

Letter from Jacques Corcos, ICS General Secretary

Dear Members,

THE TRUSTEES MET in April 2010 in Barcelona, faced with the many problems caused by the volcanic eruption in Iceland. Fortunately most of the Board members were able to attend even if they struggled to get home! The Trustees met again in Toronto, this time without natural disasters, although Ted Arnold returned home to an earthquake in New Zealand!

The task forces continue their work and it is of note to mention that the Meetings task force has suggested some changes to the social events based on the surveys conducted. I would like to reassure the membership that the changes will not compromise the fun nature of these events, but for ethical reasons it was felt that too much was being spent on social events. Further details can be found in the article by Adrian Wagg in this issue.

The Awards & Scientific task force has concluded a large amount of work formalising new grants and fellowships to be made available to the membership. During 2010, we launched the following awards:

Conference travel award – There are 5 awards available to provide financial and travel support to those who have had an abstract accepted from underdeveloped countries/those in training and nurses & physiotherapists. Unfortunately this was not very popular this year but this was due to a lack of lead-in time for advertising. Hopefully more people will apply next year for ICS 2011.

Fellowships – New fellowships are available in research/clinical and neurourology/urodynamics (supported by *Laborie*). The deadline for these grants is 1 April each year and more information can be found on the website.

Research grants – The purpose of the ICS-sponsored Research Grants is to fund the development of research in the science of bladder and bowel incontinence. Seed funding grants (support grants) are available to facilitate a) the development of new international, multidisciplinary research partnerships and b) the execution of pilot research projects performed with the aim of preparing for subsequent grant application to a major funding agency. The next deadline for applications will be 1 April.



Jacques Corcos,
General Secretary

Lifetime Achievement Award – To get this new award off the ground, the ICS Board of Trustees nominated and voted for Paul Abrams to receive the first ICS lifetime achievement award. Paul will collect this award in Glasgow. However, it is now up to the members to make nominations – deadline also 1 April.

Honorary Membership Awards – this is now clearly distinct from the lifetime achievement award in that this will be awarded to all General Secretaries when they have finished their term. Paul Abrams will collect his in Glasgow and I was pleased to present Walter Artibani's award at the Gala Dinner in Toronto.

Essay competition – There is also an essay competition, closing date 1 January each year.

Plans for 2011 include reducing the size of the Board and other internal structures to make the governance of the ICS even better and also as a cost-saving exercise. We also intend to strengthen our relationship with industry, while maintaining our ethical principles.

Committees

Children's Committee – this committee saw increased exposure at the Annual Scientific Meeting with a state-of-the-art lecture, in addition to a role in the education course in Thailand last year. Meetings will be held between ICS and ICCS to strengthen bonds between the societies. Future plans will be to complete the adolescent manuscripts currently being worked on and to expand the committee.

Continence Promotion Committee – World Continence Week held in the last week of June every year is now really starting to become popular with many events reported on all over the globe. The Public Forum held in Toronto was very successful and another is planned for Glasgow where local patients will be invited to listen and interact with the experts. Future plans will be to continue to push forward the WCW, hold a public forum in Glasgow, and work actively with the ICS Fistula Committee.

Education Committee – The Education Committee had one of its busiest years in 2009-2010. There have been 11 Education Courses since San Francisco and 10 guest lectures around the world, including a live web lecture to delegates in Brazil. The committee's main focus for the coming year will be the development of ICS e-learning, working together with the new ICS staff member, Chris Angle.

.../ continued on page 3

Below: Pelvic floor exercises workshop at the ICS-IUGA Meeting, Toronto



HIGHLIGHTS

Record-Breaking ICS-IUGA Meeting

ICS Education Courses

ICS Fistula Committee

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THE INTERNATIONAL CONTINENCE SOCIETY

The aims of the International Continence Society are the advancement of basic and clinical sciences concerned with the function and dysfunction of the urinary tract, bowel and pelvic floor:

- to raise public awareness of both urinary and anal incontinence, and other functional abnormalities including obstruction and pain and the fact that it can be corrected, improved or at least better managed and to enhance the knowledge and skills of health professionals involved in prevention and management of incontinence and thereby to improve the standard of healthcare delivery
- to initiate, coordinate and give advice on research projects undertaken for the benefit of the public
- to carry on and to stimulate medical education and promotion on the subject of incontinence and its prevention, treatment and care
- to act as a consultative body for public organisations and individuals undertaking research for public benefit on the medical aspects of incontinence

The International Continence Society is a company limited by guarantee.

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Ethics Committee – the Ethics Committee has analysed the 2009 accepted abstracts to attempt to identify the level of pharma industry influence on the content of the meeting and to what extent the presenters acknowledged industry. The outcome was that while there were reasonable attempts to declare interests, very few declared who had sponsored them to attend the meeting. This will be rectified at future meetings. Discussions for next year will include the ethical aspects of ICS activities, including mechanisms for increasing attendance for those from underdeveloped countries and the correct use of industry-sponsored ICS activities.

Fistula Committee – New members have been recruited to this committee. New subcommittees and tasks have been assigned to the new members. The first hands-on surgery workshop was held in Cairo in January 2010 and was attended by 10 delegates as planned. The ICS supported some of the delegates from underdeveloped countries in the hope that they are able to take surgical skills back to their country. Further workshops are planned. Other activities will be to identify a basic equipment set and to raise funds to supply this to facilities where it is really required.

Neuro-urology Promotion Committee – the second fellowship was awarded to Emmanuel Braschi from Argentina who joined Graham Creasey in San Francisco. Future plans include Guidelines for Neurourology and revision of the neurogenic fact sheet plus some patient targeted brochures.

Nursing Committee – A well-attended all day nurses' forum was held in Toronto with mock presentations for those nurses whose abstract was not accepted in the discussed programme. Surveys have been conducted amongst the ICS nursing community on international practices on intermittent catheters and use and re-use of catheter bags. Future plans include increased awareness of the nursing website on the ICS main webpage, development of international multi-centred research studies and development of a universal description of the role of the specialist nurse.

Physiotherapy Committee – A Physiotherapy Round Table was held in Toronto and was very well attended. There were also two pelvic floor exercise classes. This committee has defined a competence profile for a pelvic floor physiotherapist. Physiotherapists were also represented at two education courses last year. Future plans include continuing the annual round table, creating a list of interested speakers for courses and finalising the website.



ICS Staff outside the Bristol office. From left: Ashley Brooks, Avicia Burchill, Daniel Snowdon, Kirsty Sims, Helen Parker, Nicola Walsh, Dominic Turner, Chris Angle.

Publications and Communications Committee – Two issues of ICS News which is now of excellent quality. A meet-the-press event was organised this year as well as a large booth in the exhibition area.

Standardisation Steering Committee – A joint report with IUGA on female pelvic floor dysfunction was published in 2010. They are currently jointly working on another report on the classification and terminology of mesh-related complications. The committee is creating a methodology for producing ICS standards. As soon as this paper is finalised, it will be published via the ICS website and in Neurourology & Urodynamics. Many thanks are due to Dirk for his term as Standardisation Chair. Marcus Drake has taken over from Dirk.

Last but not least, I would like to confirm that the ICS Board of Trustees agreed to create a new Urodynamics Committee. Peter Rosier is interim chair for this committee and we expect to see some interesting projects, including linkage with our e-learning projects later this year.

All this spectacular work conducted by the trustees and many other ICS members has achieved most of my 3 years' strategic planning objectives. As I enter my final year as ICS General Secretary, there are still many more projects to put into place and many more things I would like to achieve. Watch this space.

Jacques Corcos

ICS General Secretary

Ballot Results

At the ICS Annual General Meeting 2010, Werner Schaefer was re-elected as Member of the Board of Trustees for a further term of three years and Ajay Singla was re-elected for a further term of three years as Honorary Treasurer.

The following persons were elected on the basis of the web ballot:



Fistula Committee
Chair:
Sherif Mourad



Standardisation Steering
Committee Chair:
Marcus Drake



Scientific Committee
Clinical Representative:
Manfred Stöhrer



Scientific Committee Allied
Health Representative:
Katherine Moore

Record-Breaking ICS-IUGA Meeting!

Toronto, Canada, 23-27 August 2010

● By Jane Meijlink, Simone Crivellaro



The 2010 ICS-IUGA annual scientific meeting held 23-27 August at the Metro Convention Center in Toronto was a memorable record-breaking event. The all-time record attendance of 3528 registrations from no fewer than 74 different countries was an amazing achievement, particularly bearing in mind the current economic climate. The 2010 meeting co-chairs Sender Herschorn (ICS) and Harold Drutz (IUGA), the ICS Office and our congress organisers Kenes should be heartily congratulated on this fine result which may go down in history as a collaborative, multidisciplinary and multicultural global event *par excellence*.

ABSTRACT SUBMISSION WAS another record with 1374 submitted, 1253 accepted and 298 presented orally in 30 sessions. All members of the scientific committee reviewed abstracts in their field of expertise and all abstracts were reviewed by at least 3 reviewers. Many thanks are due to them for their incredibly hard work. For the first time video reviewing was also done online by the video sub-committee allowing the committee to review the video programme scores during the meeting. Since 44 videos were accepted, reviewing this number during the Scientific Committee meeting itself would have been logistically impossible. The online video review system allowed more time for discussion during the meeting.

All 2010 accepted abstracts can still be read in full on the ICS website, while abstracts 1-298 can be found in *Neurourology & Urodynamics*, volume 29, issue 6, 2010.

There was also tremendous competition for the ever popular workshops, with 108 applications to hold workshops and 48 accepted. Following ICS tradition, the workshops and courses were held on the two days preceding the official opening of the scientific programme. They were attended by a total of 3070 delegates. The top three workshops with the highest attendances in 2010 were:

Pelvic Floor Anatomy & Function: Agreements & Disagreements – 191

Pelvic Organ Prolapse Repairs With or Without Mesh – Choices and Outcome – 163

Vaginal Surgery. Is apical support always necessary at the time of anterior repair? – 146

Scientific programme: an update on research and best practices

Being a joint ICS and IUGA event, this 2010 annual meeting presented the scientific knowledge, research and special interests of both societies. However, the collaboration by the ICS with other societies went even further this year. The state-of-the-art lectures included an innovative presentation on *Recent Advances in Childhood and Adolescent LUT Dysfunction* jointly chaired by Wendy Bower, chair of the ICS Children's Committee, and Stuart Bauer, president of the International Children's Continence Society (ICCS) with which the ICS is endeavouring to forge closer relationships. Their presentations covered standardisation of terminology documents, findings from the recent World Congress on Pediatric Urology in relation to advances in understanding nocturnal enuresis and the evaluation of daytime incontinence, dysfunctional voiding and elimination, use of botulinum toxin in children and spina bifida issues. This state-of-the-art joint venture was particularly valuable in the light of following patients from early childhood through to adulthood and onwards.



Photos, clockwise from left:

- Meeting Co-Chairs Sender Herschorn and Harold Drutz
- ICS General Secretary Jacques Corcos addressing the Gala Dinner
- A well-attended scientific session
- The sold-out Gala Dinner at the Liberty Grand Entertainment Complex
- One of the increasingly popular 'Meet the Experts' sessions
- 'State of the Art' lecture hall



Further scientific highlights

A randomised controlled trial showed that women with urinary stress incontinence (USI) and intrinsic sphincter deficiency (ISD) are significantly less likely to require further stress incontinence surgery with the retropubic transvaginal tape (TVT) sling than the transobturator sling. A systematic review of mini-slings showed an overall cure rates for stress incontinence from 70% to 81% using subjective and objective outcome data which are lower than the reported rates for the retropubic and transobturator tapes. The complication rates, however, appear to be reduced (less than 1%). A functional role for the M2 receptors of the bladder urothelium was demonstrated for the first time. Furthermore, a new system has been identified which might be involved in detecting 'danger' in the bladder and triggering early inflammatory responses. A new breakthrough was presented on the anatomy of the female pelvis studied by 3D MRI. The cardinal ligament is relatively vertical in a standing position, while the uterosacral is more dorsally directed. There is considerable variation in the angles for the cardinal and uterosacral ligaments in normal women and these angles affect ligament tension for any given load. The load supported by each ligament can be expected to vary depending on the angle between ligaments. Regarding the continence mechanism, it was shown that urethral closure pressure can be augmented voluntarily by symptomatic patients, on average by about 8 cm H₂O which equates to about 20%. However, this effect seems to be limited. A randomised controlled trial showed that the morbidity of anterior colporrhaphy and anterior repair mesh kit (ARMK) is similar, although patients treated with ARMK report more pain. ARMK results in a better anatomical outcome of the anterior compartment. However, functional outcome is similar following both surgical techniques. The authors conclude that the anterior colporrhaphy is still a

viable option for primary anterior compartment repair. No general consensus has been found on what to do after a failed sling. When questioned, most of the people in the audience suggested doing nothing! Other options included re-doing a retropubic sling. An interesting new option is the adjustable continence therapy device (ACT) for the treatment of female stress urinary incontinence.

Webcasts

A reminder for those who were unable to attend the meeting or who would simply like to listen again: selected ICS-IUGA 2010 scientific lectures, presentations and workshops can still be enjoyed online via TTMed Urology webcasts at www.ttmed.com/urology/icsiuga2010.

While social events are always an attraction for delegates and their partners, this year the Gala Dinner was so popular that tickets were sold out before the meeting even started! The welcome reception typified the multicultural nature of Toronto, reflected here by highly diverse cuisines that were much appreciated by the delegates. Pelvic floor exercise classes organised by the physiotherapists were an innovation this year and proved a great attraction, even at the crack of dawn!

In the exhibition area, the well-designed and versatile ICS booth was manned by the ICS Office Staff on one side and IUGA staff on another. It attracted many delegates all day long for the three exhibition days and was a valuable source of information and assistance.

Many thanks are due to all the ICS Office Staff for their hard work to make this annual scientific meeting a success, also to all members of the various organising and scientific committees without whom these events could not happen. ■

Prizes and Awards ICS-IUGA 2010

● Tomasz Rechberger

We would like to offer our warmest congratulations to the following winners of prizes and awards announced by the ICS-IUGA Scientific Committee for the 2010 joint annual meeting in Toronto:

Best Basic Science Abstract

#199 The effect of ovariectomy on bladder function and myosin isoform expression in female rabbits with partial bladder outlet obstruction. *Northington G, John M, Chang S, Alanzi J, Wein A, Chacko S.*

Best Clinical Abstract

#200 A randomised controlled trial of conservative treatments (pelvic floor muscle training and bladder training) for urinary incontinence in men after prostate surgery (MAPS). *Glazener G, Boachie C, Buckley B, Cochran C, Dorey G, Grant A, Hagen S, Kilonzo M, Moore K, N'Dow J, Ramsay C, Vale L.*

Best Clinical Abstract Presentation:

#55 Optimizing post-operative healing following vaginal reconstructive surgery: A triple arm randomized clinical trial of an estradiol-releasing vaginal ring. *Karp D, Jean-Michel M, Peterson T, Johnston Y, Suciu G, Aguilar V, Davila G W.*

Best Non-Clinical Abstract Presentation:

#87 Differential expression and translation of adenosine receptor agonists in human detrusor from stable and overactive bladders and its consequence in regulating detrusor contractility. *Fry C, Hussain M.*

Best Video Presentation:

#131 Laparoscopic transvesical surgery for intravesical pathologies. *Feiner B, Fleming T, Maher C.*

Best Oral Poster Presentations by a Fellow:

#84 Procollagen C proteinase and lox enzymes expression in vaginal tissue of women with and without pelvic organ prolapse. *Bortolini M A, Shynlova O, Oleksiv N, Drutz H, Lye S, Castro R, Girao M, Alarab M.*

Best Podium Presentation by a Fellow:

#98 Should we pack it in? A prospective randomised double blind study assessing the effect of vaginal packing in pelvic floor surgery. *Thiagamoorthy G, Khalil A, Leslie G, Srikrishna S, Robinson D, Cardozo L.*

Axel Ingelman-Sundberg Award for Best Abstract

#96 A Randomized controlled trial of anterior colporrhaphy and Perigee™ as a primary surgical correction of symptomatic cystocele. *Thijs S, Deprest J, De Ridder D, Claerhout F, Roovers J.*

Young Investigators Award

#47 Weight of polypropylene mesh is not the only property defining in vivo mesh biomechanics. *Ozog Y, Konstantinovic M L, De Ridder D, Mazza E, Deprest J.*

Award for Innovative Research Presented on Nocturnal Voiding Problems

#198 Desmopressin orally disintegrating tablet effectively reduces symptoms of nocturia and prolongs undisturbed sleep in patients with nocturia: results of a randomized placebo-controlled study. *Weiss J, Zinner N, Daneshgari F, Klein B, Nørgaard J P, Ancoli-Israel S.* ■

Below: ICS-IUGA 2010 Prizes & Awards



Urodynamics Committee

New Urodynamics Committee Launched at ICS AGM in Toronto

● Peter Rosier, Interim Chair

SOME YEARS AGO, the concept of an ICS 'School of Urodynamics' was born and implemented at the time as a subcommittee of the Education Committee. Since then, many members have devoted much time in creating material for this 'School' in subgroups focusing around various topics. This material was condensed into 'slide-sets', but for various reasons regrettably never filtered through the ICS organisation

To remedy this situation, our General Secretary and the chair of the Education Committee met with me during the 2009 annual scientific meeting in San Francisco to rebuild the 'School'.

I promptly started an intensive email survey among the 'old' members of the school, predominantly with the aim of ensuring proper embedding of the new school within the ICS organisation. This survey gathered much valuable input. With this as a basis, a description of the desired structure, process and strategy as well as a new mission statement for the new 'ICS School of Urodynamics' was presented to the ICS Board of Trustees and was wholeheartedly endorsed. Further consensus during the provisional school members' meeting in Toronto led to the definitive decision to establish 'the school' as a new ICS Committee to be named the Urodynamics Committee.

The mission of the ICS Urodynamics Committee is: to be recognised as trendsetting and leading the way forward in education concerning all acknowledged standard and advanced diagnostic test methods that can be applied to evaluate lower urinary tract and pelvic floor function.



Peter Rosier

Some priorities have been set and are listed in the table.

Priorities 2010-2011 Urodynamics Committee

- ▶ To select material for education; new and existing
- ▶ To seek partnerships with relevant organisations
- ▶ Ensure re-approval of existing (ICS) courses
- ▶ Develop a strategy for monitoring content and programmes
- ▶ Find a structure to facilitate developers and teachers
- ▶ Facilitate courses during ICS (meetings)
- ▶ Develop a curriculum / syllabus / 'slides'
- ▶ Develop an e-learning strategy / material

The Urodynamics Committee will be a fully-fledged committee in the sense that the (small group of) core members of this committee will be managing, organising and evaluating. Ad hoc working groups will be asked to focus on specific content and other detailed projects. In accordance with the ICS Articles of Association and Bylaws, a chairman will need to be elected for this new committee. In the spring of 2011, there will be a request for nominations for this new post. Until that time, I will be happy to guide the 'old school' into this new era as interim chair.

It is likely that the Urodynamics Committee will present its first 'trendsetting and leading quality' material of 'optimal educational value' during the next ICS annual scientific meeting, in Glasgow. I am greatly looking forward to that! ■

Lifetime Achievement Award: Karen Logan OBE

KAREN LOGAN IS a Nurse Consultant and Director of Continence Services at Aneurin Bevan Health Board, an integrated health care organisation in South Wales. Karen has always championed continence-related issues locally and nationally. In June this year she was honoured in the Queen's birthday honours list with the highest Order of the British Empire for services to health care, attending an investiture at Buckingham Palace with her family on 19 November 2010 to receive the OBE medal presented by the Queen. Karen's family and colleagues are very proud of her achievements and the dedication she has shown to improving services and the care for people with bladder and bowel problems over the last 10 years. The OBE award is in recognition of this work. Everyone at the ICS would like to offer Karen their warmest congratulations.



Education Committee

ICS Educational Course Istanbul, Turkey

● Donna Z. Bliss

A HIGHLY SUCCESSFUL multi-disciplinary education course on prevention of childbirth-induced pelvic floor dysfunction was held in Istanbul, Turkey, September 24-25, 2010. The course was offered in collaboration with the meeting of the Turkish Society of Urogynaecology and Pelvic Reconstructive Surgery. Thirteen faculty members from Turkey and four international faculty members attended from the ICS: Diaa Rizk, Donna Bliss, Marijke Slieker-ten Hove and Jacqueline Cahill. The faculty, representing the disciplines of urogynaecology, nursing, physiotherapy, and patient support/advocacy, presented scientific sessions and engaged in discussion with delegates. The chairs were Dr Diaa Rizk from Egypt and the ICS and Dr Onay Yalcin from Turkey, and the co-chair was Professor Donna Bliss from the USA. Delegates numbered 168 and more than a quarter were non-physicians, i.e. nurses, physiotherapists and physician assistants.

Course content was comprehensive and based on the most current research evidence. Topics addressed the physiological changes of the pelvic floor during childbirth and injury and epidemiology of childbirth-related pelvic floor dysfunction (PFD). There was an emphasis on prevention of PFD including the role of episiotomy and the controversy of Caesarean section to prevent incontinence. Urinary and faecal incontinence, low back pain, and fistula were discussed as complications of pregnancy and childbirth. Incontinence in adults in later years and perineal skin problems associated with incontinence provided a broader perspective. Surgical and behavioral therapies for urinary and fecal incontinence were explained in depth. As this was the first time a patient advocacy speaker was included in such a course, there was discussion of cultural considerations of the psychosocial impact of incontinence and value of patient support groups. Discussions on day one extended beyond the set meeting time due to the level of engagement with the audience.

The course afforded some value-added activity. Turkish doctoral nursing students received consultation on their research proposals from Donna Bliss, while Jacqueline Cahill advised a group interested in developing a Turkish Incontinence Society and website, Marijke Slieker-ten Hove consulted on the scope and organisation of physiotherapy practice and Diaa Rizk developed contacts for future courses in other parts of Turkey. ICS faculty members enjoyed the social interaction and hospitality of Turkish organisers at a delicious and scenic networking dinner on the Bosphorus Strait. ■

From left: Jacky Cahill, Diaa Rizk, Donna Bliss, Marijke Slieker-ten Hove



ICS Educational Course Beijing

26-27 September 2010

● Marcus Drake

THE FOURTH VISIT by the ICS to China was held at the brand new and impressive University of Peking Wu Xieping Urology Center in Beijing. It was hosted by the Chinese Urological Association (CUA) with the CUA Nursing Group, the Chinese Continence Society (CCS) and the Chinese School of Urology (CSU). This visit was groundbreaking as it included for the first time in China an ICS specialist continence nursing course. This was run for a full day by Mandy Fader and Katherine Moore and was attended by 300 nurses in a well-filled auditorium. It covered in detail all aspects of nursing for continence care, anatomy and physiology, types of incontinence, management strategies, skin care and catheter management. The question sessions showed a high level of audience participation and interest. At the end of the day, the two ICS Nursing Professors confessed to being exhausted! The audience indicated that evidence-based continence care information is not readily available to nurses in China, and this gap will be presented to the ICS Nursing Committee by the two speakers.



Mandy Fader and Katherine Moore

On the medical side, a well-attended urodynamics workshop was run by Marcus Drake and Werner Schaefer, covering technical and clinical aspects of good urodynamic practice. They also contributed to the BPH session at the specialist CUA/ CCS meeting, the "Incontinence & Prostate Disease Forum 2010". Talks on diagnosis and treatment of OAB and BPH received detailed questions from the audience. This was followed by hands-on urodynamics training run by the CCS and the CSU, in a new, dedicated urodynamic training room, boasting five urodynamic machines.

The event was, as with previous meetings, very well-organised by Limin Liao and his team, supported by the CUA and the CCS. Our efforts were fully compensated by the outstanding hospitality shown to the faculty members, all of whom greatly appreciated the generosity. From a personal point of view, the part most appreciated was the opportunity to sit down in pleasant surroundings and really get to know our Chinese counterparts. Meeting the leaders in the field in



Delegates at the ICS Educational Course in Beijing

such a great country was truly wonderful. We would particularly like to thank Limin Liao, who set up the visit, took considerable care of his guests and ensured the successful running of the sessions. We are also most grateful to Professor Na Yanqun, President of the CUA, Sun Zeyu, Vice-president of the CUA, Wang Jianye Chairman of the CCS, Xu Kexin, Secretary of the CCS, Song Bo, Honorary chairman of the CCS, Ren Yang, Director of the CSU office, and several others. Daisy Chen from the CSU was a wonderful organiser and guide. ■

Further meetings in China

THE ICS EDUCATION Committee is planning a meeting with the Urogynaecologists in Shenyang in June 2011. The ICS will also participate in the Annual Urology Meeting in Nanjing in September 2011, when the CUA celebrates its 30th anniversary. The ICS Annual Scientific Meeting is being held in Beijing in 2012, and this meeting was another step in preparation for the big event. Based on the experience of this visit, the ICS membership can truly look forward to a wonderful meeting. ■

ICS Add-on Education Course, Limassol, Cyprus in collaboration with the 20th Panhellenic Urological Congress

● Stavros Charalambous

THE SECOND ICS course in Greece was held over 23-26 October during pleasant autumn weather in Limassol, Cyprus. This was an add-on course to the 20th National Congress of the Panhellenic Annual Urological Meeting. Six distinguished ICS speakers presented at the course, including topics in the field of urology, gynecology, while three young Greek urologists were also involved in the programme. The objectives were to present the current standards of

incontinence care to the different specialties involved and to raise the interest of young urologists in pelvic floor rehabilitation, both male and female.

The workshop started with a presentation on good urodynamic practices by Werner Schaefer. Piotr Radziszewski presented current evidence on CP/CPPS in men and how to evaluate such patients. Chair of this session was George Barbalias, the 1996 ICS annual meeting chair in Athens. Diaa Rizk then analysed the effect of aging and menopause in post-menopausal support-related pelvic floor dysfunctions. He also introduced us to the term of geripause related alterations in pelvic floor function. An interesting theme on comorbidities in the incontinent older person was presented by Adrian Wagg. This helpful lecture broadened our knowledge on data that we often fail to bear in mind in daily practice. A debate on surgical treatment for male incontinence due to post radical prostatectomy followed, after which Ajay Singla and Piotr Radziszewski debated slings versus artificial urinary sphincter. Evidence-based management of pelvic organ prolapse was the next topic presented by Diaa Rizk. The workshop was completed with presentations on OAB case reports by Vasilis Simeoforidis, Dimitrios Takos and Charalampos Konstantinidis. Conclusions and take-home messages by Werner Schaefer and Stavros Charalambous rounded off this wonderful workshop which we hope will be repeated in the future.

I would like to extend my sincerest thanks to the Education Committee chair for making this course possible. In addition, I would like to thank him for the collaboration we enjoyed while preparing this top-notch scientific programme. The lectures by the speakers were excellent and I warmly thank them for travelling so far for the sake of sharing their knowledge and experience with us. It has truly been an invaluable experience. I also strongly believe that this course will have greatly motivated Greek doctors to involve themselves more in ICS activities.

Special thanks are due to Daniel Snowdon and the rest of the ICS office team for their diligent coordination. I would also like to thank all the participants and hope that in the future we may again have the honour of hosting an ICS annual scientific meeting in Greece. ■

Education Committee .../ cont. page 10

From left: Adrian Wagg, Werner Schaefer, Ajay Singla, Piotr Radziszewski, Stavros Charalambous



Education Committee
.../cont. from page 9

First ICS Educational Course for Nurses in Thailand

FOUR ICS MEMBERS (Helmut Madersbacher, Dora Mair, Wendy Bower and Christine Norton) delivered the first course on continence for nurses at the Siriraj Hospital in Bangkok on 4th and 5th of November 2010. The course was kindly hosted by the Thai Urology Nurses Society, the Thai Urological Association and the Thai Continence Society. Over 200 nurses attended a very full programme covering urinary and faecal incontinence in adults and children. The local organisers had kindly translated the presenters' materials and produced this as an excellent booklet for participants. Local chairpersons presented an overview at the end of each presentation and facilitated discussion.

Our gracious local hosts provided the opportunity to meet many leading Thai nurses and the excellent hospitality made the event a real pleasure for the visiting lecturers. The evaluations were very positive and we hope that this venture will lead to other similar ventures in the South East Asia Region. ■

Upcoming Educational Courses

Dubai, 3-5 February 2011

FOLLOWING THE SUCCESSFUL collaboration with the Pan Arab Continence Society (PACS) in Sharm-el-Sheikh, Egypt, in February 2010, the ICS is continuing to develop its focus in this region. The ICS course will be an add-on to the 7th PACS meeting, an event also held in collaboration with the American Urological Association and the International Children's Continence Society. The programme will include different aspects of evaluation and management of voiding dysfunction and incontinence. Urodynamic and physical medicine workshops will also be held within the event. An ICS nursing add-on workshop has also been arranged for the Saturday afternoon. Sherif Mourad will be the local host and ICS coordinator on behalf of this course. The ICS is funding six speakers to attend this course, namely Werner Schaefer, Dirk De Ridder, Kenneth Peters, Heinz Kölbl, Ervin Kocjancic and Jacques Corcos. Visit the ICS website for further information.

Educational courses are in the planning stages for:

Hue, Vietnam, 23-26 June 2011;
Porto Alegre, Brazil, 14-15 July 2011, and
Cartagena, Colombia, 3-7 August 2011.

Nursing Committee

Multinational Meeting of Nurses

● Mandy Wells, Katherine Moore



Mandy Wells and Katherine Moore

THE ICS NURSING Committee held a whole day meeting on the Sunday prior to the start of the ICS-IUGA annual scientific meeting in Toronto. The meeting was attended by 100 nurses, ranging from the United Kingdom, Australia, Canada and the USA, as well as first time members from Austria and the United Arab Emirates. Our invited speaker was the chairman of the World Council of Enterostomal Therapists (WCET, <http://www.wcetn.org>), Louise Forest-Lalande, who joined us from Montreal to talk on "Who is the WCET and how can we foster links", explaining that the WCET is an international organisation of nurses who provide ostomy, wound and continence care. The organisation wishes to enhance its continence education and sees linking with the ICS Nursing group as a way to engage experts and develop some collaborations. The ICS Nursing Committee is therefore exploring opportunities with the WCET in order to work jointly on continence competencies for Enterostomal Therapy nurses as well as potential collaboration on educational events.

At the 2009 meeting, the Nursing committee identified the following areas for further consideration: intermittent catheterisation, and re-use of leg bags, post-natal continence care by midwives, and the roles of specialist nurses globally. At the 2010 Toronto meeting, Jan Patterson and the Practice Sub-Committee of the Nursing presented on-going work around these clinical areas.

We would like to thank the Canadian continence nurses under the leadership of Jennifer Skelly for providing lunch and for integrating the ICS meeting with their national conference. The afternoon sessions addressed three areas: Catheter and Drainage Bags – Evidence based practice; the Global role of Nursing and Continence Care; and Post Natal Bladder Care. Of note was a summary of the survey sent to ICS nurses regarding their current practice related to indwelling catheters and intermittent catheterization, presented by Joan Ostaszewicz. The results indicated that current practice was not necessarily congruent with the current evidence, suggesting that more education in this area is required at the undergraduate as well as the practice level. Considering Global perspectives, Jan Paterson presented a literature review on evidence that illustrated the added benefit of the nurse continence advisors and standards of practice that support their practice. Melissa Northwood presented the results of a model of NCA practice in southern Ontario aimed at improving continence care for seniors in the community. Under Post Natal care, Joanne Townsend provided an overview of the literature on current practice in post natal bladder care.

The nurses' day was energetic and supportive and we look forward to meeting again in 2011. ■

Physiotherapy Committee

9th Physiotherapy Round Table

● Jacqueline de Jong

THE 9TH PHYSIOTHERAPY Round Table, held in Toronto, was attended by no fewer than 147 participants. The high quality of the interesting presentations and workshops helped to make this meeting a tremendous success.

Marijke van Kampen, chair of the ICS Physiotherapy Committee, opened the meeting by warmly welcoming everyone and announcing that the next Physiotherapy Round Table will be held in Glasgow in 2011. Evelyne Gentilcore, chair of the Women's Health Division of the Canadian Physiotherapy Division, also welcomed the physiotherapists to Toronto and promised us a host of interesting activities, both inside and outside the convention centre. We would like to thank them for their gift of very handy water bottles.

We heard from Chantal Dumoulin, member of the ICS Board of Trustees, that the main goals of the ICS Board include the development of the science of urinary continence. Advances include increased accessibility to research, training and scientific information. Of special interest is the funding of grants, fellowships and travel awards. Helena Frawley, member of the Education Committee, provided us with an overview of this committee's activities: reviewing abstracts of annual meeting workshops and courses, reviewing application forms, handout of guidelines, defining the role of Physiotherapy on the Education Committee and Workshops and Courses Sub-committee, so as to ensure that the physiotherapy presence remains strong. Representing the Scientific Committee, Kari Bo announced that the highest number of abstracts (1374) had been reviewed this year and explained the scoring system. Kari has now retired from this position and we would like to thank her for the excellent job she did.

A number of interesting presentations on studies and projects then followed. The handouts of these presentations can be found on the ICS website. Inge Geraerts and Marijke van Kampen discussed their research project proposal concerning urinary incontinence and erectile dysfunction after open and robot radical prostatectomy. The aim of the study will be to evaluate the effect of preoperative pelvic floor muscle (PFM) exercises for urinary incontinence after open and robotic radical prostatectomy. Differences between several



Members of the ICS Physiotherapy Committee

structures of the PFM will be verified in continent and incontinent patients with transperineal ultrasound. In addition, the pattern of change in physical activity level twelve months after surgery will be evaluated. Patients who have not recovered erectile function after twelve months will then be randomised into a group of intensive PFM exercises and electro-stimulation or no exercises.

Nadia Keswani and Linda McLean looked at the reliability and validity of surface electromyography (sEMG) of the PFM and compared a new electrode to an available intravaginal probe (Femiscan). Excellent consistency of results within the same testing session was demonstrated. The Femiscan recorded significantly higher amplitudes from the PFM during hip adduction and external rotation at submaximal efforts compared to the new probe. It was concluded that the new probe is superior to the Femiscan for recording sEMG of the PFM, as it seems to record less crosstalk from the hip muscles while maintaining a high degree of reliability.

Stephanie Madill would like to determine the correlation between sEMG, vaginal dynamometry and pelvic MRI in older women with stress urinary incontinence. The aim of the project is to describe the effects of the PFM rehabilitation programme on PFM activation, force and morphology in correlation with continence, and to explore changes in brain activation in correlation with continence following a PFM rehabilitation program in older women with stress urinary incontinence (SUI). This research will provide insight into which measures produce the most information about the SUI continence mechanism, used as guide in the development of assessment tools and protocols. The project is expected to increase knowledge of the mechanism by which the PFM rehabilitation programme reduces urinary leakage.

Stephanie Thibault-Gagnon researched PFM morphology in women with and without provoked vestibulodynia (PVD). The aim of this study was to determine if there are differences in PFM morphology measured with 3-D and 4-D ultrasound imaging. The primary results provide further insight into pathophysiology of PVD and suggest that women with PVD have smaller levator hiatuses and shorter pubovisceral muscles than woman without PVD. During contraction of the PFM or valsalva, the morphology changes seem to be equivalent in both groups.

In her enlightening state-of-the-art session, Kari Bo emphasised the difficulties of providing evidence for the effectiveness of interventions, not only for physiotherapy, but also for other disciplines. We recommend that you read her presentation on the ICS website.

The workshops on female sexual dysfunction, male incontinence, pregnancy, biomechanics of the pelvic floor, urinary incontinence in the elderly, prolapse and clinical considerations of sEMG led to animated discussions with a follow-up during the informal part of the meeting.

We would like to thank all the organisers and speakers at this successful meeting. ■



Left: Speakers from the 9th Physiotherapy Round Table, Toronto

Meetings Task Force

Reducing Meeting Expenditure – Capping the Costs

● Adrian Wagg

HAVING CONDUCTED A very successful survey about the content and quality of the Annual Scientific Meeting, the Meetings Task Force has moved on this year to consider the escalating cost of social events, given a number of complaints from members. The increase in cost may simply be due to the desire of each local Chairman to put on events that surpass the efforts of his or her predecessor, as well as the geographic effect of local markets and the increasing costs of food, beverages and venues to host the events. However, in view of the concern, the likely future changes in meeting funding and the changes surrounding sponsorship by the pharmaceutical industry and the unacceptability of seeing sponsorship money being directed to social events, the Meetings Task Force met with Kenes International to benchmark the expenditure of the ICS against Societies of similar size in order to present some recommendation for change to the Board.

Compared to similar sized professional societies, the cost of attending the meeting for an ICS delegate is €679 compared to €500. Likewise, the average costs spent on social events for ICS is €192 compared to the average cost of €111. The Meetings Task Force consequently made recommendations to cap the cost of each element of the Annual Scientific Meeting social calendar in line with other Societies. This will not of course take full effect until 2012 given that the 2011 meeting planning is well underway. The gala dinner will be renamed as the *Annual Society Dinner* to recognise its more conservative content, and the subsidy for running this event will decrease over the next five years. The cost per head of both the dinner and the welcome reception, which is included in the registration fee for attendees, will be capped. This should ensure that there is creative use of the

available budget and the venue is appropriate for the occasion. The Board of Trustees subsequently agreed that the Chairman's Dinner should not be sponsored by industry and once the current contract for sponsorship expires there will be no new direct sponsorship. The cost per head for the Chairman's Dinner will also be capped at €100 to €120 and this will take effect at the Glasgow meeting.

The Meetings Task Force also considered various options for the replacement of the printed abstract book. This currently costs around \$35,000 to produce and although the membership felt in the survey that their printed abstract book is important to them, many people would consider a greener alternative. The abstract book is going to be available to download in PDF format to smart phones or e-book readers in advance of the meeting and the Society is going to explore linking this to a personal timetable so that abstracts can be selected to enable each participant to create a personalised meeting schedule. With this in mind, the Society would like to explore with Kenes the option of providing a loanable e-book reader for participants at the Conference. The option to select and print abstracts at the ICS booth during the meeting will continue as will the sponsored USB stick which contains all of the abstracts. The Meetings Task Force still has to survey the membership on the quantity and quality of food available at the Annual Scientific Meeting in line with membership requests. This will be done early in 2011. The overall aim of the Meetings Task Force is to produce an Annual Scientific Meeting which is of high quality and to advise the Education and Scientific Committees on content, format and scheduling as well as to maximize the return on investment for the Society. ■

PUNA MANAWANUI: A GIFT FROM NEW ZEALAND MAORI TO ICS

● Ted Arnold

At the ICS Annual General Meeting in Toronto, General Secretary Jacques Corcos accepted a gift of Pounamu (greenstone) from the Ranga Hauora Maori Health Service of Te Whare Toa Takatini, Burwood Hospital in Christchurch. During the week before the ICS meeting in Toronto, it had been presented to Ted Arnold, who then gifted it to the ICS at the AGM in 2010.

Pounamu is found in the streams on the West Coast of the South Island of New Zealand, which is itself named Te Wai Pounamu, the waters of pounamu. Pounamu is special to Maori as it embodies the Mauri (spiritual, vital, life-force) from Papatuanuku (Earth Mother), washed by flowing waters over centuries. Maori crafted weapons and made adornments from pounamu. The life-force or Mauri within is always acknowledged.



Through the traditional blessing ritual, the name 'Puna Manawanui' was given. Puna means life and Manawanui means breath or heart.

This gift acknowledges the relationship between us and the indigenous people which was consolidated by the Maori presence at ICS in 2006 where delegates were welcomed to Aotearoa New Zealand by the Ngai Tahu tribe of the South Island at a traditional powhiri

welcome ceremony. Included was the ritual of the Hongi, where the nose and forehead meet, when we would shake hands. In this greeting the two people share the same air and spirit.

The hope is that this gift will sit on a small wooden plinth with an inscription and serve as a visual reminder of the common ground between our scientific community and the indigenous people, not only of New-Zealand but also worldwide, as together we seek better healthcare standards for all in relation to continence. ■

Standardisation Steering Committee

The ongoing importance of the Standardisation Steering Committee

● Marcus Drake

THE STANDARDISATION PROCESS, established several years ago, placed the ICS as one of the earlier organisations to recognise the importance of consistent use of terms for professional communication and research. Several key documents were produced, and provided one of the main platforms for professional consensus in the field. Subsequently, the committee has built on this to provide an extensive and robust terminology. This is an impressive legacy which the current committee can now use to drive ongoing developments.



Marcus Drake

The ICS cannot function alone, as several organisations contribute to the specialties involved. Recently, the ICS has been collaborating with the International Urogynaecology Association, leading to the publication of joint statements. The success of these collaborations shows what can be achieved and the committee aims to extend dialogue to include further organisations. Dirk de Ridder, immediate past Chairman of the Standardisation Steering Committee, will represent it on the European Association of Urology Incontinence Guideline Development Panel. We hope to extend this model to other relevant bodies.

The range of terminology is still not complete, and the Steering Committee hopes that ICS members will propose areas in which further standardisation is needed. A process is now in place by which members can make their proposals on a form available from the ICS office. If accepted, the steering committee will provide support and advice for the proposer to complete a terminology consensus document in the area suggested. Some of the major documents the Committee oversaw previously are starting to get a little old and could do with updating; for example, three major documents covering lower urinary tract symptoms, nocturia and good urodynamic practice, are just a couple of years from a decade in age. A lot of debate has been apparent for some of the most fundamental terms (for example "urgency") these covered. For updates to be achieved in a timely manner, the processes will need to be started in the near future.

While standardisation has been taken up by specialists and those with a particular interest in incontinence, the wider medical and allied community has been less consistent in their use of the terminology. Part of this is the sheer size and detail of the standardised terminology documents. We want to address this in two ways. First

of all, we will derive a brief document in which the core terms for clinicians are elaborated, in the expectation that this is a more realistic document for people to assimilate, and in the hope that it will serve as a springboard to garner interest in the area. Secondly, we will be working with the ICS office to improve the presentation of the standardisation documents on the website. Rather than a mere list of documents, we will aim to present them in a systematic and logical way, better to guide the user to the terminology they need to find. We will also aim to include a facility for people to post comments, guiding the committee on areas that wider users perceive to be important (or currently inadequately covered).

These processes of collaboration, ongoing development of terms covered, rationalising and simplifying for the general user, and easier access, represent a substantial body of work. There is substantial opportunity for people to contribute and we very much welcome all offers so that we can deliver these important priorities. ■

ICS-IUGA Complication Classification Calculator

A NEW ONLINE tool to generate and look up complication codes using the new Joint Classification system. The CCC (Complication Classification-Code Calculator) is a joint project of the ICS and IUGA Joint Standardisation Committee, based on the final joint report of standardisation of classification of mesh complications (see reference below).

<http://www.icsoffice.org/complication>



The 3rd World Continence Week

This will run from **20-26 June 2011**.

For guidance on how to implement WCW in your country please contact the ICS office or visit the Continence Promotion Committee pages on the ICS website.



Fistula Committee

Many Challenges Lie Ahead for the Fistula Committee

● Sherif Mourad

THE ICS FISTULA Committee has now expanded its membership to ten committee members and nine associates and at its committee meeting in Toronto created five mission sub-committees. These will cover the following areas: Awareness and Prevention, Training, Website, Funding and Relations with other Societies and Authorities.

Collaboration and coordination of efforts

At present, global activities in the field of obstetric fistula are rather fragmented, with many societies, medical institutions, charities and individual surgeons playing an important role, but with little or no coordination or collaboration between them and no clear overview of who is doing what, why, where and when.

During the ICS-IUGA 2010 meeting, the ICS Fistula committee and the IUGA Fistula Committee therefore held a joint meeting to discuss where they can actively collaborate and avoid duplication of efforts. At the same time, the ICS Fistula Committee will also do its utmost to achieve similar collaboration with the SIU, EAU, WHO, UNFPA, FIGO and ISOFS. Coordinating efforts is a huge challenge. Ideally, a world fistula congress is needed to pull all the strings together and to ensure that all parties involved sit round a table for discussion on cooperation.

The ICS Fistula Committee will also be collaborating with other ICS committees. It is already working closely with the Continence Promotion Committee and also has plans to collaborate with the Education, Nursing and Physiotherapy Committees.

An additional problem in this field is that not all initiatives are considered in the developing countries themselves to be equally productive or fully focused on patient benefit. There has indeed been criticism that some of the foreign surgeons visiting are not adequately trained and have left patients with complications and in need of revision surgery. This is of great concern since the first surgical repair has the most chance of success. Furthermore, there has been criticism that trips to Africa are sometimes seen as training opportunities for foreign doctors or even medical tourism. What is actually needed for these fistula patients with often highly complex obstetric injury are fully trained, highly skilled surgeons who are prepared to commit themselves to staying in the country concerned for longer periods of time, years rather than an occasional one or two weeks. They need to be there not only for the surgery, but for the very important follow-up period too. In addition, it is vital to ensure that the most productive, effective and efficient use is made of available funding. The ideal solution is therefore to train local surgeons and train the trainers.

Consequently, following the success of the first ICS surgical workshop in Cairo, it is planned to hold a second workshop in March or April this year in Uganda and then in Cairo again in December 2011.

Funding for equipment

The Fistula Committee is currently looking into potential sources of funding to purchase cystoscopic equipment and a portable urodynamics machine for the committee to use in its educational and therapeutic missions in developing countries. Since many of the locations visited are poorly equipped, the ideal solution would be to take along our own equipment.

Recent scientific developments

A problem in this medical field is the paucity of published studies of adequate quality. Most published studies have hitherto been simple observational studies with few evidence-based studies. Concerted efforts need to be made now to produce multi-centre studies.

A recent example of a study conducted over a period of three years at different centres in Africa concerns the use of fibrin glue to increase the success rate of complicated fistula repair, as reported in *Neurourology & Urodynamics*. Fibrin glue is a mixture of coagulation factors and has been used in surgery for nearly a century. The use of fibrin glue as an interpositioning layer during repair of more complicated obstetric vesicovaginal fistulae appears to be of significant value versus using martius flap interpositioning, with the additional advantage of decreasing operating time and adding simplicity.

Saafan A, Shaker A, Abdelaal A, Mourad MS, Albaz M. *Fibrin Glue Versus Martius Flap Interpositioning in the Repair of Complicated Obstetric Vesicovaginal Fistula. A Prospective Multi-Institution Randomized Trial. Neurourol Urodyn. 2009;28(5):438-41*

Fistula fact sheet and microsite

The Fistula Committee is currently developing an ICS fact sheet on obstetric fistula which will be added to the existing booklet of ICS fact sheets in 2011 in time for the ICS Annual Scientific Meeting in Glasgow. In close cooperation with Dominic Turner and his IT section, work is in progress on developing our committee microsite. We plan to add case histories, photos and educational material in the coming period and hope to launch the microsite shortly. If anyone has any interesting material or photos without copyright issues for consideration, please contact us. ■



Sherif Mourad

Avicia Burchill will be on maternity leave as of 17th December 2010. Dan Snowden will be stepping up during Avicia's absence.

Keep up to date with the latest ICS e-News delivered direct to your inbox each month.

Deadline for applications to host the 2015 Joint Annual Meeting for the ICS and IUGA are to be received at the ICS office by 1 April 2011. For more information contact the ICS office.

Obstetric Fistula: Awareness and Prevention

● Jane Meijlink, Vasan Srin

UNTIL RECENTLY, GLOBAL attention in the field of obstetric fistula in developing countries and remote regions of the world including sub-Saharan Africa, India, Bangladesh, remote rural areas of China and parts of South America has largely been focused on surgical repair of the injuries caused by obstructed labour without access to skilled medical care and particularly caesarean section. Some local and regional fistula hospitals have been set up by dedicated local surgeons, while many hospitals and organisations in other countries have been sending teams of surgeons experienced in fistula repair on fistula surgery missions to developing countries, particularly Africa, to carry out multiple operations in a short period of time. However, surgery is not always the final solution as many women with more complex fistulas may still be left with complications, including incontinence, and need follow-up treatment and rehabilitation into the community. Some may need further extensive surgery.

Awareness and Prevention

It is therefore now very important to get a global awareness and prevention campaign on the road and for everyone involved in this field to focus on what needs to be done to prevent this kind of obstetric injury – often accompanied by the death of the foetus – from occurring in the first place. In the developed world, the availability of skilled medical facilities has ensured that obstetric fistula has virtually been eradicated. Steps must now be taken at all levels to ensure that child-bearing in underdeveloped countries and remote rural regions is safe and a joy, not a devastating experience that physically and psychologically wrecks the lives of millions of women and girls.

What needs addressing?

Access to maternity healthcare and emergency obstetric services

Maternity healthcare services from pregnancy to delivery should be available to all women and should be a priority in any campaign to prevent obstetric fistula. There should be access to emergency obstetric services, including Caesarean section, even in the most rural areas. More maternity waiting homes would also be able to play an important role in preventing damaging obstructed labour. This also means improving infrastructure, transport and communication so as to make this maternity healthcare logistically accessible.

Improving knowledge and skills among local health professionals

Knowledge and skills regarding prolonged, obstructed labour should be improved among midwives, district nurses, doctors and community health workers. Local urologists, gynaecologists and surgeons should be provided with extensive training in complicated fistula repair and medical follow-up as well as psychosocial rehabilitation of the patients after fistula surgery. Young doctors need encouraging to

train as urologists/surgeons and most importantly to be given an incentive to stay in their native country once they have qualified.

Financial support

Financial support schemes should be available for obstetric fistula patients in need of surgery and medical care. No-one with fistula should go untreated because they are too poor to afford it.



Jane Meijlink and Vasan Srin

Education, family planning, awareness at community level

The education of girls and women, including (sexual) health education is also paramount to achieve any level of prevention. Raising awareness of the detrimental effects of prolonged labour in community groups, including among the male population, is also essential. The education of whole communities can help those communities understand the importance of good maternity care. Knowledge of family planning and improved access to this can also play an important role. Local communities also need to be made aware that something can be done for women who have suffered trauma and damage from obstructed labour and where they can seek help.

Cultural traditions and beliefs

At local and community levels, endeavours are needed to help overcome cultural prejudices and local or tribal traditions and beliefs that prevent pregnant women from seeking medical help before it is too late.

Age of marriage

The legal age of marriage for girls should be raised – and enforced – so as to prevent pregnancy in girls who are not yet physically adequately developed for child-bearing.

Poverty

Combating poverty is a government priority. Poverty leads to malnutrition which in turn results in deformed development, including the pelvic floor structure. Poverty also means that patients cannot pay for the treatment they need or even transport to the nearest medical centre.

Who should be involved in an awareness and prevention campaign?

In order to achieve these immense goals, awareness and prevention campaigns have to be conducted at multiple levels: international health organisations, national governments, local/regional authorities, local communities, medical training institutions, hospitals and of course potential sponsors and philanthropic organisations. This means that global collaboration and coordination is absolutely indispensable. ■

July 2011 – ICS Workshop in Cadaver Training, Oporto, Portugal. Contact the ICS office for further details on how to apply.

The closing date for the ICS 2011 Fellowships is 1st April 2011. Visit the ICS website for full details.

Abstract submission for the 41st Annual Meeting in Glasgow is open until 1st April 2011. See the ICS website for full details.

The Continence Promotion Committee

Third Public Forum Toronto

● Frankie Bates

PART OF THE ICS Continence Promotion Committee's mission is to raise public awareness of bladder and bowel health issues, in order to improve the lives of people suffering from incontinence around the world. The Public Forum is one of the many initiatives adopted by the CPC to increase awareness globally around the topic of urinary incontinence, its assessment, management and treatment. The first ICS Public Forum was held in Rotterdam, the Netherlands in 2007 spearheaded by Diane Newman, CPC chair at the time. It was extremely successful and has since been an annual event, drawing close to 400 participants in Cairo in 2008!

On Friday, August 27th, the 3rd ICS Public Forum was held at the Metropolitan Hotel in Toronto at the conclusion of the ICS-IUGA annual scientific meeting. The 2010 Public Forum was a joint venture of the ICS Continence Promotion Committee (CPC) and The Canadian Continence Foundation (TCCF). Co-chairs were Jacky Cahill and Frankie Bates. Registration was free and the forum was attended by the general public, both men and women of all ages, as well as healthcare providers. They were greeted by a wine & cheese welcome reception and a small exhibition of continence products which attracted considerable interest. The amazing line up of internationally renowned and local speakers gave participants a unique opportunity to learn about urinary incontinence, its causes, assessment and different treatments. The audience was clearly very interested indeed, interacting with the speakers and asking abundant questions. This kind of event obviously fulfils a need.



Dr Tom Alloway (President of TCCF) gave us a patient's perspective to living with incontinence followed by Dr Geoff Cundiff with his discussion on the prevalence of urinary incontinence (UI) and whom it can affect. Dr Diaa Rizk gave us an overview of surgical and medical approaches to urinary incontinence and Dr Sender Herschorn discussed UI following radical prostatectomy. Frankie Bates completed the night with conservative approaches to treating and managing UI. The evaluations of this Public Forum praised the speakers and organisers for a wonderful event.

Other CPC Initiatives

Other CPC initiatives include World Continence Week, continence promotion (such as networking with global patient advocacy groups) and workshops at the ICS annual meeting.

This year the CPC workshop focused on the topic of childhood enuresis and urological problems in children. Gina Porter gave a wonderful overview of nocturnal and diurnal enuresis. Claudia Brown gave a fabulous presentation on the topic of encopresis and Dr Armando Lorenzo wowed us all with his talk and multiple images of childhood urological problems. ■

The members of the ICS Continence Promotion Committee would like to thank Jacky and Frankie for their tremendous hard work in organising this successful 2010 Public Forum!

World Continence Week 2010 – Local Success, Global Reach

● Tomasz Michalek

THE SECOND YEAR of the International Continence Society's (ICS) World Continence Week (WCW) initiative should be regarded as supremely successful. The last week of June 2010 proved to be a catalyst for organisations from many parts of the world which are still faced with the difficult task of breaking the "barrier of silence" surrounding incontinence.

In the USA, the 2nd WCW took place with a number of events throughout the country, in Buffalo, NY, Huntsville, AL, Dallas, TX, with the main event in Chicago. Nearly 750 passers-by interacted with the WCW exhibitors and received goodie bags with materials on continence prevalence, symptoms and solutions.

Similarly in Canada, many local initiatives, such as fashion show (Wal-Mart in Saint John New Brunswick), continence nurse presentations at the Chateau Champlain Milledgeville, New Brunswick on the "Healthy Bladders for a Healthy Tomorrow" for a large seniors group and a public forum on bladder health, which was organised at Shoppers Drug Mart, Fenwick Towers, Halifax, Nova Scotia were held during this period.

In East Asia, there were numerous initiatives, particularly in Japan and China. In Japan, the 2nd edition of WCW took place in six cities where

public forums were held (Tokyo, Sapporo, Kanazawa, Nagano, Kochi and Okinawa). A very original idea was an orienteering competition where participants had to score points using a map and compass to navigate from point to point, seeing how many control points they could find and how many correct answers they could score. About 70 people (from 9 to 80 years old) participated the 90 minutes game which was also featured on TV News.

WCW was also held in China for the first time. It took the form of a scientific forum organised for doctors and nurses. ICS was represented by Vasan Srini, CPC chair, and Limin Liao, ICS trustee. The event included a press conference and was attended by around 30 media representatives including China Central TV (CCTV). During the WCW, the Chinese Urological Association announced the result of large scale epidemiological surveys in China, showing that only about 30% of patients realise that incontinence, urinary urgency, urinary frequency and nocturia are diseases, and only 53% of these persons



Tomasz Michalek

PHOTO © DOMINIK SKURZAK

.../ continued on page 17

Neurourology & Urodynamics Update

Dear Colleagues,

THE JOURNAL IS maintaining its position with regard to the Impact Factor, with no significant changes to last year, the Impact Factor being 2.693 for 2009.

We are happy to report that we have managed to reduce the submission to acceptance time and maintain the acceptance to publication time over the last year. The time from submission to first decision is now 30 days and from submission to final decision 49 days.

The backlog of papers has been reduced to only 224 pages on the Wiley Online Library yet to be print published, down from 1035 last year. We are also speeding up the rate at which papers are published on the Online Library.



Chris Chapple

Over the past year we have had a number of focused reviews in the journal, reflecting discussions at consensus meetings.

I would like to thank my co-editors, the editorial board and reviewers for their strong support and particularly emphasise and acknowledge the contribution of the Top Reviewers from the past year: Paul Abrams, Apostolos Apostolidis, Alison Brading, Rufus Cartwright, Francisco Cruz, Marcus Drake, Clare Fowler, Christopher Fry, Gabriel Schär, Maryrose Sullivan.

Thank you for your continuing support. If you have any comments or queries, please don't hesitate to contact the Editorial Office (neurourol@btconnect.com), particularly if you have any suggestions for new initiatives or improvements to the journal. ■

With best wishes,

Chris Chapple, Editor-in-Chief
Neurourology & Urodynamics



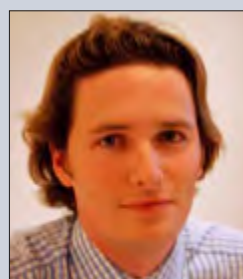
Paul Abrams



Apostolos Apostolidis



Alison Brading



Rufus Cartwright



Francisco Cruz



Marcus Drake



Clare Fowler



Christopher Fry



Gabriel Schär



Maryrose Sullivan

World Continence Week 2010 .../ continued from page 16

seek medical treatment. In Europe, while there were many initiatives, we only have space to mention Germany, Poland and Italy. Germany organised a WCW event for the second time, with 129 activities in 77 cities. In Poland, the UroConti association organised promotional campaigns in 4 major cities. A particularly interesting initiative was a nationwide writing campaign entitled "My life with UI". But the key event of the Polish WCW was a two hour public debate on the public Polish Radio 1, the most popular station among the elderly. A total of half a million Poles learned about this condition.

The Italian initiative deserves special attention. WCW is held annually during the last week of June, while the Italian "National Continence Day", launched in 2006, is held annually on 28 June. Italy was probably the first country in the world which obtained political recognition of the "Day" from its own government. According to the Directive from the President of the Council of Ministers, the "National Day for

prevention and treatment of incontinence" takes place every year on 28 June when public and private health facilities participate in the initiative. They open their departments of urology and gynaecology to the local population, where the professionals carry out free check-ups on those who book a medical consultation. The task of Coordinating the "Day" has been delegated to the Finco Patients' Association (the Italian Federation of Incontinence Patients). The "Day" is sponsored by the Ministry of Health, the Ministry of Labour and Social Policies and the Italian leading scientific organisations.

While World Continence Week was undoubtedly successful in many different countries, there still remains much to be done at a global level and presents the ICS Continence Promotion Committee with many new challenges. These include encouraging the commitment of several influential international organisations, with the World Health Organization leading the way. ■

Web & Media

● Dominic Turner, IT Director, ICS Office

ICS website developments

ASP.NET 4.0 / New Webserver / Performance

THE ICS WEBSITE has now moved to a new web server. There should be a noticeable increase in performance, with pages loading faster.

We have also migrated from ASP.NET 2.0 (the language our website is written in) to ASP.NET 4.0 (the latest version of the language). Not only is this 60% faster than the old framework, but it gives us a range of new controls and features that we hope to be incorporating into the website over the next year.

Another big change is that I have refactored the website – you will notice that URL's are now much shorter than they were:

http://www.icsoffice.org/ASPNET_Membership/Membership/Home.aspx

The home page is now: <http://www.icsoffice.org/>

Documents and Forums Overhaul

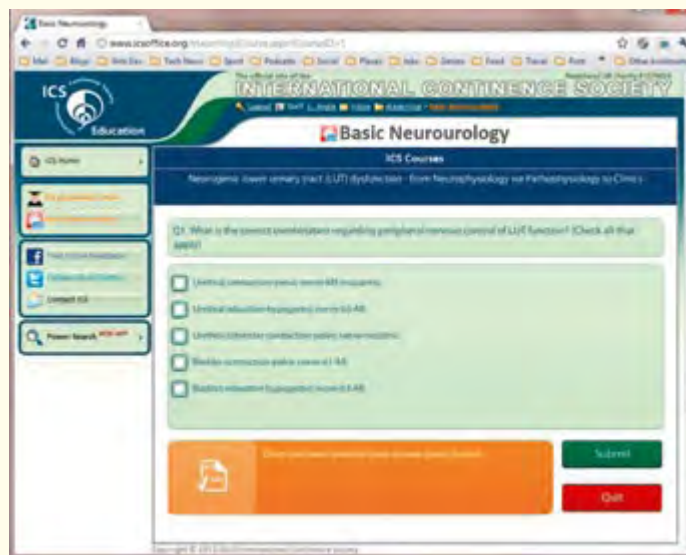
The documents and forums system became a victim of its own success with over a gigabyte of uploaded content and with the forums being used intensively by committee members performance started to be affected. A complete redesign resulted in major changes to make it much faster to load. There are some other performance tweaks that are included which should also have speeded up a lot of systems.

2011 Workshops

The 2011 workshops submission system went live on 1 November 2010. The latest version allows chairs to specify the timetable of their workshop – something the education committee wanted to

see during the review phase in order to fully evaluate the workshop proposals.

ICS eLearning Platform



We have been developing a new flash-based eLearning platform. Chris Angle, our new full-time flash designer, has been working on the new platform to provide CME accredited eLearning content on the website. By utilising existing webcasts of workshops we are working to transform them into eLearning modules, with video and slide presentations, handouts, multiple choice questions, evaluation and feedback and CME points and certificates. Watch this space!

Power Search

The ICS Power Search tool gives instant access to ICS and academic search engines throughout the website. Search ICS Membership Directory, Abstracts Archive, Documents and Forums and get access to Medline, Faculty of 1000 and PubMed from anywhere.

App Store

A new area of the website allows members to download desktop gadgets and apps. Download the ICS Search gadget and have instant access to your fellow members from your desktop (Vista / Windows 7 only).

Awards and Fellowships

The new Awards and Fellowships section of the website gives members access to the new programmes to support and foster research and learning in the continence community. Find out about all of the new programmes and awards on offer – apply for grants and fellowships or become a centre of excellence.

ICS-IUGA 2010

Largest ever programme – a huge thank you to all members of the joint scientific committee for doing a great job reviewing the record abstract submission total, and the joint education committee for a fantastic educational programme.

CPC & Fistula Microsites

The Committee Microsites are growing all the time with big changes to the CPC site and a new Fistula Microsite in 2010. More work continues on this on-going project as all committees are getting more active with their microsites. ■

INTERNET CORNER

Information on urinary catheterisation and avoidance of infection:

UroToday has an extensive section (CAUTI Center) on every aspect of the prevention of catheter associated urinary infections, including guidelines and best practices, with many presentations by Diane Newman. Highly recommended.

http://www.urotoday.com/cauti_center/index.html

The website of the CDC Centers for Disease Control and Prevention:

Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009. Guidelines and appendices can be downloaded http://www.cdc.gov/hicpac/cauti/001_cauti.html

Guidelines and patient information templates from the GMTC urology network nursing (Australia)

http://www.health.nsw.gov.au/resources/gmct/urology/pdf/tk_clean_intermittent_self_catheterisation.pdf

Useful sites for patient information:

<http://www.uptodate.com/patients/content/topic.do?topicKey=~KKJKgrRPtBtULz>

<http://www.nlm.nih.gov/medlineplus/ency/article/000483.htm>

<http://www.patient.co.uk/doctor/Intermittent-Self-Catheterizations.htm>

Book Reviews

● by Hashim Hashim, Jane Meijlink

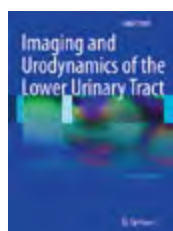


ENGLISH FOR PRESENTATIONS AT INTERNATIONAL CONFERENCES

Author: Adrian Wallwork

Publisher: Springer, 2010. 180 pp. ISBN: 978-1-4419-6590-5. Price: € 24.95

While this is the first book on the subject of writing and giving presentations that has been specifically written for non-native speakers of English, it will also be very useful for anyone who is a native English speaker too. It is written both for those who have never presented before in English and are very nervous at the prospect and those with experience who simply want tips on how to improve their international conference or meeting presentation skills. It teaches you how to overcome your nerves, guides you on how to prepare your slides in English and how to prepare the English text you are actually going to speak, as well as dealing with aspects such as pronunciation and intonation and presentation etiquette. It explains how to go through your speech and replace words with either vowel combinations or consonants that are difficult for you to pronounce with easier words. For example, if 'worldwide' is difficult for you to pronounce clearly, replace it with "globally" if you find that easier! The section on how to handle question & answer sessions will be invaluable for non-native speakers of English who have to present an abstract for the first time at an international conference. I can highly recommend this book which is also reasonably priced.

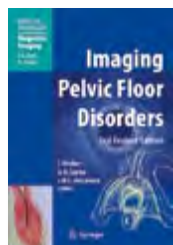


IMAGING AND URODYNAMICS OF THE LOWER URINARY TRACT

Editors: Uday Patel

Publisher: Springer, 2nd Edition 2010. 115 pp. ISBN: 9781848828353. Price: £ 67.99

This is the second edition of this softcover book. It is a very practical book, authored and edited by a uro-radiologist. The aim is to provide a functional and anatomical overview of the lower urinary tract. The book is divided into two parts covering the bladder and the urethra and each part starts with normal anatomy. There are 14 chapters covering various radiological aspects of the lower urinary tract. While urodynamics is not covered in great depth, it will however be useful for those who would like a general overview. The main features of the book are the numerous tables and pictures with radiological interpretation. The book would serve as an excellent reference for trainee urologists, radiologists and healthcare professionals, if they wanted to find information quickly about uro-radiological investigations of the lower urinary tract.



PELVIC FLOOR DISORDERS

Editors: Giulio Santoro, Andrzej P Wiczkorek, Clive I Bartram.

Publisher: Springer, 1st Edition 2010. Pages: 740. ISBN: 9788847015418. Price: £ 180.00

This hardcover book covers all aspects of pelvic floor disorders in women. It is authored by leading experts in the field from North America and Europe. The book is divided into nine sections and 61 chapters. Most chapters have 'invited commentary' at the end, which is quite useful as it gives insight into the condition described in the chapter from an expert in the field. The book starts with pelvic floor anatomy and pelvic floor imaging and concludes with a chapter on failure or recurrence after surgical treatment. The book is an invaluable tool to all who are treating patients with pelvic floor disorders.

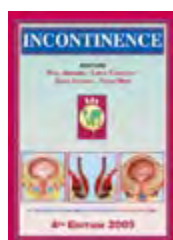


COLOPROCTOLOGY (Springer Specialist Surgery Series)

Editors: Andrew P Zbar, Steven D Wexner

Publisher: Springer, 1st Edition 2010. 221 pp. ISBN: 9781848827554. Price: € 139.95, £ 110

Edited and written by a team of experts in their respective fields, with 57 illustrations, this is essentially an educational manual with an algorithm approach and valuable reading for trainees in coloproctology as well as senior surgical coloproctologists who wish to extend their knowledge in this field. The editors set out to address some of the most difficult and controversial problems as well as new areas of development for practitioners of colorectal surgery. It will be invaluable as a reference source and guide for those who are seeking practical information about complex procedures. The many topics which cover many aspects of cancer also include chapters on surgery for faecal incontinence, new approaches in perineal Crohn's disease, complex anal fistula, rectovaginal & rectourethral fistula and revisional pouch surgery. It ends with a very useful chapter concerning the commonly seen issue of sigmoid diverticulitis and its changing treatment paradigms.



4TH EDITION OF INCONTINENCE 2009

Editors: Paul Abrams, Linda Cardozo, Saad Khoury, Alan Wein

Publisher: Health Publication Ltd 2009. 1872 pp. ISBN 0954695682

This book, which is an evidence-based report on 22 aspects of incontinence from the 4th International Consultation on Incontinence (ICI), held in Paris July 5-8, 2008, is now available online on the ICS website:

<http://www.icsoffice.org/Publications/Publications.aspx>

Annual Scientific Meeting 2011

29 August – 2 September, Glasgow, UK • 40th Anniversary of the Inaugural Meeting

Dear Friends and Colleagues,

IT IS WITH huge pleasure that I invite you to come and join us for the 41st Annual Scientific Meeting of the ICS. This invitation and the warm welcome you will receive comes not only from myself and the Local Organising Committee, but from all ICS members in Scotland and indeed the United Kingdom. It will be 24 years since the ICS meeting was last held on these shores and we are all delighted that it is returning here again.



Ian Ramsey

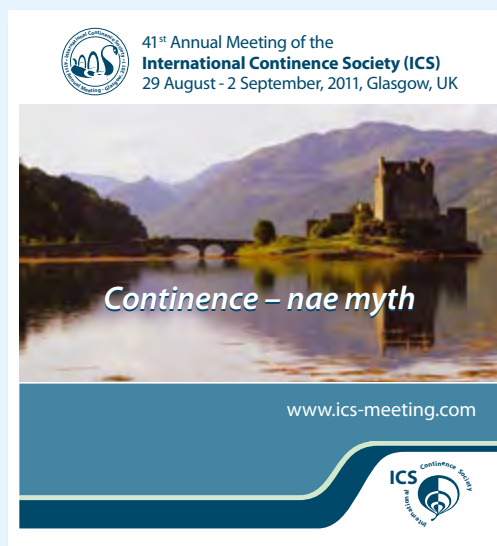
Few cities have the honour of hosting the ICS meeting for a second time, so it is a great thrill for me to be able to bring the meeting back to Glasgow some 36 years since Eric Glen chaired the 5th ICS meeting in 1975. Eric will join us at the meeting and it is fitting that he, Norman Zinner and Ted Arnold will launch their book on the history of the ICS at what will be the 40th anniversary of the inaugural meeting.

Many of you will be familiar with the excellent meeting facilities we have here in the shape of the Scottish Exhibition and Conference Centre (SECC) situated on the banks of the Clyde, close to the city centre, the conference hotels and all local amenities. It is a large, modern, well-equipped and comfortable conference venue, capable of delivery everything required for a great meeting.

Glasgow, once the 'second city of the empire' remains a large, vibrant, multicultural city with a wide range of entertainment for visitors. Our historic ship building heritage can be seen and felt from the venue and most of the conference hotels. Museums, art galleries and restaurants abound and a friendly welcome is guaranteed in Scotland's largest city. There will be numerous leisure opportunities for you to enjoy before or after the conference. Loch Lomond is 30 minutes away and further afield there is more fabulous scenery to explore.

The social programme will have a distinctly Scottish feel, and the Gala dinner will give delegates the chance to try their hand at Scottish country dancing in a ceilidh setting. Never fear, there will be lessons provided during the conference for those who wish some training. You will even have the opportunity to hire full Highland dress! The Gala Dinner will have a Burns theme, and Scottish music will be on show at the Welcome Reception where there will be ample opportunity to rekindle old acquaintances and meet new friends.

The Scientific Committee is working extremely hard to provide an excellent scientific programme which I can guarantee will be up to



the very high standard we continue to enjoy in our Society. Two days of workshops will be followed by three days of the best of original research.

I very much hope that you will take this opportunity to visit Scotland and I look forward to meeting you in Glasgow in August.

Ian Ramsay

Chair ICS Annual Scientific Meeting 2011

If you take a look at the 2011 Meeting logo, you will see that it features the famous Loch Ness monster, familiarly known as 'Nessie'. According to Ian Ramsay, "while Nessie is immediately identifiable as Scottish, incontinence is also a 'monster' from which our patients suffer. The meeting slogan 'Continence – nae myth' refers to the fact that a cure for incontinence is not mythical, unlike the Loch Ness monster which is," although let us add here that there are many people who still firmly believe in Nessie's existence!



Announcements of Nominees and Expressions of Interest for ICS Posts Required by 1 April 2011

Elected posts

General Secretary

Trustees (*number of positions to be confirmed*)

Ethics Committee Chair to replace Clare

Fowler

Nursing Committee Chair

Physiotherapy Committee Chair

Urodynamics Committee Chair – **New Position**

Scientific Committee: Clinical Representative to replace Douglas Tincello

Scientific Committee: Non-Clinical Representative to replace Steinar Hunskaar

Scientific Committee: Non-Clinical Representative to replace Chris Constantinou

Call for expressions of interest – deadline **1 April 2011**

Publications and Communications Committee – Member

Ethics Committee – Geriatrician Representative

Childrens Committee – Gynaecology & Nursing Representative