

INTERNATIONAL CONTINENCE SOCIETY (ICS) TERMINOLOGY FOR MALE

LOWER URINARY TRACT AND PELVIC FLOOR DYSFUNCTION

A: NEED FOR A WORKING GROUP ON CORE MALE LUT/PF DYSFUNCTION

- The existing terminology for lower urinary tract (LUT) and pelvic floor (PF) dysfunction in men, due to its increasing complexity, might be better updated by a male-specific approach and clinically-based consensus Report.
- Equivalent female LUT/PF Terminology had the benefit of such an update in a Joint International Urogynecological Association/ ICS Report published in 2010¹. That report¹ doubled² the number of “most common” diagnoses to six (6) from those contained in earlier combined male/female terminology reports^{3,4}, despite the significant advances made by those earlier reports^{3,4}. It also prompted the development of 7 subsequent combined IUGA/ICS female terminology reports (6 published/in press; 1 in advanced development)⁵⁻¹¹. These included reports on different surgical and conservative managements, pelvic organ prolapse (POP), prosthetic and native tissue complications, anorectal dysfunction and sexual health⁵⁻¹¹.
- Core male terminology has: (i) neither been subject to a comprehensive update since the 2002 combined male/female report; (ii) had a male specific report; (ii) had male specific subsequent terminology reports produced. Whilst there are similarities in much of the terminology used in both sexes, it is difficult for a combined male/female report to outline the different emphasis that should be placed on male and female symptomatology and diagnoses: e.g. in men the principal emphasis would be on voiding dysfunction; in contrast, the primary emphasis in women would be on storage dysfunction, urinary incontinence and pelvic organ prolapse (POP).
- An updated core report on male LUT/PF dysfunction is therefore required to; (i) incorporate all changes in LUT/PF knowledge and practice in the last 14-15 years; (ii) achieve and exceed the overall clarity, specificity and coverage of the equivalent female document; (iii) prompt the development of

follow-on reports: e.g. on surgical and conservative managements, anorectal dysfunction and sexual health.

B: SCOPE

- The Report would be clinically based and would aim to be as user-friendly as possible.
- It would include (i) A clear introduction and sections on (ii) Symptoms; (ii) Signs; (iii) Investigations; (iv) LUT/PF imaging; (v) Main Diagnoses (prevalence of 10% or more in men presenting with symptoms of LUT/PF dysfunction).
- The Report would be definitional with any necessary explanations or descriptions included as footnotes. It would be appropriately referenced.
- The Report would give an alphanumeric coding to each of approximately 200-250 definitions (anticipated).
- The Report would be contemporary. Any relatively new concepts in the literature that offer promise but may need further validation and research may be included and defined in an Appendix.
- The Report would be subject to multiple rounds of internal (WG) review (12-16 anticipated), external review (4-6 reviewers) and ICS membership (website) review.

MEMBERSHIP OF WORKING GROUP (Anticipated)

- Chair
- Members (up to 15)

DURATION (Anticipated)

- 18 – 24 months
- 30 months (maximum)

REFERENCES

- 1: Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk D, Sand PK, Schaer GK (2010) An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourol Urodyn*, 29:4-20; *International Urogynecology J*, 21:5-26
- 2: Haylen BT, Chetty, N. (2007) International Continence Society 2002 Terminology Report. Have urogynecological diagnoses been overlooked? *Int Urogynecol J*, 18 (4):373-377.
- 3: Abrams P, Blaivas JG, Stanton SL, Andersen JT. (1988) The standardisation of terminology of lower urinary tract function. *Scand J Urol Nephrol Suppl* 114, p5-19.
- 4: Abrams P, Cardozo L, Fall M, et al. (2002) The standardisation of terminology of lower urinary tract function. Report from the standardisation subcommittee of the International Continence Society. *Neurourol Urodyn* 21:167-178.
- 5: Haylen BT, Freeman RM, Swift SE, Cosson M, Davila GW, Deprest J, Dwyer PL, Fatton B, Kocjancic E, Lee J, Maher C, Rizk DE, Petri E, Sand PK, Schaer GN, Webb R (2011) An International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Terminology and Classification of complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery. *International Urogynecology Journal* 22:3-15; *Neurourology and Urodynamics* 30(1) 2-12.
- 6: Haylen BT, Freeman RM, Lee J, Swift SE, Cosson M, Deprest J, Dwyer PL, Fatton B, Kocjancic E, Maher C, Petri E, Rizk DE, Schaer GN, Webb R (2012). An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint terminology and classification of the complications related to native tissue female pelvic floor surgery. *Int Urogynecol* 23:515-526; *Neurourol Urodyn* 31:406-414.
- 7: Toozs-Hobson P, Freeman R, Barber M, Maher C, Haylen BT, Athanasiou S, Swift S, Whitmore K, Ghoniem G, de Ridder D (2012). An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for reporting outcomes of surgical procedures for pelvic organ prolapse. *Int Urogynecol* 23: 527-535; *Neurourol Urodyn* 31: 415-426
- 8: Haylen BT, Maher CF, Barber MD, Camargo S, Dandolu V, Digesu A, Goldman HB, Huser M, Milani AL, Moran PA, Schaer GN, Withagen MIJ (2016) An International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint report on the Terminology for Pelvic Organ Prolapse. *Neurourol Urodyn* 35(2):137-168.; *Int Urogynecol J* 27(2):165-194.

9: Sultan A, Monga A, Berghmans B, Lee J, Whitmore K et al An International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Report on the Terminology for Anorectal Dysfunction in Women. Accepted for dual publication (2016) in the Int Urogynecol J and Neurourol Urodyn.

10: Bo K, Frawley H, Haylen BT, Abramov Y, Almeida F, Berghmans B, Borotolini MT, Dumoulin C, Gomes M, McClurg D, Meijink J, Shelly E, Trabuco E, Walker C, Wells A. International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Report on the Terminology for the Conservative Management of Pelvic Floor Dysfunction. Accepted for dual publication (2016) in the Int Urogynecol J and Neurourol Urodyn.

11: Rogers R, Pauls R, Thakar R, Morin M, Kuhn A,, Petri E, Fatton B, Whitmore K, Kingsberg S, Lee J. International Urogynecological Association (IUGA) / International Continence Society (ICS) Joint Report on the Terminology for the Conservative Management of Pelvic Floor Dysfunction. (In Committee – due to publication 2017)