



**ICS Standardisation Committee meeting Minutes**

**Tuesday 3<sup>rd</sup> September 2019,**

**Venue: Swedish Exhibition & Congress Centre**

**Room: Tuesday 3<sup>rd</sup> September**

**Time: 08:00-10:00**

**Attending:** Bernard Haylen (Chair), Jacqueline Cahill, Rizwan Hamid, Giovanni Mosiello, Joan Melendez, Stergios Doumouchtsis,

**Apologies:** Sarah Haag, Elizabeth R Shelly, Hashim Hashim, Matthias Oelke, Marcio Augusto Averbek, Melanie Morin, Donna Zimmaro Bliss, Lauri Romanzi, Suzy Elneil, Salma Kayani, Sajjad Rahnama'I, Ervin Kocjancic, Alexis Schizas, Roger Dmochowski,

**Also in Attendance:** Jenny Ellis, Alex Digesu, Renard de Tayrac, Helena Frawley, Luis Miguel Abranches-Monteiro,

BH thanked everyone for coming.

1. **Committee picture to be taken** – taken.
2. **Stepping down in Gothenburg- Beth Shelly and Alex Digesu (Exofficio)**

Beth Shelly and Alex Digesu are stepping down from the committee, BH thanked them both for their efforts. BH noted the value of having a PT's input into the work of the committee – RH seconded this, BS has worked very hard on the wiki and other projects. All agreed and thanked both members for their hard work.

3. **Welcome to new members – Joan Melendez and Giovanni Mosiello**

Joan and Giovanni. Joan is from Spain but has previous experience working in the UK and Melbourne as a Urogynaecologist. BH welcomed Joan on to the committee and noted that there are a number of projects that he can be involved in.

Giovanni is a Paediatric Urologist based in Rome. He also works with adults as there is no transitional care in Rome. His work includes neurourology and functional urology. GM is keen to use his experience in transitional care on the committee. BH confirmed that he has already assigned a project to GM.

BH put a motion to the committee – to support a transitional care terminology document. RH agreed that this would be useful and would complement the surgical document that is currently underway. RH 1st, LAM 2nd (as an observer). Group discussed and all agreed that this would be a useful document.



**Action: Committee to work on scoping document for a transitional care terminology document.**

*AD joined the meeting.*

BH presented AD with his certificate.

*RdT joined the meeting.*

Renard is involved in IUGA as the SSC Chair for this organisation, he is based in the South of France as a urogynaecologist.

**4. Approval of Philadelphia meeting minutes (Attached)**

RH 1st, JC 2nd.

**5. Terms of office (Attached)**

JC can renew for a 2<sup>nd</sup> term, JC to confirm after the meeting if she would like to renew.

**Action: JC to confirm whether she wishes to stand for a second term on the SSC.**

*Postscript note- JC has confirmed that she will renew her position for a second term.*

**6. Terms of Reference (Attached)**

Committee discussed and thought a review after Gothenburg would be useful.

**Action: Office to upload the TOR to the committee forum for discussion.**

**7. Reminder SOP process (attached)**

JE showed the SOP slide, highlighting the need to follow the ICS SOP's for all projects.

Any questions please contact Avicia at the office: [avicia@ics.org](mailto:avicia@ics.org)

**8. Highlights of 2019 (as per Board Report) with ICS Glossary Video.**

BH presented his board slides (attached) to the committee. The committee also reviewed the glossary video.

**9. Terminology discussions: How these might work and give feed back to the SSC and the process required. Also, increasing marketing for ICS terms.**

IUGA - RdT discussed the IUGA documents. The male document has over 390 new definitions over 44 pages. RH asked why IUGA wanted to complete a new female terminology document? RdT thought that we need to start from scratch, as the previous document is over 10 years old.



AD highlighted that the BOT, in their meeting, had discussed the proposed female document and proposed that this document is not created. It would be better to merge the male and female document. AD disagreed and thought that there are different symptoms for the genders, plus, it would make it a very long document.

RH thinks we need a separate document. But we could cross check for definitions that would work for both male and female. It would be a backwards step to merge the document. It's a political decision to merge. The group discussed this, and the majority of the committee agreed that these should be separate.

SD highlight in his document, obstetric trauma, SUI is a generic term, so merging would be more complicated.

The committee voted – unanimous decision that these should be a separate document. AD to let BOT know of the SSC decision.

**Action: AD to inform the board that the SSC think separate male and female documents are required.**

RdT advised that IUGA wouldn't be able to be involved in the document if it was a joint, male and female, document. BH confirmed that we may need to delay the female document, as we would like to work with IUGA on this. BH will work on the draft SOP document with RdT.

RdT confirmed that SUFU would also be interested in the document, so we may need to involve them. AD thinks that, historically, this was a joint document and therefore the revised version should only be joint.

*HF joins.*

All agreed that the document should be a joint ICS-IUGA document. This would involve 12 people – 6 from each society. The societies will select their own participants. RdT confirmed that IUGA doesn't name members as authors on the paper, they are noted in acknowledgements. JC enquired whether IUGA would proceed without ICS's involvements, RdT confirmed that they would not, as it is a joint document. BH thought it was unrealistic to expect people to work on the document and not be named as authors, as it is a big commitment to undertake these documents. Everyone involved should be noted as authors.

*GM leaves.*

RdT advised that the IUGA board would be meeting in 3 weeks. The document will be discussed further at this meeting.



**Action: RdT to provide an update from the IUGA board on the proposed joint document.**

**10. Any other projects for 2019/20- discussion**

- **Nursing topic ? Terminology for Nursing Management of LUT/PF Dysfunction.**

BH suggested to Donna that there are nursing related issues that aren't covered in the conservative management documents, he therefore asked that she discuss this with the nursing committee, with a view to creating a new document. The nursing committee discussed this and agreed to work on a scoping document for a new terminology document. BH asked the committee if they thought this would be a good project to work on? JC thinks it would be welcomed by the members. JC 1st and RH seconded the motion to support a nursing related terminology document.

**Action: Committee to proceed, in conjunction with the Nursing Committee, to create a nursing related terminology document.**

- **Other** - None

**11. AOB** - None

**12. 09.00-10.00 Working Group Chair will attend and provide an update**

**SSCWG16-** Presented slides – see attachment.

HF lost 1 member on the committee due to personal reasons, Alexis Schizas joined as a replacement, as we needed a colorectal specialist on the group. It took 6-9 months to sort the framework out for the document. The Co-Chairs have weekly calls to discuss the document. The group aims to complete the document by the end of 2019. It's currently 88 pages long, so we will need to edit the document down for submission. There will be 4-5 experts reviewing the final document, ahead of publication.

BH recommended that HF note the meetings in the acknowledgement section, this adds to the credibility of the document.

**Action: HF to add meetings to the acknowledgments section of the document.**

**SSCWG17-** Presented slides – see attachment.

*Purpose:*

Describe the male invasive procedures with a clinical impact on storage or emptying of urine

*Target:* non-urologists professionals

- Decided in mid-2017 in London in a SSC meeting mentored by Bernard Haylen



- Meetings: 1st meeting in ICS Florence, 2017 with 6 members
- 2nd face-to-face meeting in Philadelphia, 2018
- 4 groups of 3 authors were then created
- 10 rounds of 1-2 months each ever since shared within the 4 groups changing sections to update
- 3rd face-to face meeting today with 7 members – version 10 will be distributed by all
- Illustrations will not be included given the complexity and number of procedures aim to complete the document this year.

It is envisaged that this report will result in:

- greater coherency and user-friendliness;
- greater specificity of male procedures
- more accurate communication for clinical and research purposes.

Planned schedule:

- All of the 6 sections are now discussed by all authors for fine tuning
- A 10th version comes from this week meeting and
- an 11th with updated footnotes and references will be presented to external reviewers up to the end of 2019
- To be submitted by the beginning of 2020.

**SSCWG20** – Presented slides – see attachment.

Started October 2017

Meetings:

- ICS 2018: WG Meeting ICS 2018 (SD, BH, revision of the sections and layout of document)
- ICS 2019: Scheduled WG Meeting
- Two Conference calls: 15th May 2019 and 15th July 2019



- Two versions following consultations- Currently on v2
  - Large number of terms >250 terms

#### Overlaps in ICS Glossary and in other Reports

- Extent of v2 (>12000 words)
- Inventory of all the terms appearing in the draft
- Scale of 1(not important) to 7 (very important)
- Shortlisted those scoring >2
- Consideration of further reductions
- Aim to include new terms

#### Position of episiotomy

#### Complications section

- WG Meeting in ICS 2019
- WG Meeting in IUGA 2019 (TBC)
- Revise, Reduce, Enrich, Consensus
- Some common pelvic floor symptoms, signs and diagnoses may be different in postpartum period
- Illustrations
- Rotation of subgroups for sections revisions
- Peer review
- Aim to finalise by end of 2019

#### Individual working group meetings at ICS 2019:

Day & Time	Working Group	Additional Information
Tuesday 3 <sup>rd</sup> September, 10.30-12.30	ICS Report on the laparoscopic visible pelvic anatomy SSCWG19	Meeting Room 1 (R22+R23).
Tuesday 3 <sup>rd</sup> September, 13.30-15.30	Pelvic Floor muscle function and dysfunction working group, SSCWG16	R11+R12



Tuesday 3 <sup>rd</sup> September, 13.30-15.30	ICS-IUGA Joint Report on the Terminology for Female Pelvic Floor Fistulae in collaboration with AUGS SSCWG18	Meeting room 1
Tuesday 3 <sup>rd</sup> September, 14.30-14.30	Nursing Committee Meeting	Meeting room 3
Wednesday 4 <sup>th</sup> September at 15:00-17:00	Surgical management of male LUT dysfunction (SSCWG17)	Meeting room 3
Thursday 5 <sup>th</sup> September, 08.00-09.00	ICS Report on the Terminology for Sexual Health in Men with Lower Urinary Tract and Pelvic Floor Dysfunction SSCWG22	Meeting room 3
Thursday 5 <sup>th</sup> September, 11.00-13.00	ICS- IUGA Joint Report on the Terminology for Female Obstetric Trauma in collaboration with AUGS SSCWG20	Meeting room 3
Thursday 5 <sup>th</sup> September, 13:00-14:30	Male anorectal dysfunction working group (SSCWG14)	Meeting room 3 (R26)




## 2019 ICS Standardization Steering Committee

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### Board Meeting 4<sup>th</sup> September, 2019

- **SSC Members (3<sup>rd</sup> September, 2019)**
  - Bernie Haylen (Chair)
  - Márcio Averbeck
  - Donna Bliss
  - Jacqueline Cahill
  - Alex Digesu (ex-officio)
  - Roger Dmochowski
  - Sarah Haag (Co-opted)
  - Rizwan Hamid
  - Matthias Oelke                      **Observer:** Renaud de Teyrac (Chair, IUGA T & S C'ttee)
  - Alex Schizas    Sajjad Rahnama'i (Terminology discussion)
  - Elizabeth Shelly
- **ICS Office Support: Jenny Ellis**
  - Assisting: Tracy Griffin, Leah Collis, Dan Snowdon
- **Member changes: Elizabeth Shelly (Retiring)**
  - Joan Melendez, Giovanni Mosiello

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## 2019 ICS Standardization Steering Committee

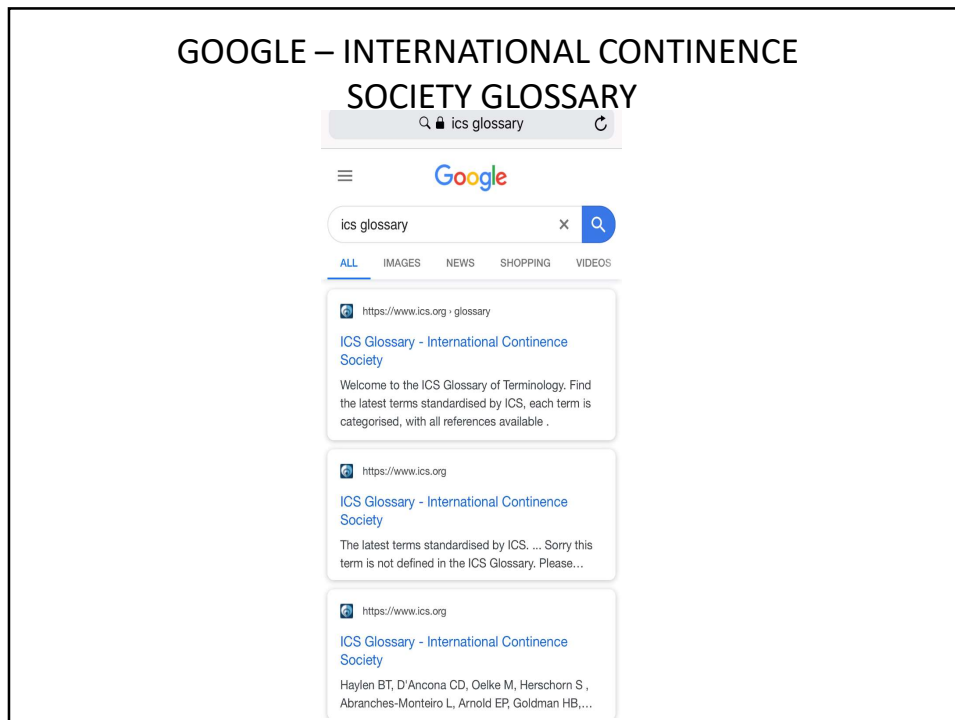
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### Board Meeting 4<sup>th</sup> September, 2019

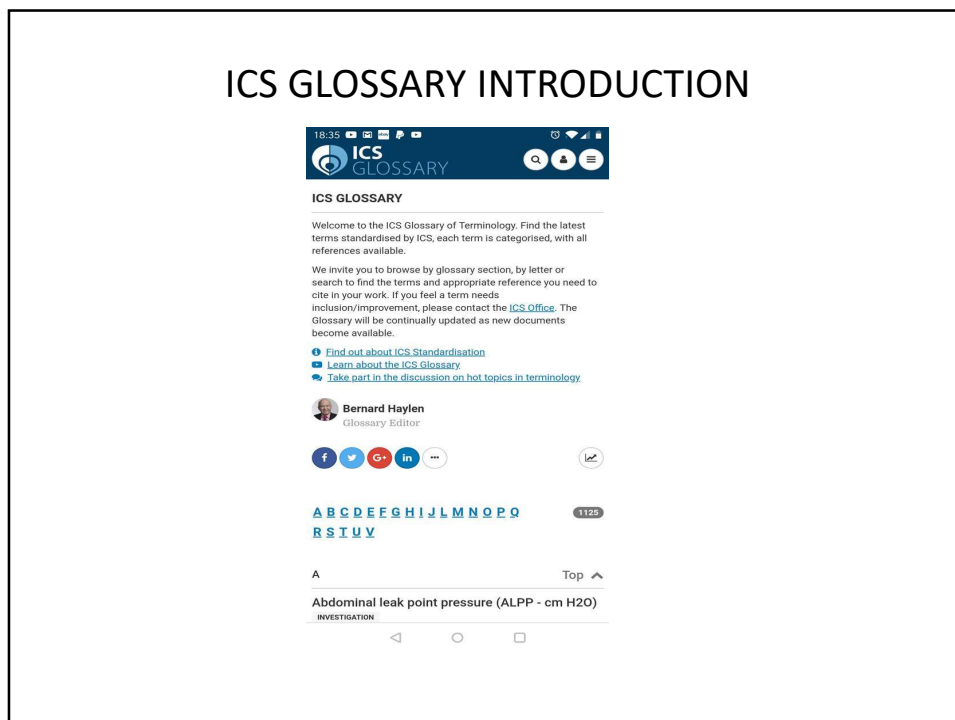
2019 HIGHLIGHTS A: INSTANT ELECTRONIC TERMINOLOGY

- **1: ICS GLOSSARY (Launched February 2019)**
  - 1125 Terms/ descriptors – all terms back to 2000 are uploaded
  - Works well on mobile phones
  - Can check any definition within 60 seconds
  - Can [download](#) any of the 17 reference documents with 60 seconds [NEW](#)
  - Can view most recent reference and [all past](#) references to a particular term [NEW](#)
- **2: ICS Terminology Discussion (Launched August 2019)**
  - Replaces ICS Wiki for more extensive feedback via Glossary portal
  - Sajjad Rahnama'i, Sarah Haag                      (Beth Shelly previous Wiki Editor)

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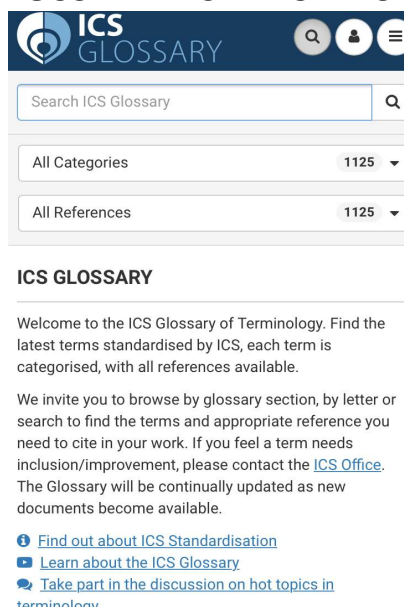


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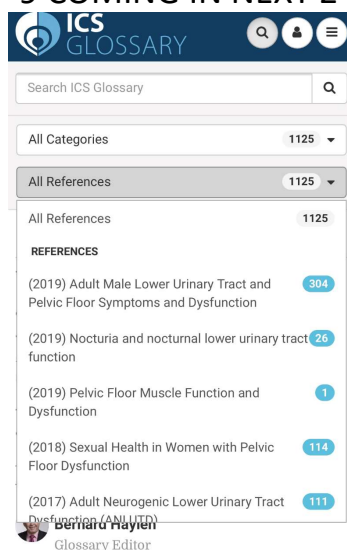
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## ICS GLOSSARY – SEARCH BUTTON



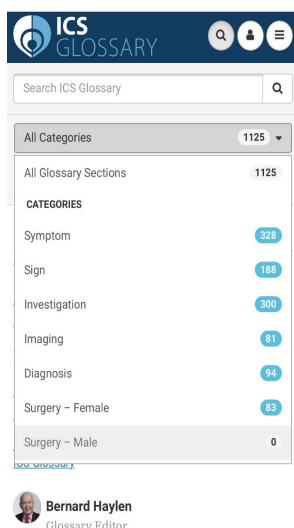
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## ICS GLOSSARY – ALL REFERENCES (17 SINCE 2000) – 9 COMING IN NEXT 2 YEARS



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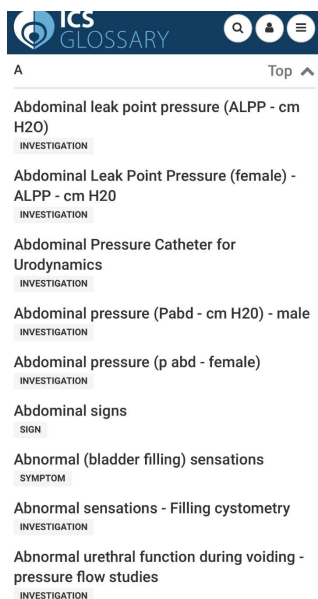
## CATEGORIES – 11 SO FAR, MORE TO COME



- SYMPTOM
- SIGN
- INVESTIGATION
- IMAGING
- DIAGNOSIS
- SURGERY – FEMALE
- SURGERY – MALE
- SURGERY – COMPLICATION RELATED
- CONSERVATIVE MANAGEMENT – MALE
- CONSERVATIVE MANAGEMENT – FEMALE
- CONSERVATIVE MANAGEMENT - GENERAL

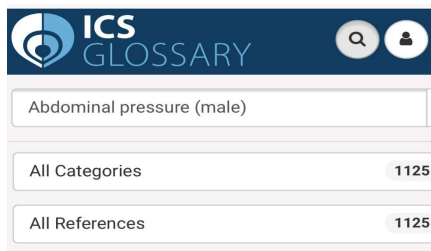
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## ICS GLOSSARY \_ SEARCH FOR A TERM



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## ICS GLOSSARY - SEARCH BUTTON



ICS GLOSSARY

Abdominal pressure (male)

All Categories 1125

All References 1125

### ICS GLOSSARY

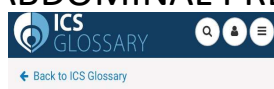
Welcome to the ICS Glossary of Terminology. Find the latest terms standardised by ICS, each term is categorised, with all references available.

We invite you to browse by glossary section, by letter search to find the terms and appropriate reference you need to cite in your work. If you feel a term needs inclusion/improvement, please contact the [ICS Office](#). The Glossary will be continually updated as new documents become available.

[Find out about ICS Standardisation.](#) [Learn about the ICS Glossary](#)

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## EXAMPLE – ABDOMINAL PRESSURE (MALE)



### ABDOMINAL PRESSURE (PABD - CM H2O) - MALE

#### *Investigation, defined by ICS as:*

The pressure in the abdominal cavity surrounding the bladder. Usually estimated by measuring the rectal pressure, though pressure through a bowel stoma can be an alternative. The simultaneous measurement of abdominal pressure is essential for interpretation of the intravesical pressure trace. Artifacts on the detrusor pressure trace may be produced by a rectal contraction.

#### References

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. An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction. *Neurourol Urodyn*. 2019 DOI:

10

## MOST RECENT & PREVIOUS REFERENCES ( 4 of 7)



### References

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. An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction. *NeuroUrol Urodyn*. 2019 DOI: 10.1002/nau.23897

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International Continence Society Good Urodynamic Practices and Terms 2016: Urodynamics, uroflowmetry, cystometry, and pressure-flow study. *Rosier*. 2016 DOI: 10.1002/nau.23124

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Haylen BT, Maher CF, Barber MD, Camargo SFM, Dandolu V, Digesu A, Goldman HB, Huser M, Milani A, Moran P, Schaer GN, Withagen MI. International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Report on the Terminology for pelvic organ prolapse (POP). *Int Urogynecol J*. 2016, 27(2):165-194; Erratum. 2016, 27(4): 655-684; *NeuroUrol Urodyn*. 2016, 35(2):137-168.

[COPY](#) [DOWNLOAD](#)

Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk D, Sand PK, Schaer GK. An International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Report on the

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Received 4 November 2018 | Accepted 7 November 2018  
DOI: 10.1002/nau.23897

WILEY

### The International Continence Society (ICS) report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction

Carlos D'Ancona<sup>1</sup> | Bernard Haylen<sup>2</sup> | Matthias Oelke<sup>3</sup> |  
Luis Abranches-Monteiro<sup>4</sup> | Edwin Arnold<sup>5</sup> | Howard Goldman<sup>6</sup> |  
Rizwan Hamid<sup>7</sup> | Yukio Homma<sup>8</sup> | Tom Marcelissen<sup>9</sup> | Kevin Rademakers<sup>9</sup> |  
Alexis Schizas<sup>10</sup> | Ajay Singla<sup>11</sup> | Irela Soto<sup>12</sup> | Vincent Tse<sup>13</sup> |  
Stefan de Wachter<sup>14</sup> | Sender Herschorn<sup>15</sup>

On behalf of the Standardisation Steering Committee ICS and the ICS Working Group on Terminology for Male Lower Urinary Tract & Pelvic Floor Symptoms and Dysfunction

<sup>1</sup>Universidade Estadual de Campinas, São Paulo, Brazil  
<sup>2</sup>University of New South Wales, Sydney, Australia  
<sup>3</sup>St. Antonius Hospital, Garmen, Germany  
<sup>4</sup>Hopital Brest-Sigale-Louis, Lorient, France  
<sup>5</sup>University of Otago, Christchurch, New Zealand  
<sup>6</sup>Cleveland Clinic, Cleveland, Ohio  
<sup>7</sup>University College Hospital, London, United Kingdom  
<sup>8</sup>Japanese Red Cross Medical Center, Tokyo, Japan  
<sup>9</sup>Maastricht University, Maastricht, The Netherlands  
<sup>10</sup>City & St Thomas' Hospital, London, United Kingdom  
<sup>11</sup>Monash Health, Prahran, Victoria, Australia  
<sup>12</sup>University of Toronto, Toronto, Canada  
<sup>13</sup>University of Sydney, Sydney, Australia  
<sup>14</sup>University of Antwerp, Antwerp, Belgium  
<sup>15</sup>University of Toronto, Toronto, Canada

**Introduction:** In the development of terminology of the lower urinary tract, due to its increasing complexity, the terminology for male lower urinary tract and pelvic floor symptoms and dysfunction needs to be updated using a male-specific approach and via a clinically-based consensus report.

**Methods:** This report combines the input of members of the Standardisation Committee of the International Continence Society (ICS) in a Working Group with recognized experts in the field, assisted by many external referees. Appropriate core clinical categories and a classification were developed to give a common coding to each definition. An extensive process of internal and external review was developed to exhaustively examine each definition, with decision making by collective opinion (consensus).

**Results:** A Terminology Report for male lower urinary tract and pelvic floor symptoms and dysfunction, encompassing around 300 separate definitional descriptors, has been developed. It is clinically based with the most common diagnoses defined. Clarity and user-friendliness have been key aims to make it interpretable by practitioners and trainees in all the different specialty groups involved in male lower urinary tract and pelvic floor dysfunction. Male-specific imaging (ultrasound, radiology, CT, and MRI) has been a major addition whilst appropriate figures have been included to supplement and help clarify the text.

**Conclusion:** A consensus-based Terminology Report for male lower urinary tract and pelvic floor symptoms and dysfunction has been produced aimed at being a significant aid to clinical practice and a stimulus for research.

Carlos D'Ancona (Correspondence) and Bernard Haylen (Production) are equal first authors.  
*NeuroUrol Urodyn*. 2019; 38:1–45. | <https://onlinelibrary.wiley.com/doi/10.1002/nau.23897> | © 2019 Wiley Periodicals, Inc.

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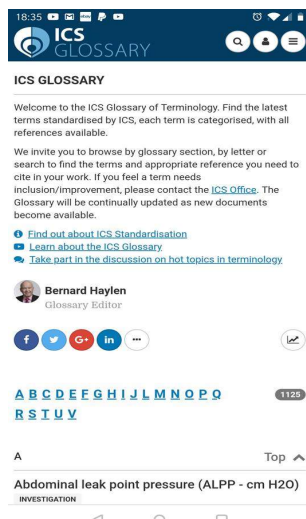
**Correspondence**  
Carlos D'Ancona, MD, PhD, Universidade Estadual de Campinas, Rua Dr. Miguel Faria, 1571, Campinas - SP, CEP 13081-874, Brazil.  
Email: cdanconaf@ufcm.br

**KEYWORDS**  
lower urinary tract dysfunction, lower urinary tract symptoms, male, male urinary tract imaging, male uroynamics, terminology

**INTRODUCTION**  
There is currently no single document addressing all elements required for diagnosis applicable to adult (fully grown and physically mature) – new) male lower urinary tract and pelvic floor dysfunction. Indeed, the diagnostic entities themselves forming a “backbone” or “core” terminology, to facilitate an update of the other subcategories of male-specific terminologies. There have been several other (IUGA-ICS) female PF-related terminology documents<sup>1–10</sup> all published following the production of the initial joint IUGA-ICS document on female pelvic floor dysfunction.<sup>11</sup> The authors of that

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## ICS GLOSSARY INTRODUCTION



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## ICS GLOSSARY – SHORT FEEDBACK VIA OFFICE

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## ICS STANDARDIZATION


**ICS**  
COMMITTEES


### ICS STANDARDISATION STEERING COMMITTEE



The Standardisation Steering Committee (SSC) establishes terminology and methodology in the International Continence Society's areas of activity, to underpin professional standards of clinical management and research.

[READ MORE](#)


**Bernard Haylen**

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## ICS GLOSSARY – INTRODUCTORY VIDEO


**ICS**  
NEWS





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### NEW ICS GLOSSARY LAUNCHED!

WEDNESDAY 30 JAN 2019









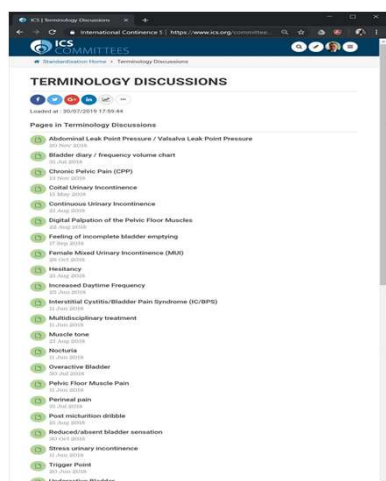
Q Related news

[ICS TV](#) [ICS Standardisation Steering Committee](#)

The ICS Glossary will offer instant online access to ICS terminology published over the last 18 years – over 1100 terms. The Male-terminology document, referred to above and below, will be the first and most recent reference with other documents referenced in re [Keep me updated](#)

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# TERMINOLOGY DISCUSSION



- LAUNCHED 28<sup>th</sup> AUGUST, 2019
- 27 DISCUSSION FORUMS UPLOADED
- PROVIDES OPPORTUNITY FOR LONGER FEEDBACK

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Standardisation Home > Terminology Discussions > Abdominal / Valsalva Leak Point Pressure

## ABDOMINAL LEAK POINT PRESSURE / VALSALVA LEAK POINT PRESSURE

Comments

Author: Christian Corderos  
Last Updated: November 2018

**Current definition:**

Abdominal leak point pressure (abdominal LPP): this is a dynamic test. It is the lowest value of the intentionally increased intravesical pressure that provokes urinary leakage in the absence of a detrusor contraction [32]. The increase in pressure can be induced by a cough (cough LPP) or Valsalva (Valsalva LPP).

Valsalva leak point pressure is a dynamic test. It is the lowest value of the intentionally increased intravesical pressure that provokes urinary leakage in the absence of a detrusor contraction. The increase in pressure can be induced by a cough (cough LPP) or the Valsalva maneuver (Valsalva LPP) (1).

**History**

Abdominal leak point pressure (ALPP): the intravesical pressure at which urine leakage occurs due to increased abdominal pressure in the absence of a detrusor contraction (2).

The present definition emphasizes the fact that this is really a test that needs the participation of the patient. Furthermore, the actual definition of ALPP include the definition of the Valsalva leak point pressure (VLPP). The VLPP is one of the methods to get a ALPP, but more specific than the cough LPP, which induce a sudden increase in the abdominal pressure which interfere with measurement.

Loaded at: 12/08/2019 02:33:38

Comment

Be the first to comment

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12:32 Refresh

**Other Pages in Terminology Discussions**

- Bladder diary / frequency volume chart
- Chronic Pelvic Pain (CPP)
- Coital Urinary Incontinence
- Continuous Urinary Incontinence
- Digital Palpation of the Pelvic Floor Muscles
- Feeling of incomplete bladder emptying
- Female Mixed Urinary Incontinence (MU)
- Hesitancy
- Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS)
- Increased Daytime Frequency

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## ICS GLOSSARY

- **EXCLUSIVE** TO ICS (No other Society/Specialty)
- ICS **DOMINANT** IN LUTS/PF TERMINOLOGY
- MANY THANKS TO OFFICE EXPERTISE LEAD BY DOMINIC – ALSO JENNY, LEAH, ROGER & ROB
- **END POINT OF TERMINOLOGY** – CREATE HIGH QUALITY DOCUMENTS, THE DEFINITIONS FROM WHICH ARE INSTANTANEOUSLY ACCESSIBLE FOR WHATEVER ACADEMIC USE
- **TERMINOLOGY DISCUSSIONS:** ONGOING DEFINITIONAL REVIEW
- **GLOSSARY/ 17 DOCUMENTS:** 37% ICS STANDARDS

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### 2019 ICS Standardization Steering Committee

Board Meeting 4<sup>th</sup> September, 2019

#### 2019 HIGHLIGHTS B: PUBLICATIONS

- **3: Terminology for Male LUT/PF Symptoms and Dysfunction**
  - (D'Ancona, Haylen et al), Oelke Co-Chair:
  - 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) – ICS has Male/Female core documents
- **4: 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).

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## 2019 ICS Standardization Steering Committee

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### Board Meeting 4<sup>th</sup> September, 2019

#### 2017-2018 HIGHLIGHTS – 4 PUBLICATIONS, 9 PROJECTS INITIATED

- 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](https://doi.org/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](https://doi.org/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](https://doi.org/10.1002/nau.23397).

**2018 Publication**

- **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](https://doi.org/10.1007/s00192-018-3603-9), Neurourol Urodyn 2018; doi/[10.1002/nau.23508](https://doi.org/10.1002/nau.23508).

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## 2019 ICS Standardization Steering Committee

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### Board Meeting 4<sup>th</sup> September, 2019

#### 2020 FORECAST – 4 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. [20 New Glossary Terms](#)
- 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. [50 New Glossary Terms](#)
- 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. [45 New Glossary terms](#)
- 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. [130 New Glossary Terms](#)

**BY END OF 2020: GLOSSARY EXPANDED TO AROUND 1365 TERMS / DESCRIPTORS**

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## 2019 ICS Standardization Steering Committee


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### Board Meeting 4<sup>th</sup> September, 2019

#### 2021 FORECAST – 5 PUBLICATIONS

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

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## 2019 ICS Standardization Steering Committee

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### Board Meeting 4<sup>th</sup> September, 2019

#### CHAIRMAN'S NOTES

- 10<sup>th</sup> – 12<sup>th</sup> years as a Terminology and Standardization Chair commences this week
- 6 years previously at IUGA T & S and 3 years so far here at ICS SSC, 3 more to come.
- ICS Documents **22 (>5 fold increase)** ICS Standardization Publications/Projects (2010 – 2019), **4** (2000 – 2009)  
*Presentation of Chairman's record to ICS Membership Early 2019*
  - Number initiated or completed as Chair (since 2010) = 20/22 **(91%)**
  - Number as an author (since 2010) = 10/22 **(45%)**
  - Number as first author (since 2010) = 5/22 **(23%)**
  - Glossary – collator/Editor (**1125 terms**/descriptors)
- **Gratitude:**
  - ICS Membership for their support in 2019: **YES** 380/406 (94%) ; **NO** 26/406 (6%)
  - All authors involved in the papers with my Chair involvement

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## TERMINOLOGY DOCUMENT AUTHORS

Yoram Abramov, [Luis Abranches-Monteiro](#), Ammar AlHasso, Fernando Almeida, [Carlos D'Ancona](#), Edward Arnold, [Marcio Averbek](#), Matthew Barber, Barry Berghmanns, Stephanie Bernard, Marco Blanko, [Kari Bo](#), Maria Bortolini, Stuart Brody, Sergio Camargo, Chris Chatterton, Sarah Cichowski, Pierre Conrath, Michel Cosson, [Alan Cottenden](#), Angela Cross, Oliver Daley, Vani Dandolu, Willy Davila, Dirk De Ridder, Renaud De Tayrac, Stefan De Wachter, Tamara Dickenson, Alex Digesu, Jens Christian Djurhuus, Roger Dmochowski, Chantale Doumoulin, Marcus Drake, Jan Duprest, Peter Dwyer, Hazel Ecclestone, [Sohier Elneil](#), Anton Emmanuel, Helen Engquist, Sharon Eustice, [Mandy Fader](#), Gabriele Falconi, Brigitte Fatton, Enrico Finazzi Agro, [Helena Frawley](#), Robert Freeman, [Jerzy Gazewski](#), Gamal Ghoniem, [Judith Goh](#), Howard Goldman, Maria Gomes, Sanchia Goonewardene, [Rizwan Hamid](#), [Hashim Hashim](#), [Bernard Haylen](#), Sender Herschorn, Yukio Homma, Tracy Hull, Martin Huser, Sheryl Kinsburg, [Ervin Kocjancic](#), Annette Kuhn, Joseph Lee, Fiona Lindo, Christopher Maher, Tom Marcelissen, Pawan Mathur, Vicky Morris, Doreen McClurg, Joan Melendes-Munoz, Jane Meijink, Alfredo Milani, Ash Monga, Sherif Mourad, Alex Mowat, Paul Moran, Melanie Morin, Riyadh Al Mousa, Diane Newman, Christine Norton, [Matthias Oelke](#), Rahmi Onur, Joan Ostaszewicz, Mary Palmer, Chris Payne, Rachael Paul, Eckhard Petri, Peter Petros, Kevin Rademakers, Diaa Rizk, [Rebecca Rogers](#), [Lauri Romanzi](#), Ryuji Sakakibara, M Sajjad Rahnama', Peter Sand, Giulio Santoro, Gabriel Schaer, Shazhad Shah, [Alexis Schizas](#), [Elizabeth Shelly](#), Marijke Slieker-ten Hove, Steven Swift, Ajay Singla, Irela Soto, [Abdul Sultan](#), Vivian Sung, Satoru Takahashi, Raneek Thakar, Emanuel Trabuco, Vincent Tse, Pawan Vasudeva, Vanessa Vilas-Boas, Jennifer Voelkl Guevara, Carolina Walker, Ralph Webb, Alan Wein, Amanda Wells, Jian Guo Wen, Amanda White, Tara Wilson, Kristene Whitmore, Mariella Withagen

122 AUTHORS (MANY INVOLVED IN MULTIPLE DOCUMENTS), 20 FIRST AUTHOR/ CO-CHAIRS, ALL TOP QUALITY DOCUMENTS, GREAT COLLEAGIALITY IN PRODUCTION LEADING TO PUBLICATION

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## TERMINOLOGY EXPANSION TOWARDS 2000 GLOSSARY TERMS

- [PLAN A \(IUGA-ICS\)](#): Female Core Terminology (2010) plus 7 follow up female documents – [completed](#)
- [PLAN B \(ICS\)](#): Male Core Terminology Document (2019) – [completed](#) plus 4 follow up male documents (anorectal, conservative, surgical, sexual health) – [in progress](#)
- [PLAN C \(ICS/IUGA/AUGS\)](#): Pelvic Floor Fistulae/ Female Obstetric Trauma/ Lap Pelvic Floor Anatomy – [in progress](#)
- [PLAN D \(ICS\)](#): New : (i) Nursing-related Terminology not already covered by other documents; (ii) Transitional Urology (Paediatric to Adult) – [starting out](#)
- [PLAN E](#): Old: Female Core Terminology Update – keep on simple (6 authors each) historical basis (ICS-IUGA) else too political & won't happen.

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## 2019 ICS Standardization Steering Committee

Board Meeting 4<sup>th</sup> September, 2019

### CHAIRMAN'S NOTES – GOING FORWARD

- **New members of the Board / those advancing their roles**
  - Welcome
  - Hoping for good relations with the SSC
- **Outgoing members of the Board**
  - Best wishes
  - Special mention to (i) Jerzy for excellent Neurogenic document; (ii) Alex for SSC support.
- **Next 3 years for SSC**
  - INTEND TO TRY TO KEEP SSC AS PRODUCTIVE AS POSSIBLE WHILST MAINTAINING EXCELLENT QUALITY
  - More documents published
  - Greatly expanded GLOSSARY (TOWARDS 2000)
- **Priority at end of ICS 2019 Gothenburg**
  - Not academic; not related to Terminology

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## NOAH ERIC HAYLEN, BORN 12/7/19, LONDON

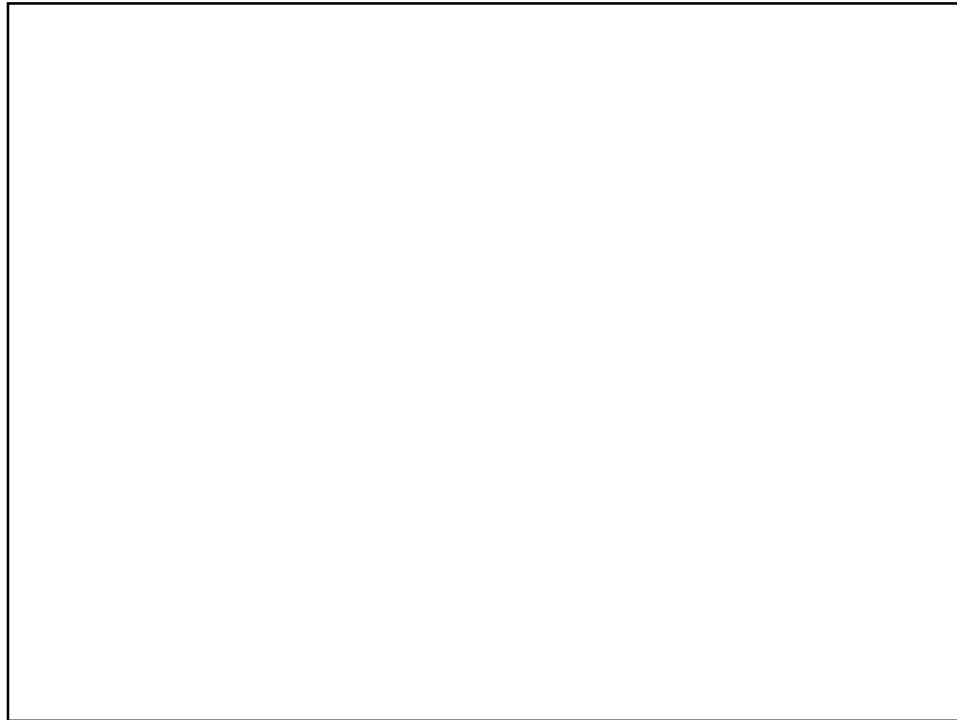


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QUESTIONS ?  
COMMENTS ?

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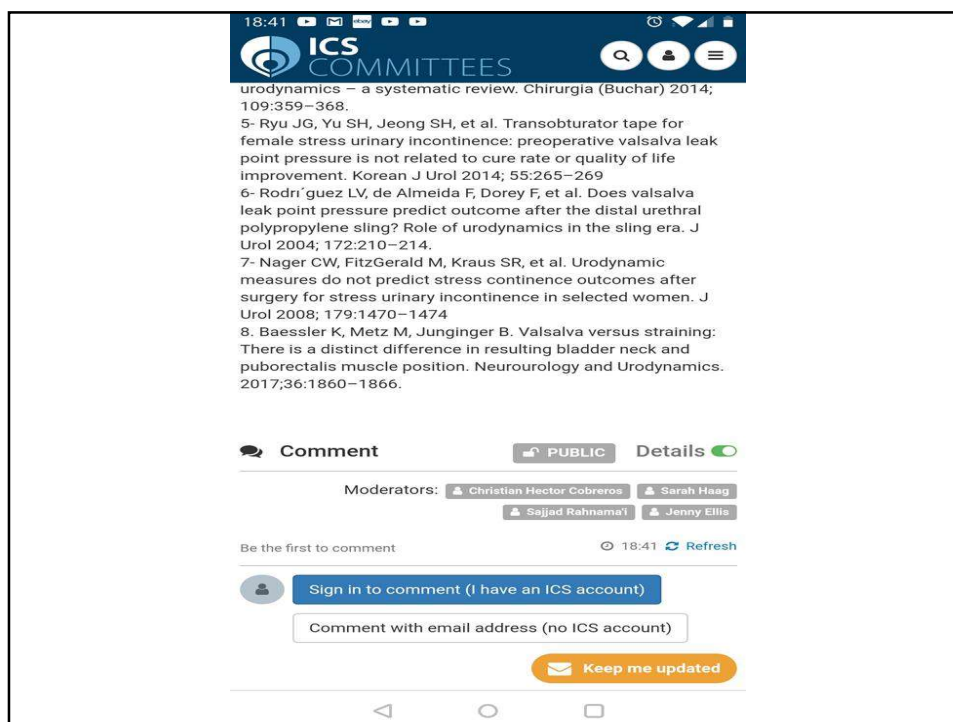


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## REVISION OF FEMALE CORE TERMINOLOGY

- SOP submitted (BTH) January 2019 as ICS-IUGA Collaboration (original Societies) after agreement with Renaud de Tayrac/Joe Lee – IUGA T&S Chairs (6 authors each Society)
- ICS Board takes control of this project and creates agreements with 3 other Societies (IUGA, AUGS, SUFU) - completed August 2019 (SUFU – no S & T Committee)
- Agreements are on the basis that the Societies will be the Authors not those doing the work – intellectual knowledge and skills also taken with no academic credit.
- ICS and IUGA T & S Chairs “blindsided” by process
- Terminology Documents are part of “Crown jewels” of a Society – not to be shared/ given away readily
- Can Boards be trusted with SOPs?

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## 2019 ICS Standardization Steering Committee

### Board Meeting 4<sup>th</sup> September, 2019

#### CHAIRMAN'S NOTES

- **Standardization & Terminology Management:**
  - Standardization & Terminology is **best done at Committee level** where there's the experience and the single devotion to the task at hand.
  - Board oversight is important but is best kept relatively light.
  - Inter-Society collaboration on Terminology is best kept as simple as possible
- **Committee over-regulation**
  - Committee **productivity deteriorates**, at times significantly
- **By-pass Committee:**
  - **Quality compromises** will be the result, at times significant
  - **SSC terminology documents**: will **only** happen if of the right level of quality
  - **Non-SSC terminology documents**: will happen one way or another as often mandated.
- **ICS's strength in Terminology Leadership**
  - No need to compromise that strength in any negotiations.
- **SSC**: Quite heavy Board activism in Standardization & Terminology over the last 2 years.

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## WG 16: Report of the terminology for pelvic floor muscle function and dysfunction assessment

Helena Frawley, Beth Shelly, Melanie Morin

Stéphanie Bernard, Kari Bø, Giuseppe Alessandro Digesu, Tamara Dickinson, Sanchia Goonewardene, Doreen McClurg, M Sajjad Rahnema'i, Alexis Schizas, Marijke Slieker-ten Hove, Satoru Takahashi, Jenniffer Voelkl Guevara

1

Helena Frawley

Affiliations to disclose<sup>†</sup>:

None

† All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

Funding for speaker to attend:

- ☒ Self-funded
- ☒ Institution (non-industry) funded
- ☐ Sponsored by:

2

## WG 16: PFM Assessment



- Commenced Dec 2016
- Chair, 2 x co-chairs, 11 members
- Refinement of aims and scope, creation of teams: Symptoms, Signs, Investigations
- Meetings to date:
  - ICS 2017: face-to-face 14 Sep
  - IUGA 2018 June: face-to-face, Chair & 2 members
  - ICS 2018: face-to-face 30 Aug, 8 members + Chair via zoom
    - 1<sup>st</sup> full draft circulated to members for this meeting
  - ICS 2019: face-to-face 3 Sep, 9 members + 3 via zoom
  - 1 group teleconference call
  - 50 chair & co-chair zoom meetings
- Progress:
  - 2017 – 2018: background work on terms, definitions, structure, consultation with 'experts' on specific topics (e.g neurologist, exercise physiologist, physiotherapists)
  - 2018 – 2019: collation, refinement, consensus
  - Completion end-2019

3



- Terminology: definitions and descriptions
  - Symptom terms: elicited from the history, patient words
  - Sign terms: elicited from the physical examination
    - Visual observation, digital palpation, simple tools
  - Investigation / test terms: use of equipment
  - Diagnosis terms: few are specific to pelvic floor muscle disorders
- Clinically-applicable format
  - Sequence: as per a clinical assessment
- Paper does not include clinimetric properties of the examination terms
- Not a 'recommendation' paper
- Plan: post-completion -> clinical utility paper

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# WG 17

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

1

*Luis Abranches-Monteiro, Rizwan Hamid, Carlos D'Ancona, Ammar AlHasso, Roger Dmochowski, Hazel Ecclestone, Riyadh Al Mousa, Rahmi Onur, Shahzad Shah, Pawan Vasudeva, Vanessa Vilas-Boas, Matthias Oelke*

***# LAM & RH are equal first authors (Production & Content)***

***ICS Standardization Steering Committee, ICS Working Group on Terminology for Male Lower Urinary Tract Surgery<sup>^</sup>***

2

**Purpose:**

describe the male invasive procedures with a clinical impact on storage or emptying of urine

**Target:** non-urologists professionals

Decided in mid 2017 in London in a SSC meeting mentored by Bernard Haylen

**Meetings:** 1<sup>st</sup> meeting in ICS Florence, 2017 with 6 members

2<sup>nd</sup> face-to-face meeting in Philadelphia, 2018

4 groups of 3 authors were then created

10 rounds of 1-2 months each ever since shared within the 4 groups changing sections to update

3<sup>rd</sup> face-to face meeting today with 7 members – version 10 will be distributed by all

Illustrations will not be included given the complexity and number of procedures

3

**It is envisaged that this report will result in:**

- greater coherency and user-friendliness;
- greater specificity of male procedures
- more accurate communication for clinical and research purposes.

4

In a functional, anatomical classification it will be divided into the following sections:

- 1: urethra
- 2: prostate
- 3: bladder neck
- 4: bladder
- 5: urinary diversions and reconstructions
- 6: vesico-ureteric junction and ureter

5

#### SECTION 3: BLADDER NECK PROCEDURES

Widening of the bladder neck with the intent of relieving bladder outlet obstruction, usually caused by primary bladder neck hypertrophy or secondary neck stenosis <sup>2</sup>


- 1 Endoscopic bladder neck incision:** Transurethral incisions of bladder neck tissue at the 5 and/or 7 o'clock positions using a metal hook with electric current or a LASER beam. An additional incision can be made at the 12 o'clock position if the bladder neck is still incompletely opened.
- 2 Endoscopic bladder neck resection:** Transurethral resection of bladder neck tissue using a metal loop with electric current.
- 3 Open/laparoscopic/robot-assisted bladder neck incision with Y-V plasty:** Complete incision through the anterior bladder neck tissue in Y-shape and re-suturing the tissue in V-shape after open or laparoscopic approach of the retropubic space.<sup>3</sup>
- 4 Open/laparoscopic/robot-assisted bladder neck resection:** Complete removal of the entire bladder neck via an open or laparoscopic approach and re-connection of the prostatic urethra to the bladder.

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### Planned schedule

All of the 6 sections are now discussed by all authors for fine tuning  
A 10<sup>th</sup> version comes from this week meeting and  
an 11<sup>th</sup> with updated footnotes and references will be presented to  
external reviewers up to the end of 2019

To be submitted by the beginning of 2020



THE TERMINOLOGY  
OF THE ASSESSMENT AND MANAGEMENT OF FEMALE  
OBSTETRIC TRAUMA  
AN ICS / IUGA  
JOINT REPORT IN COLLABORATION WITH AUGS



Progress Report  
ICS 2019  
Stergios Doumouchtsis  
(On behalf of WG20)

1

## Disclosures



Affiliations to disclose<sup>†</sup>:

<sup>†</sup> All financial ties (over the last year) that you may have with any business organisation with respect to the subjects mentioned during your presentation

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☒ Self-funded

☐ Institution (non-industry) funded

☐ Sponsored by:

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## The Working Group



Chair: Stergios Doumouchtsis (UK)

### Members:

Bernard Haylen (Australia) - Mentor  
 Joe Lee (Australia) – Mentor  
 Vivian Sung (USA)  
 Renaud de Tayrac (France)  
 Alex Mowat (Australia)  
 Sara Cichowski (USA)  
 Steven Swift (USA)  
 Amanda White (USA)  
 Oliver Daly (Australia)  
 Joan Melendez-Munoz (Spain)  
 Gabriele Falconi (Italy)  
 Angela Cross (New Zealand)  
 Fiona Lindo (USA)

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## Timelines



Started October 2017

### Meetings

- ICS 2018: WG Meeting ICS 2018 (SD, BH, revision of the sections and layout of document)
- ICS 2019: Scheduled WG Meeting

### Two Conference calls

- 15<sup>th</sup> May 2019
- 15<sup>th</sup> July 2019

Two versions following consultations

Currently on v2

4

Sections - Subgroups		ICS 2019 GOTHENBURG
Introduction	• Treatment	
Symptoms	• Complications ?	
Signs	• Prediction	
• Episiotomy	• Prevention	
Examination	• Appendix	
Investigations	• Surgical Repair	
Diagnoses		

5

In Discussion	ICS 2019 GOTHENBURG
• Large number of terms >250 terms	
Overlaps in ICS Glossary and in other Reports	
• Extent of v2 (>12000 words)	
• Inventory of all the terms appearing in the draft	
• Scale of 1(not important) to 7 (very important)	
• Shortlisted those scoring >2	
• Consideration of further reductions	
• Aim to include new terms	
Position of episiotomy	
Complications section	

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## Next Steps



WG Meeting in ICS 2019

WG Meeting in IUGA 2019 (TBC)

Revise, Reduce, Enrich, Consensus

- Some common pelvic floor symptoms, signs and diagnoses may be different in postpartum period

Illustrations

Rotation of subgroups for sections revisions

Peer review

Aim to finalise by end of 2019

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Thank you

Thank you

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