track	Total	%	Category	Abstracts	%
Urology	284	34.2	Overactive Bladder	79	9.5
			Male Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction	58	7.0
			Urodynamics	42	5.1
			Male Stress Urinary Incontinence (Post Prostatectomy Incontinence)	35	4.2
			Urethra Male / Female	21	2.5
			Prostate Clinical / Surgical	18	2.2
			Nocturia	18	2.2
			Paediatrics	13	1.6
Urogynaecology	235	28.3	Female Stress Urinary Incontinence (SUI)	105	12.6
			Pelvic Organ Prolapse	64	7.7
			Female Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction	55	6.6
			Imaging	11	1.3
Bowel Dysfunction	22	2.65	Anorectal / Bowel Dysfunction	22	2.6
Basic Science	166	20	Neurourology	78	9.4
			Pelvic Pain Syndromes / Sexual Dysfunction	45	5.4
			Pharmacology	24	2.9
			Research Methods / Techniques	19	2.3
Conservative Management	124	14.9	Conservative Management	21	2.5
			Geriatrics / Gerontology	21	2.5
			Prevention and Public Health	16	1.9
			Quality of Life / Patient and Caregiver Experiences	16	1.9
			Rehabilitation	14	1.7
			Continence Care Products / Devices / Technologies	12	1.4
			E-Health	10	1.2
			Health Services Delivery	10	1.2
			Anatomy / Biomechanics	3	0.4
			Ethics	1	0.1
<b>Total</b>	<b>831</b>		<b>Total</b>	<b>831</b>	

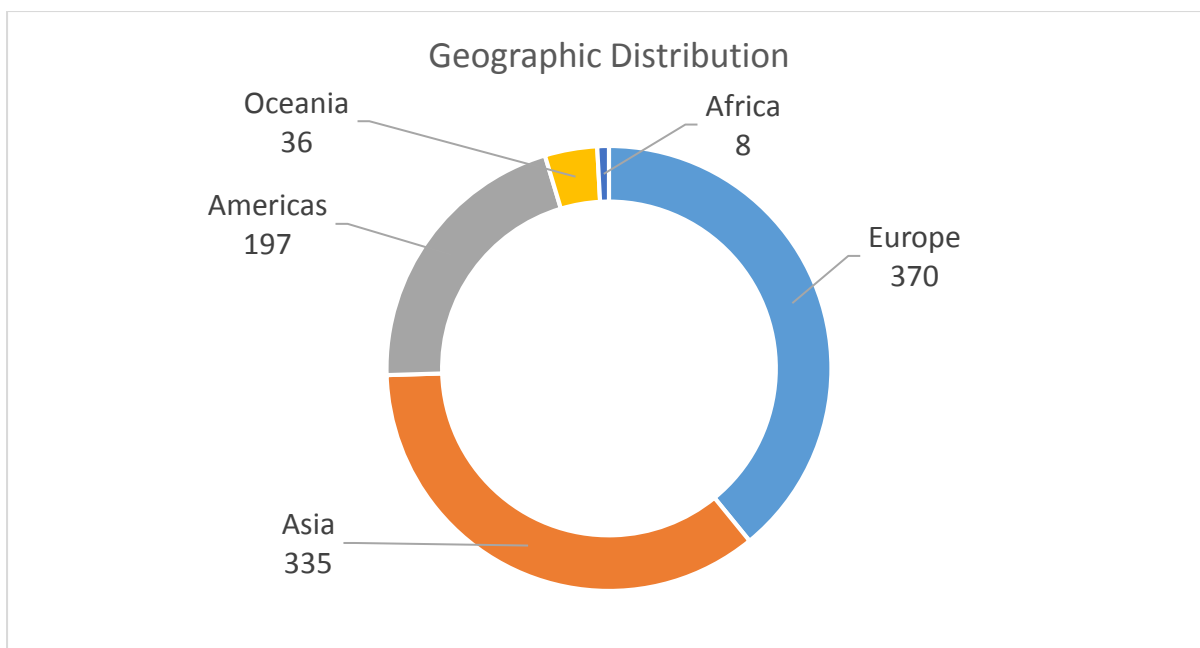


Category	Total	%	Session Type	Total	%
State of the Art	16	11.9	State of the Art Lecture	4	3.0
			Spotlight On	4	3.0
			Round Table Discussion	8	5.9
Industry	1	0.7	Satellite Symposium	1	0.7
Workshop	45	33.3	Workshop	38	28.1
			Committee Activity	5	3.7
			Physical Activity	2	1.5
Scientific	35	25.9	Podium	4	3.0
			Podium Short Oral	25	18.5
			Podium Video	3	2.2
			Open Discussion ePoster	3	2.2
Meeting	21	15.6	Committee Meeting	19	14.1
			Society Meeting	2	1.5
Networking	17	12.6	Social Event	6	4.4

			Lunch	3	2.2
			Coffee Break	8	5.9
<b>TOTAL</b>	<b>135</b>		<b>TOTAL</b>	<b>135</b>	



ContinentName	Total	%
Europe	370	39.1
Asia	335	35.4
Americas	197	20.8
Oceania	36	3.8
Africa	8	0.8
<b>Total</b>	<b>946</b>	



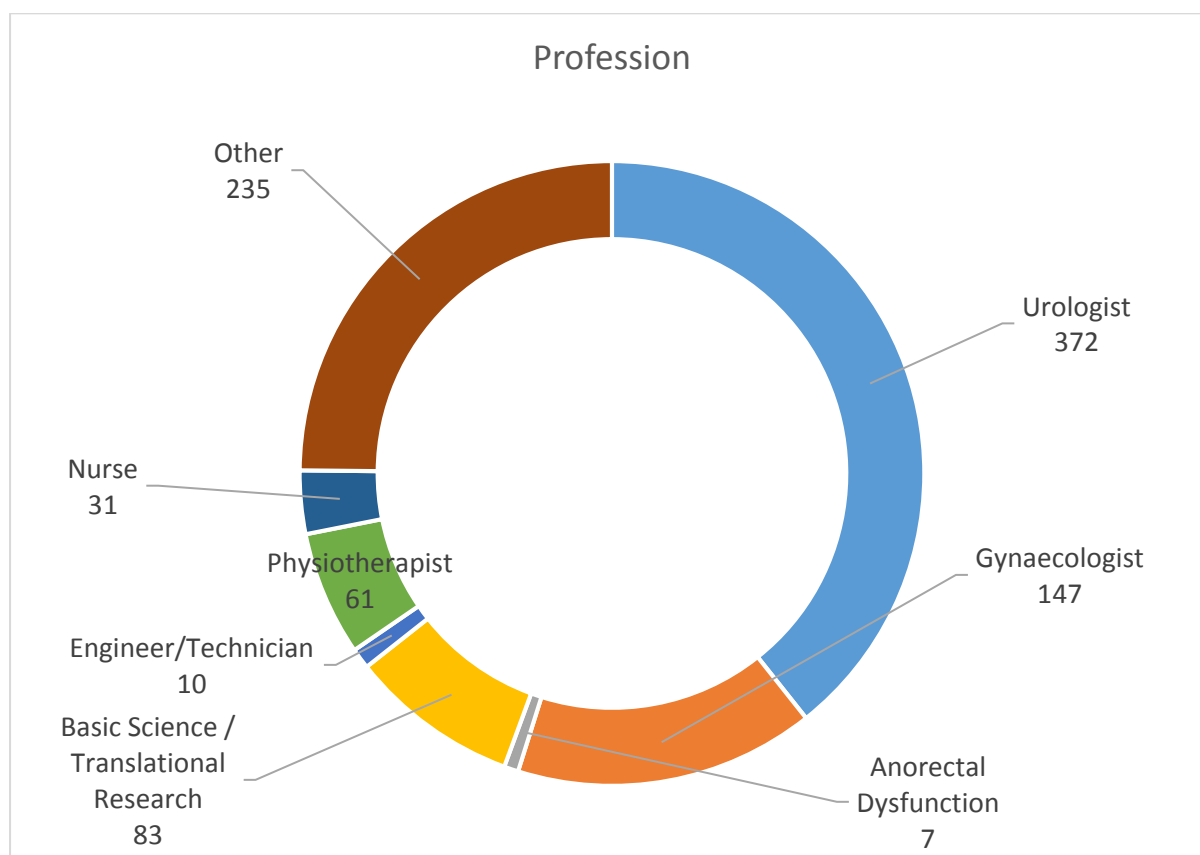
Country	Abstracts
United States	126
Japan	91
United Kingdom	90
Spain	61
Italy	43
Taiwan, Province of China	41
Turkey	39
Netherlands	37
Korea, Republic of	33
Australia	30
China	30
Brazil	28
Canada	26
India	25
Sweden	20
Germany	19
Afghanistan	16
France	16
Belgium	12
Portugal	11
Poland	9
Russian Federation	9
Denmark	8
Greece	8
Iran	8
Mexico	8

Country	Abstracts
Singapore	8
Hong Kong	7
Switzerland	7
Israel	6
New Zealand	6
Austria	5
Finland	5
Norway	5
Saudi Arabia	5
Egypt	4
Lebanon	4
Slovenia	4
Argentina	3
Chile	3
Indonesia	3
Iraq	2
Pakistan	2
Thailand	2
Ukraine	2
United Arab Emirates	2
Belarus	1
Cameroon	1
Colombia	1
Congo, Democratic Republic of the	1
Croatia	1
Czechia	1
Dominican Republic	1
<b>Ethiopia</b>	<b>1</b>
Hungary	1
Ireland	1
Jamaica	1
Kuwait	1
Malta	1
Romania	1
Slovakia	1
Somalia	1
Uzbekistan	1
<b>TOTAL</b>	<b>946</b>

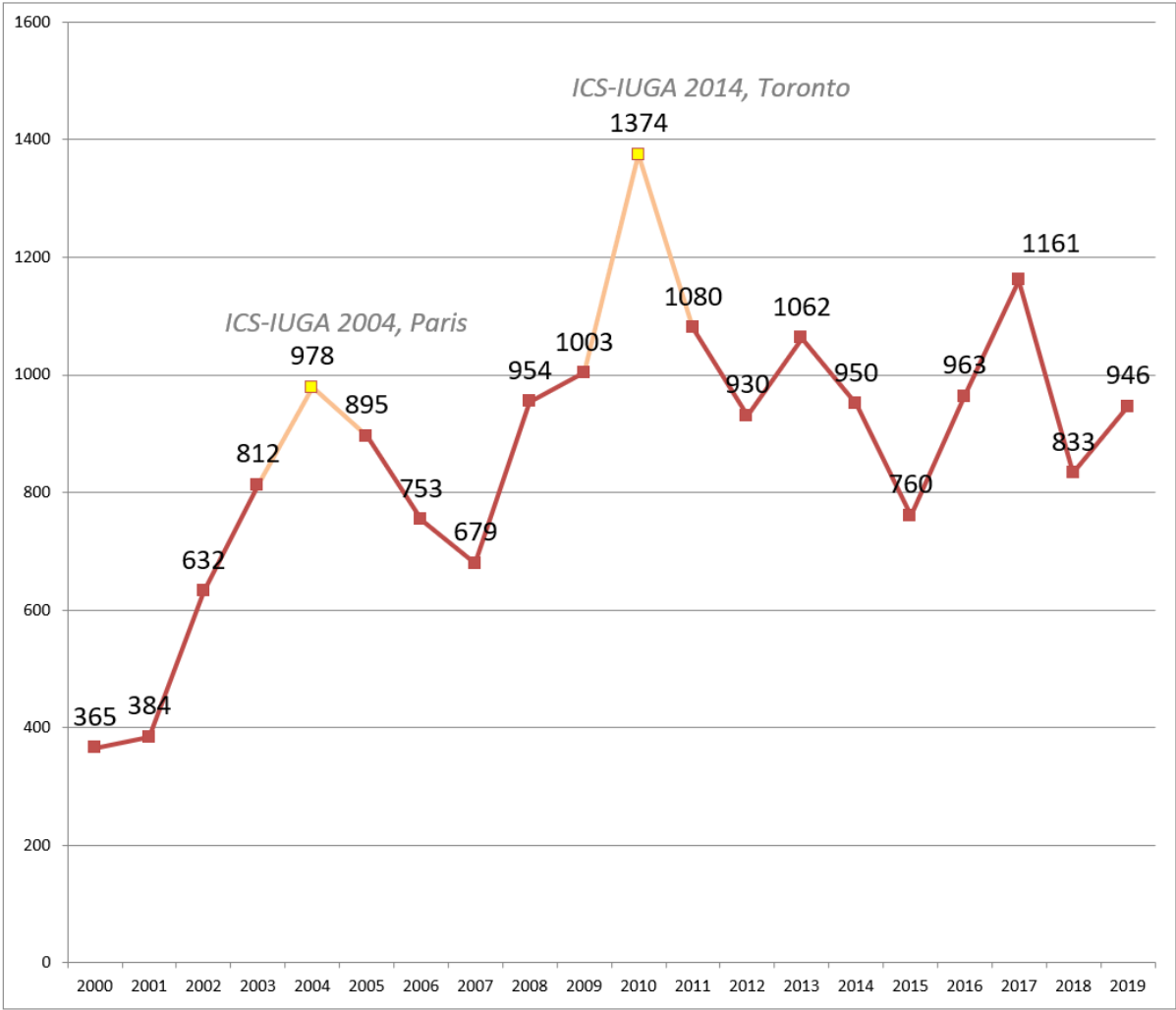
Discipline	Total	%	Profession	Total	%
Urologist	372	39.3	Urologist	315	33.3
			Paediatric Urologist	23	2.4
			Neurourologist	18	1.9

			Female Urologist	8	0.8
			Urodynamicist	8	0.8
Gynaecologist	147	15.5	Urogynaecologist	59	6.2
			Gynaecologist	45	4.8
			Obstetrician & Gynaecologist	43	4.5
Anorectal Dysfunction	7	0.7	Colorectal Surgeon	4	0.4
			Gastroenterologist	3	0.3
Basic Science / Translational Research	83	8.8	Basic Scientist	33	3.5
			Clinical Researcher	18	1.9
			Medical Researcher	13	1.4
			Medical Physicist	9	1.0
			Clinical Scientist	6	0.6
			Health Services Researcher	3	0.3
			Biostatistician	1	0.1
Engineer/Technician	10	1.1	Biomedical Engineer	6	0.6
			Engineer	2	0.2
			Technician	2	0.2
Physiotherapist	61	6.4	Physiotherapist	53	5.6
			Physical Medicine and Rehabilitation	5	0.5
			Physiotherapy Assistants	3	0.3
Nurse	31	3.3	Nurse (Specialist / Advisor / Practitioner / Academic)	29	3.1
			Urotherapist	2	0.2
Other	235	24.8	Trainee (Student / Fellow / Resident / Registrar)	126	13.3
			Other	35	3.7
			Pharmacologist	10	1.1
			Surgeon	9	1.0
			Geriatrician	7	0.7
			Other	7	0.7
			Neuroscientist	6	0.6
			Administrator	5	0.5
			Industry	5	0.5
			Patient Advocate	4	0.4
			Epidemiologist	3	0.3
			Educationalist	2	0.2
			General Practitioner	2	0.2
			Medical Writer	2	0.2
			Pharmacist	2	0.2
			Physiologist	2	0.2
			Radiographer	2	0.2
			Social Scientist	2	0.2
			Clinical Pharmacologist	1	0.1
			Nephrologist	1	0.1

			Paediatric Surgeon	1	0.1
			Psychologist	1	0.1
<b>TOTAL</b>	<b>946</b>		<b>TOTAL</b>	<b>946</b>	



Total Submitted 2000 - 2019





## ICS Urodynamics Committee

### ICS teaching modules

The project continues with the ongoing production of new modules, some of which were published this year. The committee have produced a list of the remaining topics to be covered all the contents on the urodynamic techniques and on their indications. This should give the committee the opportunity to write some documents (basically systematic reviews) on the role of urodynamics in different indications, as already done.

The list of published topics is reported below with assigned authors (Attachment 1).

All new modules should be prepared preferably in a review adhering to PRISMA-guideline, but some topics may not fit this format. Delphi consensus process may also be used, for topics about whom the evidence is limited. The Education modules will be submitted to NAU for peer review including a printout of the slides. The journal should create a specific section of the instruction for authors.

A standard and specific ICS layout for slides is included in the committee's manual for the working groups. All existing modules have been transformed tot the new ICS teaching modules layout.

The process of video-recording of the modules presentations will continue with help of the ICS office staff in Bristol.

### Workshop

For the second year, the Committee has organised a workshop during the ICS meeting 2019 in Gothenburg. The WS program is attached (attachment n. 2). All the committee members and some experts outside the committee will be involved.

### Course accreditation

The Committee has been involved with the Education Committee in the process of recognition of educational courses on Urodynamics. Several courses have been accredited and a new procedure to encourage the use of ICS Educational Modules and to ensure quality control in ICS recognised courses has been used.

### Urodynamic Book:

The committee have started the project of a book on urodynamic techniques (provisional title "Practical Urodynamics". This project will have no costs for the ICS because it could be conducted with the collaboration of the Italian Society of Urodynamics, that have an agreement with a publisher (Springer). We plan to have the book published in 2020.

### Future activities to be discussed in Gothenburg:

#### Urodynamic e-learning:

A project of urodynamic e-learning courses has been proposed: the realization of this project is subjected to the raising of funding from other parties, to be approved by the Board of Trustees.

#### Urodynamic traces quality check

The committee received a proposal by Andrew Gammie (Bristol, UK) to create a service

(available on the ICS site (only for ICS members?) of quality control of the urodynamic traces. The Committee members, together with AG and probably some other experts should ensure the check of the quality of traces sent by professionals who are willing to test if their procedures for urodynamic procedures are in line with the ICS standards (Good Urodynamic Practice). This proposal will be discussed in Gothenburg. No costs should be foreseen for this activity.

### **Urodynamic registry**

This proposal came from Kevin Rademakers (Maastricht, NL), who suggested we create a registry of the urodynamic investigations performed in centers willing to participate across Europe (World?). The idea is to review retrospectively the databases of those centers or (better) to collect prospectively the new examinations, creating a minimum common agreed dataset to have homogeneous data. The idea is to create a “big data” in urodynamics able to understand the role of these tests in different patients’ categories and possibly give insights on their following management.

### **Urodynamics Committee has cooperated with:**

Education committee (see above)

Other committees will be involved in the production of new modules.

There are **no plans for subcommittees**. The committee steers ad hoc working groups.

There are **no requests for new members** for this year, with two new members (MS and CH) joining and two (AD and JW) leaving the committee.

**Budget:** (Yearly) New recordings of the modules during the annual meeting: Costs should be covered by ICS budget: ± 2-3 hours of (audio-video-ppt’s) recording.

Costs:

Studio recording of the modules in Bristol.

Website hosting of the modules cost should be covered by ICS budget

Committee meetings at-hoc outside ICS annual meeting (are and) will be arranged with no cost for ICS.

Attachment #1

### **The list of the 10 modules that are completed including the publication and filming:**

1: Krhut J, Zachoval R, Smith PP, Rosier PF, Valanský L, Martan A, Zvara P. Pad weight testing in the evaluation of urinary incontinence. *Neurourol Urodyn*. 2014 Jun;33(5):507-10. doi: 10.1002/nau.22436. Epub 2013 Jun 24. Review. PubMed PMID: 23797972.

- 2: Rosier PF, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2016 Jan;35(1):36-8. doi: 10.1002/nau.22660. Epub 2014 Sep 11. PubMed PMID: 25214425.
- 3: Asimakopoulos AD, De Nunzio C, Kocjancic E, Tubaro A, Rosier PF, Finazzi-Agrò E. Measurement of post-void residual urine. *Neurourol Urodyn*. 2016 Jan;35(1):55-7. doi: 10.1002/nau.22671. Epub 2014 Sep 22. PubMed PMID: 25251215.
- 4: Gammie A, D'Ancona C, Kuo HC, Rosier PF. ICS teaching module: Artefacts in urodynamic pressure traces (basic module). *Neurourol Urodyn*. 2017 Jan;36(1):35-36. doi: 10.1002/nau.22881. Epub 2015 Sep 15. Review. PubMed PMID: 26372678.
- 5: Digesu GA, Gargasole C, Hendricken C, Gore M, Kocjancic E, Khullar V, Rosier PF. ICS teaching module: Ambulatory urodynamic monitoring. *Neurourol Urodyn*. 2017 Feb;36(2):364-367. doi: 10.1002/nau.22933. Epub 2015 Nov 23. PubMed PMID: 26594872.
- 6: Tarcan T, Demirkesen O, Plata M, Castro-Diaz D: ICS Teaching Module: Detrusor leak point pressures in patients with relevant neurological abnormalities. *Neurourol Urodyn* 2017 Feb; 36(2):259-262. doi: 10.1002/nau.22947.
- 7: D'Ancona CAL, Gomes MJ, Rosier PFWM. ICS teaching module: Cystometry (basic module). *Neurourol Urodyn*. 2017 Sep;36(7):1673-1676. doi: 10.1002/nau.23181. Epub 2016 Nov 28. Review. PubMed PMID: 27891659.
- 8: Krhut J, Zachoval R, Rosier PFWM, Shelly B, Zvara P. Electromyography in the assessment and therapy of lower urinary tract dysfunction in adults. *Neurourol Urodyn*. 2018 Jan;37(1):27-32. doi: 10.1002/nau.23278. Review. PubMed PMID: 28419532.
- 9: Guralnick ML, Fritel X, Tarcan T, Espuna M, Rosier PFWM: ICS-Educational Module: Cough stress test in the evaluation of female urinary incontinence: Introducing the ICS-Uniform Cough Stress Test. *Neurourol Urodyn* 2018; 37(5):1849-1855. DOI: 10.1002/nau.23519
- 10: Schurch B, Iacovelli V, Averbeck MA, Stefano C, Altaweel W, Finazzi Agrò E. Urodynamics in patients with spinal cord injury: A clinical review and best practice paper by a working group of The International Continence Society Urodynamics Committee. *Neurourol Urodyn*. 2018 Feb;37(2):581-591. doi: 10.1002/nau.23369. **(THIS ONE HAS BEEN CONVERTED TO A BEST PRACTICE CONSENSUS PAPER)**

**The list of the 2 modules that are very close to completion (Currently in submission process):**

- 1: Cystometry in children by Wen Jian Go,
- 2: Pressure flow in children by Wen Jian Go

**The list of the modules without a manuscript or even not assigned, yet.**

#### **A) Background (Basic)**

**Overview of anatomy and physiology of the lower urinary tract, Peter Rosier** (PR confirmed "I have some members and have started: However I halted the program for myself because of too much other priorities. I will restart soon.")

**Significance of urinary symptoms, not assigned**

**Neurophysiology and neurogenic bladder dysfunction, Marcio Averbeck** (Marcio confirmed "The only teaching module I have worked in was the one entitled: "Clinical neuro-uro gynecological examination in patients with lower urinary tract dysfunction and neurologic abnormalities".)

**Philosophy and aims of urodynamics, Margaret McDougald** (urodynamics education module currently being prepared by working group. Was filmed in 2014 but would need re-filming. Long email from Margaret - still in progress)

**Effect of pelvic floor dysfunction on the lower urinary tract, not assigned**

**B) Basic principles and overview of urodynamics (Basic and Advanced)**

**How to select patients for urodynamics: indications for various urodynamic techniques (Basic only\*), Enrico Finazzi Agro**

**How to set up and use equipment, Peter Rosier** (PR confirmed "I have some members and have started: However I halted the program for myself because of too much other priorities. I will restart soon.")

**How to conduct a study, Andrew Gammie** (PR confirmed "There have been plans to ask manufacturers to make a film. However before all companies were united. It should maybe planned in another manner.") AG Don't worry, this is fine. The material is ready anyway.

**Recognition of clinically significant events and characteristics of urodynamic studies (Basic only\*), not assigned**

**Philosophy and aims of urodynamics, Margaret McDougald** (urodynamics education module currently being prepared by working group. Was filmed in 2014 but would need re-filming. Long email from Margaret - still in progress JE chased 20/11 MM confirmed "The Philosophy and Aims of urodynamics was completed a long time ago – slide set and article and submitted to Peter Rosier and Turcan Enrico asked me to send him copy and I sorry it is still on my to do.")

**Lower Urinary Tract Function and physiology (& urodynamics), Peter Rosier** (urodynamics education module currently being prepared by working group. 06/11/17 peter rosier states states finished presentation which were shown and presented in 2017 Florence. Review document half way.)

**Misinterpretation of urodynamic studies and artifacts, Andrew Gammie** (Artifacts on urodynamic traces (advanced) AG confirmed "The second is 'in process'. The slide set will be complete by the end of the year, then we can do a video if needed")

**C) Urodynamic techniques (Basic and Advanced)**

**Questionnaires, not assigned**

**Urethral pressure profilometry, Eskinder Solomon** (volunteered, progress?)

**New urodynamic techniques, Stefan De Watcher** (no information about the progress)

**Voiding diary**, Margaret McDougald, (urodynamics education module currently being prepared by working group. Long email from Margaret - still being worked on. JE chased 20/11. MM responded, has some questions on the objectives - "The document was not completed as i never received clarification as to length and objective/target audience ." JE CC'd EFA to confirm 21/11)

**Flowmetry**, Peter Rosier, (urodynamics education module currently being prepared by working group. 06/11/17 Peter Rosier states finished presentation which were shown and presented in 2017 Florence. Review document half way. JE chased 20/11. PR confirmed "What is written about physiology is also valid for Flowmetry. The same stage is: Clinical stress incontinence testing and good urodynamic practices (started and temporary halted)"

**Videourodynamics**, Carlos D'Ancona, (urodynamics education module currently being prepared by working group. Was filmed in 2013 but would need re-filming. Email from Carlos 2018 to state that has left the committee and so needs to be someone from committee. No group assigned yet - AB to email EF & TT)

**(Valsalva) Leak Point Pressures ((S)UI), Measurement of Leak Point Pressure in Patients without neurological abnormalities**, Christian Cobreros, (urodynamics education module currently being prepared by working group. Was filmed in 2014 but would need re-filming. Christian: Of course Prof I will try to do it as soon as possible. JE chased 22/11. CC confirmed "I have to look it up and it can be ready for 10 of December , could be ?" 21/11)

**Artifacts on urodynamic traces (advanced)**, Andrew Gammie (urodynamics education module currently being prepared by working group. Andrew: This is ready for final circulation I think. There was one question remaining on ureteric peristalsis and what it looks like. Would you like to see the draft, or shall I do one final check with the group?)

**Zeroing, setup and corrections**, Andrew Gammie, (urodynamics education module currently being prepared by working group. Andrew: I was not aware of this group! I am happy to convene and produce a document if you like. Perhaps it is related to some video training material that Peter R saw?)

**Updated GUP**, Peter Rosier, (urodynamics education module currently being prepared by working group. 06/11/17 Peter Rosier states finished presentation which were shown and presented in 2017 Florence. Review document half way. Peter: ASAP I will invite co-authors for 4 modules and finalize these modules. I assume that they are all presentable at the annual meeting in Philadelphia. And that they can be submitted to NU&U following on to that meeting.)

#### **D) Urodynamic study of specific patient groups (Advanced)**

**Female urinary incontinence**, not assigned

**Female LUTS (including OAB)**, not assigned

**Male urinary incontinence, not assigned**

**Male LUTS (including BPH and OAB), not assigned**

**Neurogenic patients** (Other than SCI, MMC, Parkinson and MS that already have been addressed), Tufan Tarcan

**Pediatric conditions, Neurogenic: Urodynamics in patients with neuro-spinal dysraphism, Tufan Tarcan** (The working group has been established and started to work, will be presented in Gothenburg 2019.)

**Pediatric conditions, Non- Neurogenic: Giovanni Mosiello**, (JE chased 22/1.1GM confirmed "I/we have started this activity . I will check with Enrico the expectations ,in order to better define the document : how to perform a correct UD evaluation in pediatrics? indications? when to perform no invasive, UD, videoUD" 03/12.)

**Geriatric conditions, not assigned**

**Cystometry in patients with Multiple sclerosis, Enrico Finazzi Agro; Marcio Averbeck** (urodynamics education module currently being prepared by working group. Enrico: in preparation. Draft already done. Probably finished by the ICS meeting in Philadelphia. Marcio: is being currently developed by myself, Brigitte Schurch, Enrico Finazzi Agro, Jalesh Panicker and Valerio Iacovelli. We are working on a Delphi consensus (last meeting 2 days before). This will be presented in

**Clinical neuro-urological examination, Márcio Averbeck**, (urodynamics education module currently being prepared by working group. Marcio: has been written by myself, Salma Imran Kayani, and Daniel Moser. The last version has been previously sent to Peter Rosier (and presented in the ICS Meeting in Montreal). The optimal approach for a submission has not yet been agreed.)

**Practice of uroflowmetry in children, Giovanni Mosiello**, (urodynamics education module currently being prepared by working group)

**Cystometry in patients with Parkinsons, Enrico Finazzi Agro**, (urodynamics education module currently being prepared by working group. Enrico: draft by Waled Altaweel done, but the project was stopped by Peter. At the moment this is a future project -2019?)

**E) Urodynamics in practice (Basic and Advanced)**

**Clinical cases, not assigned**

**F) Translated Modules**

**All published modules have been translated to Turkish by the Turkish Continence Society**

Analysis of voiding Pressure flow analysis (basic module) Japanese and Cystometry (basics)  
Japanese by Yukio Homma



## W21: ICS Core Curriculum (Free): How can urodynamics help me in my clinical practice?

Workshop Chair: Enrico Finazzi Agrò, Italy

04 September 2019 09:00 - 12:00

Start	End	Topic	Speakers
09:00	09:05	Introduction	Enrico Finazzi Agrò
09:05	09:15	How to evaluate a female patients with SUI before surgery in a urodynamic lab	Alex Digesu
09:15	09:25	The real value of urodynamics in female SUI	Enrico Finazzi Agrò
09:25	09:50	Discussion + clinical cases	Alex Digesu Alexandre Fornari
09:50	10:00	LUTS in males <40 years old	Eskinder Solomon
10:00	10:10	LUTS in males >40 years old	Marcus Drake
10:10	10:20	Post-prostatectomy incontinence	Michael Guralnick
10:20	10:50	Break	None
10:50	11:10	Discussion + clinical cases	Eskinder Solomon Marcus Drake Michael Guralnick
11:10	11:20	Urodynamics of Multiple Sclerosis, Parkinson, MSA	Tufan Tarcan
11:20	11:30	Urodynamics of Spinal Cord Lesions	Luis Abranches-Monteiro
11:30	12:00	Discussion + clinical cases	Tufan Tarcan Luis Abranches-Monteiro Jian Guo Wen



### **Aims of Workshop**

This workshop, organized by the ICS Urodynamics Committee, is intended to discuss when and how to perform different urodynamic investigations in clinical practice. The workshop will provide informations about aims and methods of commonly used urodynamic tests. The workshop will discuss limits and potentials of the urodynamic investigations in different indications, providing to the audience the best available information, to understand the present role of these tests. The workshop is intended for professionals (urologysts, gynecologists, rehabilitation physicians, nurses or other) who are treating functional pathologies of the lower urinary tract and want to improve their knowledge on urodynamic investigations.

### **Learning Objectives**

Improve knowledge on indications of the urodynamic tests

### **Target Audience**

Urology, Urogynaecology, Conservative Management

### **Advanced/Basic**

Intermediate

### **Suggested Learning before Workshop Attendance**

1: Abrams P, Cardozo L, Fall M, Griffiths D, Rosier P, Ulmsten U, van Kerrebroeck P, Victor A, Wein A; Standardisation Subcommittee of the International Continence Society. The standardisation of terminology of lower urinary tract function: report

from the Standardisation Sub-committee of the International Continence Society. Neurourol Urodyn. 2002;21(2):167-78.

PubMed PMID: 11857671.

2: Gammie A, Clarkson B, Constantinou C, Damaser M, Drinnan M, Geleijnse G, Griffiths D, Rosier P, Schäfer W, Van Mastrigt R;

International Continence Society Urodynamic Equipment Working Group. International Continence Society guidelines on

urodynamic equipment performance. Neurourol Urodyn. 2014 Apr;33(4):370-9. doi: 10.1002/nau.22546. Epub 2014 Jan 4.

PubMed PMID: 24390971.

3: Rosier PF, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2016 Jan;35(1):36-8. doi: 10.1002/nau.22660. Epub 2014 Sep 11. PubMed PMID: 25214425.

4: Asimakopoulos AD, De Nunzio C, Kocjancic E, Tubaro A, Rosier PF, Finazzi-Agrò E. Measurement of post-void residual urine. *Neurourol Urodyn*. 2016 Jan;35(1):55-7. doi: 10.1002/nau.22671. Epub 2014 Sep 22. PubMed PMID: 25251215.

5: Gammie A, D'Ancona C, Kuo HC, Rosier PF. ICS teaching module: Artefacts in urodynamic pressure traces (basic module). *Neurourol Urodyn*. 2017 Jan;36(1):35-36. doi: 10.1002/nau.22881. Epub 2015 Sep 15. Review. PubMed PMID: 26372678.

6: Tarcan T, Demirkesen O, Plata M, Castro-Diaz D. ICS teaching module: Detrusor leak point pressures in patients with relevant neurological abnormalities. *Neurourol Urodyn*. 2017 Feb;36(2):259-262. doi: 10.1002/nau.22947. Epub 2015 Dec 23. Review. PubMed PMID: 26693834.

7: D'Ancona CAL, Gomes MJ, Rosier PFWM. ICS teaching module: Cystometry (basic module). *Neurourol Urodyn*. 2017 Sep;36(7):1673-1676. doi: 10.1002/nau.23181. Epub 2016 Nov 28. Review. PubMed PMID: 27891659.

8: Krhut J, Zachoval R, Rosier PFWM, Shelly B, Zvara P. ICS Educational Module: Electromyography in the assessment and therapy of lower urinary tract dysfunction in adults. *Neurourol Urodyn*. 2017 Apr 18. doi: 10.1002/nau.23278. [Epub ahead of print] Review. PubMed PMID: 28419532.

9: Schäfer W, Abrams P, Liao L, Mattiasson A, Pesce F, Spangberg A, Sterling AM, Zinner NR, van Kerrebroeck P; International Continence Society. Good urodynamic practices: uroflowmetry, filling cystometry, and pressure-flow studies. *Neurourol Urodyn*. 2002;21(3):261-74. PubMed PMID: 11948720.

10: Rosier PFWM, Schaefer W, Lose G, Goldman HB, Guralnick M, Eustice S, Dickinson T, Hashim H. International Continence

Society Good Urodynamic Practices and Terms 2016: Urodynamics, uroflowmetry, cystometry, and pressure-flow study.

Neurourol Urodyn. 2017 Jun;36(5):1243-1260. doi: 10.1002/nau.23124. Epub 2016 Dec 5. Review. PubMed PMID: 27917521.

09:05 09:15 How to evaluate a female patients with SUI before surgery in a urodynamic lab Alex Digesu

A full diagnostic evaluation of urinary incontinence requires a medical history, physical examination, urinalysis, voiding diaries, assessment of quality of life, cough stress test, pad test, uroflowmetry, pelvic floor imaging and, when initial conservative treatments fail, invasive routine and ambulatory urodynamics, urethral pressure profilometry.

The cough stress test is usually performed in the standing position at a bladder volume of 300 mL or at maximum cystometric capacity if it was less than 300 mL. The results of the cough stress test are recorded as positive if urine loss occurred with a cough or as negative if no urine loss was seen and the bladder volume was recorded. The cough stress test appears to be a reliable test. The reliability is more consistent in women with a diagnosis of urodynamic stress incontinence.

Pad testing is a non-invasive method of detecting and quantifying severity of urine leakage. The 4th International Consultation on Incontinence defined pad testing as “an optional test for evaluation of urinary incontinence.” Diverse testing durations have been reported in the literature and only for the 1-hr pad test a specific test protocol has been standardized. Although it is generally believed that longer tests are more reproducible, evidence on the accuracy of different methods of pad testing is inconsistent. A 24-hr test is more reproducible than a 1-hr test, but longer testing requires more preparation and a greater commitment on the part of the patient. A 24-hr testing is reported to be adequate in routine clinical settings while 48- to 72-hr testing is deemed necessary for clinical research. Performing this test in conjunction with a voiding diary, or simply recording fluid intake and frequency of incontinence episodes, will significantly increase its utility. A standard protocol for 24- to 72-hr pad testing does not exist at the present time. Despite the above limitations, the pad test provides objective assessment of involuntary urine loss.

Cystometry is the method by which the storage function of the lower urinary tract (LUT) is measured during the filling of the bladder. The aim of urodynamics is to find an objective, pathophysiological, explanation for the patient's LUT symptoms. Urodynamics is a replication of the LUT physiology in a laboratory situation and it is still considered the golden standard for LUT storage function assessment.

An analysis of and information on procedures available for the ambulatory setup in women with stress urinary incontinence will be presented.

09:15 09:25 The real value of urodynamics in female SUI Enrico Finazzi Agrò

The role of urodynamic investigation (UDI) before surgery for stress urinary incontinence (SUI) in female patients has been widely discussed in the last years. Although UDI used to be considered mandatory before surgery in all female patients affected by SUI according to several guidelines or recommendations, there was a lack of clear demonstrations on its role in improving clinical outcomes and clinical decision making.

Two systematic reviews on this subject have been published. In the first one, Clement et al. concluded that while urodynamics may change clinical decision-making, there is “some high quality evidence that this did not result in lower urinary incontinence rates after treatment”. In the second one, Rachaneni et al. stated that UDI do not improve outcomes “in women undergoing primary surgery for SUI or stress-predominant MUI without voiding difficulties”. These two systematic reviews included few papers and most of the patients analyzed came from the ValUE study.

This sort of conclusions should be properly analyzed focusing on the type of stress incontinence (uncomplicated and complicated). Agur et al. retrospectively analyzed 6276 women with UI, from an electronic database at a tertiary referral center; only 324 (5.2%) women had pure SUI. This was largely confirmed by an Italian multicenter database that showed that only 36% of more 2053 patients could have been diagnosed as having an “uncomplicated” SUI and 64% were “complicated”, according to ValUE trial criteria. Furthermore, preoperative UDI led to the diagnosis of different type of urinary incontinence in 74.6% of complicated vs 40% of uncomplicated SUI cases ( $P = 0.0001$ ). Moreover, a voiding dysfunction on UDI was observed in 13.4% of the uncomplicated cases and in 22.5% of the complicated cases ( $P = 0.0001$ ).

These considerations lead one to think about two main points. On one hand, the so-called “uncomplicated” SUI patients are a minority. On the other hand, in the majority of “complicated” patients, the urodynamic observation varies from the pre-urodynamic diagnosis much more frequently than in the “uncomplicated” patients. Thus, in “complicated” patients, the role of urodynamic seems not to be challenged yet and UDI seems to be highly suggested.

Furthermore, for uncomplicated patients we can say that UDI might not change the outcome but there are other parameters we need to evaluate such as an overlapping voiding dysfunction or an underlying detrusor overactivity. A tailored treatment is an essential target to obtain. UDI may prevent surgical intervention in women without SUI or with prevalent detrusor overactivity incontinence. An accurate assessment of the risks and benefits of surgery is fundamental to facilitate a correct preoperative counseling directed towards appropriate patient expectations, as well as guide the proactive management of postoperative symptoms. In particular, the presence of a pre-existing voiding dysfunction could affect the outcomes.

In conclusion, in the majority of patients (the “complicated” ones) the role of UDI has not been fully evaluated. Maybe UDI itself can expand our knowledge in those conditions where pathology is variable, uncertain and multifactorial and where the “evidence-based” methods are difficult to satisfy.

09:50 10:00 LUTS in males <40 years old Eskinder Solomon

Although “young” men with lower urinary tract symptoms (LUTS) are not uncommon, they are often misdiagnosed as having chronic prostatitis or psychogenic voiding dysfunction due to negative physical or laboratory investigation findings. These men are typically empirically treated with antibiotics, antimuscarinic,  $\beta$ 3-AR agonist and/or  $\alpha$ -blockers with unpredictable response rates.

Unlike in older men, LUTS in “young” men have a variety of underlying causes. These include bladder neck dyssynergia, dysfunctional voiding (non-relaxing external sphincter/idiopathic DSD), late-presentation posterior urethral valves, early-onset benign prostatic hyperplasia and urethral strictures. Detrusor overactivity and underactivity may also result secondary to chronic bladder outlet obstruction (BOO) or idiopathically.

In this section of the workshop, we will discuss how to evaluate potential BOO using video urodynamics with examples of characteristic presentations of various aetiologies. The pressure/flow study and the potential applicability of BOO nomogram in young men will also be addressed.

Young men are often bashful and anxious during urodynamic investigations limiting the validity and information that can be acquired during the test. Practical tips on how to obtain a representative study, including when to consider ambulatory urodynamics as well as how to make the UDS study as tolerable as possible will also be addressed.

10:00 10:10 LUTS in males >40 years old Marcus Drake

Past the age of 40, there is an increased prevalence of benign prostate enlargement and detrusor underactivity (DUA). Consequently, the emergence of slow stream can reflect two potential contributory factors. Medical history can indicate likely factors for DUA, such as chronic

diabetes mellitus. However, the main way to decide the exact mechanism of slow stream in an individual patient is to measure bladder pressure when passing urine, i.e. a pressure flow study. A high pressure with slow flow is diagnostic of bladder outlet obstruction (BOO), and is quantified by assessing the BOO Index (BOOI). This is calculated very simply by looking at the detrusor pressure at the time of maximum flow rate ( $P_{detQmax}$ ) and the maximum flow rate ( $Q_{max}$ ), being careful to exclude any artefacts which might mislead the numbers being used. The equation giving BOOI is  $P_{detQmax} - 2Q_{max}$ , and if this gives a number above 40 then the BOOI indicates obstruction is present. In general it is assumed that the prostate is responsible, particularly if the rectal examination finds enlargement. For the BCI, the same parameters are used, but in this case the equation is  $P_{detQmax} + 5Q_{max}$ . A value above 100 indicates normal contractility. If a man has  $BOOI > 40$  and  $BCI > 100$ , then he has an excellent chance of improved urinary stream by doing an operation to reduce the blockage. In order to be confident about the conclusions of the urodynamic pressure flow study, it is essential to optimise the conditions of testing. The man must not be over-hydrated, they must be dealt with considerately so they are fairly relaxed, catheterisation should be gentle, and filling should not be too fast. If detrusor overactivity is seen during filling, it should be allowed to settle, and perhaps even stabilised by laying the patient flat, before the pressure flow study is started. Quality checks are essential, since the pressure-measuring catheter might become unreliable during the study; this means that cough subtraction checks should be done during filling, and also before and after voiding.

10:10 10:20 Post-prostatectomy incontinence Michael Guralnick

Urinary incontinence may occur to some degree after prostate surgery (benign and malignant): in approximately 70% of men after radical prostatectomy (RP) for prostate cancer (with 1-5% of men seeking surgery for this) and 2% of men after surgery for benign prostatic hyperplasia (BPH). The most common cause is urethral sphincter deficiency due to damage/trauma/scarring of the urinary sphincter mechanism resulting in stress urinary incontinence (SUI). However, a bladder dysfunction (eg. detrusor overactivity, low bladder compliance, detrusor weakness/underactivity) may also be present in 50-70% of these men and, in a minority of post RP patients (<10%) a bladder dysfunction is the sole cause for the incontinence. The evaluation of the patient with post-prostatectomy incontinence is performed to identify the type(s) of incontinence present as well as any other lower urinary tract symptoms/pathology. A history and physical exam are essential in this regard, as is urine testing to rule out infection and hematuria. Voiding diaries and pad testing provide a quantitative assessment of the patient's urinary habits and help assess the magnitude of the incontinence. Endoscopy may be performed to rule out urethral and intravesical pathology (stricture, tumor). Formal urodynamic testing (UDS) to assess the functioning of the lower urinary tract (bladder, sphincter) may be of value in helping to identify the type(s) of incontinence (when the diagnosis uncertain based on the history and physical exam) and associated lower urinary tract pathology. The filling phase of UDS (cystometrogram, CMG) provides information on bladder capacity and compliance/storage pressures, the presence of detrusor overactivity and the presence of stress urinary incontinence (via stress testing/leak point pressure testing)

while the voiding phase (pressure-flow study, PFS) assesses for the presence of bladder outlet obstruction and provides information on detrusor contractility (i.e. presence/absence of detrusor weakness/underactivity) and bladder emptying. While not essential in the initial conservative management of the patient with post-prostatectomy incontinence, UDS identification of the specific type(s) of incontinence and associated bladder dysfunction may be helpful to guide patients to appropriate surgical therapies for the incontinence. Furthermore, the UDS identification of serious bladder dysfunction (e.g. very low bladder compliance), may warrant more aggressive management of that dysfunction prior to surgical treatment of the more common sphincter deficiency; at a minimum, it may prompt closer monitoring of the issue over time. While the UDS techniques in the post-prostatectomy patient are essentially the same as for any UDS, some modifications may be required in order to optimize the chances of identifying the various dysfunctions of concern.

11:10 11:20 Urodynamics of Multiple Sclerosis, Parkinson, MSA Tufan Tarcan

Multiple sclerosis (MS), Parkinson's disease (PD), Dementia, and Multiple System Atrophy (MSA) have been classified in the last ICI as acquired, progressive conditions of brain and brainstem leading to neurogenic lower urinary tract dysfunction (N-LUTD). MS and MSA are conditions that can arise in more than one region of the CNS. Urodynamic studies are considered gold standard evaluation methods for N-LUTD. However, there is no single algorithm that works best for all patients with N-LUTD, even in the same subgroup, since the underlying neurogenic deficit may be quite heterogeneous in terms of severity, natural progress, clinical symptoms and signs and consequently, of the risk for upper urinary tract deterioration. Unfortunately, most of the evidence on LUTD comes from studies in patients with SCI and myelodysplasia.

MS is an immune-mediated neuroinflammatory and neurodegenerative disease of the central nervous system with a heterogeneous clinical presentation and course and is the leading non-traumatic neurological cause of disability in young and middle-aged people. The prevalence of LUTD in patients with MS is about 50–90%. Furthermore, the incidence of LUTD was reported to be related to the disability status of patients; if a patient has walking difficulty, the possibility of that patient having LUTD is nearly 100%. There is much debate regarding the use of invasive urodynamics in the initial evaluation of LUTD in patients with MS. According to some authors, the initial treatment of patients with MS-related LUTD appears to be possible by a reasonable non-invasive evaluation and invasive urodynamic tests should be spared for cases of initial conservative treatment failure and/or UUT deterioration. This suggestion may be true in a very selected group of patients, but cannot be generalized to the whole MS population. The most common urodynamic abnormality in MS is detrusor overactivity (DO) which is commonly complicated by striated sphincter dyssynergia.

PD is a neurodegenerative disorder of unknown etiology that affects the dopaminergic neurons of the substantia nigra. The differential diagnosis should include MSA, progressive supranuclear palsy, cortical-basal ganglionic degeneration, vascular parkinsonism, and Lewy body dementia. LUTD occurs in 35% to 70% of patients with PD where the most common urodynamic finding is DO. The smooth sphincter is always synergic. True detrusor sphincter dyssynergia (DSD) does not occur, however, sporadic involuntary activity in the striated sphincter during involuntary bladder contractions or a delay in striated sphincter relaxation (bradykinesia) at the onset of voluntary micturition can be urodynamically misinterpreted as DSD. Detrusor areflexia is a rare finding in PD.

It is important to remember that many cases of “PD” in the older literature may essentially have been MSA, and citations regarding urodynamic findings may therefore not be correct. MSA is a progressive neurodegenerative disease of unknown etiology. DO is the most frequent finding. Decreased compliance may accompany. As the disease progresses, difficulty in initiating and maintaining voiding may occur. In MSA, video-urodynamic studies may reveal an open bladder neck, associated with findings of striated sphincter denervation on motor unit electromyography leading to sphincteric urinary incontinence.

11:20 11:30 Urodynamics of Spinal Cord Lesions Luis Abranches-Monteiro

Spinal cord lesions present an array of different urodynamic patterns depending mostly on the degree and the level of the lesion.

The aim of urinary rehabilitation of these patients involves a thorough knowledge and assessment of the neural urinary control.

Dysfunction range from urinary incontinence and infection to voiding obstruction. The first are responsible for an impact on quality of life while the second, even silent can lead to upper tract deterioration.

Bladder sensations, volumes and bladder wall behavior are the most important features to appraise the storage phase, while pressure flow curves describe the voiding phase.

The urodynamic evaluation of these patients involves three important exams:

Filling and voiding cystometries,

Perineal or sphincter EMG

Video urodynamics



These urodynamic examinations test different features of the neurogenic uropathy and are to be chosen by the clinician upon the anatomy of the lesions.

Different dysfunctions are to be expected in different groups of patients. Classically are divided in:

Sacral lesions

High Supra-sacral lesions

Low supra sacral lesions

2nd neuron lesions

The resulting dysfunctions can affect bladder sensation, and bladder volume, both measured in a filling cystometry.

Bladder compliance and, bladder contractions and its magnitude are the goal of manometric cystometry. These are the result of complete or partial loss of brain control.

In supra-sacral lesions, the sacral reflexes of bladder are accompanied by a loss of sphincter synergy with detrusor leading to even higher pressures of bladder lumen and risk of upper tract dilation. This dyssynergia may affect the distal sphincter or the proximal or bladder neck, depending on the affection of sympathetic pathways to the bladder.

External or distal dyssynergia is characterized by an evidence of obstruction during detrusor contraction and a raise in perineal EMG activity. Proximal dyssynergias need imaging methods synchronous to pressure measurements as in video-urodynamics. Adding imaging, vesico-urethral reflux can be seen and at which pressure occurs.

Filling cystometry may also detect the bladder pressure at the beginning of leakage. This leakage or incontinence pressure (detrusor leak point pressure) is known to be important determining the prognosis of upper tract deterioration.

Wrap-up:

Use of simple urodynamics (filling and voiding cystometry) to evaluate:

Bladder sensation

Bladder compliance

Bladder volume

Detrusor filling behaviour

Leak point pressure

Detrusor emptying power

Outlet obstruction

And video-urodynamics

To set pressure of VU reflux

To identify level of dyssinergia