

# COCHRANE

Edition 12

INCONTINENCE REVIEW GROUP

June 2009

## What do we do?

The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The Cochrane Incontinence Group is a Collaborative Review Group (CRG) of the Cochrane Collaboration.

We undertake systematic reviews of randomised controlled trials on different interventions designed to prevent or treat incontinence and related conditions, or aid rehabilitation. The group is concentrating on interventions where incontinence is the primary problem.

The problems covered include urinary and faecal incontinence, enuresis, day-time wetting in children, encopresis, postprostatectomy incontinence, use of urinary catheters including catheter-related urinary tract infections (but not other urinary infections), enterocutaneous and enterovesical fistulae, neurogenic incontinence and retention, interstitial cystitis, postoperative urinary retention and pelvic organ prolapse.



Visit the Cochrane Incontinence Review Group online at

[www.incontinence.cochrane.org](http://www.incontinence.cochrane.org)

Visit the Cochrane Collaboration online at

[www.cochrane.org](http://www.cochrane.org)

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## Review Group Co-ordinators (RGCs) now 'Managing Editors' (MEs)

In order to give organisations outside the Collaboration a better understanding of the role of a Cochrane Review Group Co-ordinator (RGC), the Collaboration's Steering Group, following approval by Co-ordinating Editors, agreed at their mid-year meeting (24 to 26 April) to the request from RGCs to change their title to 'Managing Editor' with immediate effect. All Collaboration documents and websites will be updated as soon as possible to reflect this decision.

## Editorial team news

At the 4th International Consultation on Incontinence (ICI) in Paris last year July 2008, the group contributed towards the ICI committees by providing reports of trials (from our specialised register). We had a lot of interest from peer reviewers who came to visit us at our exhibition stand.

Our secretary, Bronwyn Davidson returned from maternity leave in January. Bronwyn is back working 3 days a week for the group.

We have now moved from the 1st floor to the 2nd floor of the Health Sciences Building.

June Cody (Managing Editor), Sheila Wallace (Trials Search Co-ordinator) and Charis Glazener (Joint Co-ordinating Editor) attended the Summary of Findings Workshop in Edinburgh, and the 14th Annual Meeting of UK and Ireland-based Contributors to The Cochrane Collaboration in March.

Our Managing Editor, June Cody was in Edinburgh in June, to help present a workshop offered by the UK Cochrane Centre on 'Developing a protocol for a review'.

Marie Carmela Lapitan, who is one of our editors, from the Philippines visited the unit in March. We are also looking forward to Don Wilson's visit in June. Don is from Dunedin in New Zealand.

June Cody and Sheila Wallace will be attending the 34th Annual Meeting of the International Urogynaecological Association (IUGA), 16-20 June in Como, Italy. We will have an exhibition stand at the Villa Erba Conference Centre, stand number 24. We would be very glad to meet as many of you as possible at the stand. The Cochrane Library will be demonstrated and available to browse.

June Cody, Sheila Wallace and James N'Dow (Joint Co-ordinating Editor) will be attending the 17th Cochrane Colloquium 2009, which will be held on 11-14th October in Singapore.

## Cochrane Methods News

## Summary of findings tables

**What are 'Summary of findings' tables?**

'Summary of findings' tables present the main findings of a review in a transparent and simple tabular format. In particular, they provide key information concerning the quality of evidence, the magnitude of effect of the interventions examined, and the sum of available data on the main outcomes. Most reviews would be expected to have a single 'Summary of findings' table. Other reviews may include more than one, for example if the review addresses more than one major comparison, or substantially different populations. In the *CDSR*, the principal 'Summary of findings' table of a review will appear at the beginning, before the Background section. Other 'Summary of findings' tables will appear between the Results and Discussion sections.

The planning for the 'Summary of findings' table comes early in the systematic review, with the selection of the outcomes to be included in (i) the review and (ii) the 'Summary of findings' table.

To read more on this topic, please refer to chapter 11.5 of the Handbook.

Citation: Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.0.1 [updated September 2008]. The Cochrane Collaboration, 2008. Available from [www.cochrane-handbook.org](http://www.cochrane-handbook.org).



## Specialised register

**QUICK TIPS TO LOCATE TRIALS FOR YOUR REVIEW**

OK - so you have a review to write - no time to search for extra trials - here are a couple of quick things you could try to track down that elusive extra trial and even if it doesn't work, at least you can add them to your description of searches which always looks good (!):

- 1. The Incontinence Group's Specialised Register** - a list of potentially relevant trials sent to you by the Trials Search Co-ordinator (that's me, Sheila Wallace, contact details below). Check the date of this in case its looking a bit old or you may be suspicious that something is missing: please contact me and let me know the problem.

You should receive a new list:

- Immediately after your protocol has been submitted to The Cochrane Library;
- Approximately 6 months before you are due to update your review;
- On request, whenever you wish- just contact me.

**At present the Register contains approximately 3600 reports of trials.**

- 2. Reference lists** of trials eligible for inclusion in your review, and if you want to be really keen, you could check the reference lists of other relevant articles such as other, less systematic, reviews. You may notice references to trials as you are going through assessing or extracting data from a paper. The yield of trials varies from topic to topic but can be useful.
- 3. Contacting individuals or organisations** eg authors of included studies, pharmaceutical companies. They may know of unpublished, ongoing or grey literature sources of trials which are very difficult to uncover eg a highly relevant PhD thesis, obscure conference abstract. If you have to contact the authors anyway to ask about extra or unreported data, it's worth asking one extra question about other possible trials as many review authors have found this can be rewarding.

**(AND NOW FOR SOME NOT QUITE SO QUICK METHODS)**

- 4. Electronic databases** - Ideally all lead review authors should liaise with me to check that the Incontinence Group's search strategy does fully cover your review topic. At the present time the main sources of trials for the register are: MEDLINE and The Cochrane Library. This means that there are potentially gaps in the register for eg drugs trials (EMBASE is usually considered to have the edge on MEDLINE for coverage) or behavioural interventions where PsycLit may be useful.
- 5. Databases of ongoing trials and clinical trials registries** - Many countries now have their own trials registries and often a trial may be registered in several different registries - a useful resource is the World Health Organization's International Clinical Trials Registry Platform (WHO ICTRP) (available at: <http://www.who.int/ictpr/en>) which aims to link together multiple registrations of the same trial. There is a section in Revman 5 for you to record ongoing trials - it may be important to mention these in your review, especially if they are large compared to the total numbers of participants in your included trials.

I am happy to help you develop your search strategy or run a search for you if you wish.

- 6. Handsearching of conference abstracts or journals.** Within the Group there is some handsearching activity already. There may be a particular conference or journal in your area that you think may yield a high number of possible trials - within the Cochrane Collaboration it has been found that many trials never appear as full publications and this is the only clue that they ever took place.

Please let me know if you plan to handsearch to avoid any duplication of effort.

If you do find a new possible trial, even if it is not relevant for your review, please let me know so I can add it to our register.

Whatever searching you do it is important to please keep a note of what you searched, when you searched it and what search terms you used This means that you can give full and accurate details of searches in your review eg EMBASE on OVID, Years searched: 1 January 1996 to Week 40 2008. Search performed on 2 February 2009. Search terms used:

1. Randomized Controlled Trial/
2. controlled study/
3. clinical study/
4. major clinical study/
5. prospective study/
6. meta analysis/
7. exp clinical trial/
8. randomization/
9. crossover procedure/ or double blind procedure/ or parallel design/ or single blind procedure/
10. or/1-9
11. incontinen\$ OR continen\$.tw.
12. 10 and 11

(sorry this strategy has been truncated due to lack of space in this newsletter. In RevMan 5 long search strategies can now be presented in the Appendices and 'linked' within the main text).

For more detailed information on sources of trials and how to design and document search strategies please see Chapter 6 of the updated Cochrane Handbook:

Lefebvre C, Manheimer E, Glanville J. Chapter 6: Searching for studies. In: Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.0.1 (updated September 2008). The Cochrane Collaboration, 2008. Available from [www.cochrane-handbook.org](http://www.cochrane-handbook.org).

If you have any queries or worries about searching please get in contact with Sheila.

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## Workshops offered by Cochrane Centres in 2009

### Cochrane Workshops in the UK and Ireland

#### September

- 03 Sept: Developing a Protocol for a Review - Cardiff, Wales
- 22 Sept: Developing a Protocol for a Review - York, UK

#### November

- 03 Nov: Developing a Protocol for a Review - Belfast, Ireland
- 17-18 Nov: Developing a Protocol for a Review (2 day workshop) - Oxford, UK
- 19 Nov: Introduction to Analysis - Oxford, UK

#### December

- 8 Dec: Developing a Protocol for a Review - Liverpool, UK
- 9 Dec: Introduction to Analysis - Liverpool, UK

### Asia-Pacific region workshops

#### September

- 20 Sept: Developing a Protocol for a Review - Perth, Australia
- 21 Sept: Introduction to Analysis -Perth, Australia

#### August

- 25 Aug: Developing a Protocol for a Review - Adelaide, Australia
- 26 Aug: Introduction to Analysis - Adelaide, Australia
- 27 Aug: Review Completion & Update program - Adelaide, Australia

#### November

- 16-20 Nov: Review Completion & Update program - Melbourne, Australia

#### December

- 3 Dec: Developing a Protocol for a Systematic Review - Westmead, NSW, Australia

### Other Cochrane workshops

#### June

- 18-19 June: Workshop for review authors about systematic reviews of diagnostic test accuracy - Amsterdam.

#### October

- 7-11 Oct: International evidence-based medicine course - Croatia.

For further details of these and other Cochrane workshops please visit:

[www.cochrane.org/news/workshops](http://www.cochrane.org/news/workshops)

## Profile of one of our editors, Rob Pickard

I spent my childhood in the South of England around Kingston-upon-Thames and then moved to the East End of London to study medicine at the now sadly defunct London Hospital Medical College from which I qualified in 1984. After working for a year in London and having lived for most of my life in the city I felt some fresh air was called for and moved to rural Lancashire, UK.

Surgery was my career choice since I enjoyed trying to fix things; although not always entirely successfully it has to be said. Back in the last century you had to get experience in all branches of surgery to have a hope of passing the professional exams which made it very difficult to decide which one to choose for the longer term. Having settled on urology with its mix of medical and surgical treatments, and its allowance of a life outside of work; I moved to Newcastle upon Tyne, UK and joined the department at Freeman Hospital.

My doctoral research concerned the nitric oxide pathway in penile erection and my clinical training benefitted from working under some very versatile trainers before sub-specialisation took hold. I was appointed as a consultant to Freeman Hospital in 1996 and for the next seven years worked full-time in the National Health Service with increasing specialisation in the field of lower urinary tract reconstruction. As time went by I became more involved in teaching, training and research leading me to take an academic position as Senior Lecturer and switch employer to the University of Newcastle in 2004.

I provide a link between various research groups in the University and the clinical department at Freeman Hospital, encouraging the testing and application of new methods of assessment and treatment together with facilitating the participation of patients in research projects. My work in training and examining has always helped me to keep up to date and, with the encouragement of James N'Dow, I started to be involved in systematic reviews with the Cochrane Incontinence Group. Having helped write and then lead on a number of reviews I was delighted to join the Editors Group in 2008.

Summarising the evidence for the clinical care we give to people is increasingly important as the volume of published research continues to rise exponentially.

The consistency, rigor and independence of the Cochrane approach is a vital and highly relevant resource to clarify the weight that clinicians should give to particular research findings in helping individual patients make treatment choices. I would encourage anyone to get involved with a relevant Cochrane Group as the work and potential benefits are highly rewarding.



Rob Pickard

## Review Authors Required

### Interested in preparing a systematic review?

Do you have an idea for an incontinence related systematic review? Would you like to prepare an incontinence related systematic review but are unsure of a topic?

We are seeking new review authors to do the following reviews:

- Conservative management of nocturia in adults
- Drugs for nocturia in adults
- Surgical management of bladder outlet obstruction in adults with neurogenic bladder dysfunction

We are also looking for new review authors to update a suite of 7 reviews on enuresis and 1 on daytime wetting in children.

Please contact June Cody (Managing Editor) if you are interested. Email: [j.cody@abdn.ac.uk](mailto:j.cody@abdn.ac.uk)

Abstract of a newly published review:  
**Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women**

Jean Hay-Smith<sup>1</sup>, Siv Mørkved<sup>2</sup>, Kate A Fairbrother<sup>3</sup>, G Peter Herbison<sup>4</sup>

### Background

About a third of women have urinary incontinence and up to a tenth have faecal incontinence after childbirth. Pelvic floor muscle training is commonly recommended during pregnancy and after birth both for prevention and treatment of incontinence.

### Objectives

To determine the effect of pelvic floor muscle training compared to usual antenatal and postnatal care on incontinence.

### Search strategy

We searched the Cochrane Incontinence Group Specialised Register (searched 24 April 2008) and the references of relevant articles.

### Selection criteria

Randomised or quasi-randomised trials in pregnant or postnatal women. One arm of the trials needed to include pelvic floor muscle training (PFMT). Another arm was either no pelvic floor muscle training or usual antenatal or postnatal care. The pelvic floor muscle training programmes were divided into either: intensive; or unspecified if training elements were lacking or information was not provided. Reasons for classifying as intensive included one to one instruction, checking for correct contraction, continued supervision of training, or choice of an exercise programme with sufficient exercise dose to strengthen muscle.

### Data collection and analysis

Trials were independently assessed for eligibility and methodological quality. Data were extracted then cross checked. Disagreements were resolved by discussion. Data were processed as described in the Cochrane Handbook. Three different populations of women were considered separately: women dry at randomisation (prevention); women wet at randomisation (treatment); and a population-based approach in women who might be one or the other (prevention or treatment). Trials were further divided into: those which started during pregnancy (antenatal); and after delivery (postnatal).

### Main results

Sixteen trials met the inclusion criteria. Fifteen studies involving 6181 women (3040 PFMT, 3141 controls) contributed to the analysis. Based on the trial reports, four trials appeared to be at low risk of bias, two at low to moderate risk, and the remainder at moderate risk of bias.

Pregnant women without prior urinary incontinence who were randomised to intensive antenatal PFMT were less likely than women randomised to no PFMT or usual antenatal care to report urinary incontinence in late pregnancy (about 56% less; RR 0.44, 95% CI 0.30 to 0.65) and up to six months postpartum (about 30% less; RR 0.71, 95% CI 0.52 to 0.97).

Postnatal women with persistent urinary incontinence three months after delivery and who received PFMT were less likely than women who did not receive treatment or received usual postnatal care (about 20% less; RR 0.79, 95% CI 0.70 to 0.90) to report urinary incontinence 12 months after delivery. It seemed that the more intensive the programme the greater the treatment effect. Faecal incontinence was also reduced at 12 months after delivery: women receiving PFMT were about half as likely to report faecal incontinence (RR 0.52, 95% CI 0.31 to 0.87).

Based on the trial data to date, the extent to which population-based approaches to PFMT are effective is less clear (that is, offering advice on PFMT to all pregnant or postpartum women whether they have incontinence symptoms or not). It is possible that population-based approaches might be effective when the intervention is intensive enough.

There was not enough evidence about long-term effects for either urinary or faecal incontinence.

### Authors' conclusions

There is some evidence that PFMT in women having their first baby can prevent urinary incontinence in late pregnancy and postpartum.

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These and other uncertainties, particularly long-term effectiveness, require further testing.

In common with older women with stress incontinence, there is support for the widespread recommendation that PFMT is an appropriate treatment for women with persistent postpartum urinary incontinence. It is possible that the effects of PFMT might be greater with targeted rather than population-based approaches and in certain

groups of women (for example primiparous women; women who had bladder neck hypermobility in early pregnancy, a large baby, or a forceps delivery).

CITATION: This record should be cited as: Hay-Smith J, Mørkved S, Fairbrother KA, Herbison GP. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.

## In The Cochrane Library from the Cochrane Incontinence Review Group

### Most Recent Reviews

**Update review (minor) submitted for Issue 3, 2009: (to be published on 8th July 2009). Minor updated review in Issue 3, 2009:**

1. **Absorbent products for light urinary incontinence in women** Fader M, Cottenden AM, Getliffe K.

### Other Published Cochrane Reviews

2. **Absorbent products for moderate-heavy urinary and/or faecal incontinence in women and women** Fader M, Cottenden AM, Getliffe K.
3. **Adrenergic drugs for urinary incontinence in adults** Alhasso A, Glazener CMA, Pickard R, N'Dow J.
4. **Alarm interventions for nocturnal enuresis in children** Glazener CMA, Evans JHC, Peto RE.
5. **Anterior vaginal repair for urinary incontinence in women** Glazener CMA, Cooper K.
6. **Antibiotic policies for short-term catheter bladder drainage in adults** Niël-Weise BS, van den Broek PJ.
7. **Anticholinergic drugs versus non-drug activetherapies for overactive bladder syndrome in adults** Alhasso AA, Mckinlay K, Patrick K, Stewart L.
8. **Anticholinergic drugs versus other medications for overactive bladder syndrome in adults** Roxburgh C, Cook J, Dublin N.
9. **Anticholinergic drugs versus placebo for overactive syndrome in adults** Nabi G, Cody JD, Ellis G, Hay-Smith J, Herbison P.
10. **Behavioural and cognitive interventions with or without other treatments for the management of faecal incontinence in children** Brazzelli M, Griffiths P.
11. **Biofeedback and/or sphincter exercises for the treatment of faecal incontinence in adults** Norton C, Cody JD, Hosker G.
12. **Bladder neck needle suspension for urinary incontinence in women** Glazener CMA, Cooper K.
13. **Bladder training for urinary incontinence in adults** Wallace SA, Roe B, Williams K, Palmer M.
14. **Botulinum toxin injections for adults with overactive bladder syndrome** Duthie J, Wilson D, Herbison GP, Wilson D.
15. **Catheter policies for management of long term voiding problems in adults with neurogenic bladder disorders** Jamison J, Maguire S, McCann J.
16. **Complementary and miscellaneous interventions for nocturnal enuresis in children** Glazener CMA, Evans JHC, Cheuk DKL.
17. **Complex behavioural and educational interventions for nocturnal enuresis in children** Glazener CMA, Evans JHC, Peto RE.
18. **Conservative management of postprostatectomy urinary incontinence** Hunter KF, Moore KN, Glazener CMA.
19. **Conservative management of pelvic organ prolapse in women** Hagen S, Stark D, Maher C, Adams E.
20. **Desmopressin for nocturnal enuresis in children** Glazener CMA, Evans JHC.
21. **Drugs for nocturnal enuresis in children (other than desmopressin and tricyclics)** Glazener CMA, Evans JHC, Peto RE.
22. **Drug treatment for faecal incontinence in adults** Cheetham MJ, Brazzelli M, Norton CC, Glazener CMA.
23. **Electrical stimulation for faecal incontinence in adults** Hosker G, Cody JD, Norton CC.
24. **Habit retraining for the management of urinary incontinence in adult** Ostaszkiwicz J, Johnson L, Roe B.

25. **Intravesical treatments for painful bladder syndrome/ interstitial cystitis** Dawson TE, Jamison J.
26. **Laparoscopic colposuspension for urinary incontinence in women** Dean NM, Ellis G, Wilson PD, Herbison GP.
27. **Long-term bladder management by intermittent catheterisation in adults and children** Moore K, Getliffe K, Fader M.
28. **Management of faecal incontinence and constipation in adults with central neurological diseases** Coggrave, M, Wiesel PH, Norton C. JMO.
29. **Mechanical devices for pelvic organ prolapse in women** Adams E, Thomson A, Maher C, Hagen S.
30. **Mechanical devices for urinary incontinence in women** Shaikh S, Ong EK, Glavind K, Cook J, N'Dow.
31. **Oestrogens for urinary incontinence in women** Moehrer B, Hextall A, Jackson S.
32. **Open retropubic colposuspension for urinary incontinence in women** Lapitan MC, Cody DJ, Grant AM.
33. **Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women** Hay-Smith EJC, Dumoulin C.
34. **Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women** Hay-Smith EJC, Dumoulin C.
35. **Periurethral injection therapy for urinary incontinence in women** Keegan P, Atiemo K, McClinton S, Pickard R.
36. **Plugs for containing faecal incontinence** Deutekom M, Dobben A.
37. **Prompted voiding for the management of urinary incontinence in adults** Eustice S, Roe B, Paterson J.
38. **Sacral nerve stimulation for faecal incontinence and constipation in adults** Mowatt G, Glazener C, Jarrett M.
39. **Sacral neuromodulation with implanted devices for urinary storage and voiding dysfunction in adults** Herbison GP, Arnold EP.
40. **Serotonin and noradrenaline reuptake inhibitors (SNRI) for stress urinary incontinence in adults** Marriapan P, Ballantyne Z, N'Dow JMO, Alhasso AA.
41. **Short term urinary catheter policies following urogenital surgery in adults** Phipps S, Lim YN, McClinton S, Barry C, Rane A, N'Dow J.
42. **Simple behavioural and physical interventions for nocturnal enuresis in children** Glazener CMA, Evans JHC.
43. **Strategies for the removal of short-term indwelling urethral catheters in adults** Griffiths R, Fernandez R.
44. **Surgery for complete rectal prolapse in adults** Brazzelli M, Bachoo P, Grant A.
45. **Surgery for faecal incontinence in adults** Brown S, Nelson R.
46. **Surgical management of pelvic organ prolapse in women** Maher C, Baessler K, Glazener CMA, Adams EJ, Hagen S.
47. **Timed voiding for the management of urinary incontinence in adults** Ostaszkievicz J, Johnston L, Roe B.
48. **Traditional suburethral sling operations for urinary incontinence in women** Bezerra CA, Bruschini H, Cody DJ.
49. **Treatment of urinary incontinence after stroke in adults** Thomas L, Barrett J, Cross S, French B, Leathley M, Sutton C, Watkins C.
50. **Tricyclic and related drugs for nocturnal enuresis in children** Glazener, CMA, Evans JHC, Peto RE.
51. **Types of urethral catheters for management of short-term voiding problems in hospitalised adults** Schumm K, Lam TBL.
52. **Types of indwelling urinary catheters for long-term bladder drainage in adults** Jahn P, Preuss M, Kernig A, Seifert-Hühmer A, Langer G.
53. **Urinary catheter policies for long-term bladder drainage** Niel-Weise BS, van den Broek PJ.
54. **Urinary catheter policies for short-term bladder drainage in adults** Niël-Weise BS, van den Broek PJ.
55. **Urinary diversion and bladder reconstruction/ replacement using intestinal segments for intractable incontinence or following cystectomy** Nabi G, Cody J, Dublin N, McClinton S, N'Dow JMO, Neal DE, Pickard R, Yong SM.
56. **Urodynamic investigations for management of urinary incontinence in children and adults** Glazener CMA, Lapitan MC.
57. **Weighted vaginal cones for urinary incontinence** Herbison P, Dean N.
58. **Which anticholinergic drug for overactive bladder symptoms in adults** Hay-Smith J, Herbison P, Ellis G, Morris A.

Most Recent Protocols

New protocols published in Issue 3, 2009:

1. Perianal injectable bulking agents as treatment for faecal incontinence Maeda Y, Laurberg S, Norton C.

Other Published Cochrane Protocols

2. Acupuncture for bladder dysfunction after spinal cord injury Jiaqi W, Sung L, Yu J, Zhishun L.
3. Acupuncture for urinary incontinence in adults without neurological disease Sung LM, Jiaqi W.
4. Alpha blockers for removal of urethral catheter after acute urinary retention in men Zeif H, Subramonian K.
5. Conservative management of nocturia in adults Reynard J, Cannon A, Abrams P.
6. Drugs for nocturia in adults Cannon A, Abrams P, Reynard J.
7. Electrical stimulation with non-implanted electrodes for urinary incontinence in adults Berghmans B, Bø K, Hendriks E, van Kampen M, de Bie R.
8. Electromagnetic treatment for adult urinary incontinence Khazali S, Jackson S, Balmforth S.
9. Lifestyle interventions for the treatment of urinary incontinence in adults Nygaard I, Bryant C, Dowell C, Wilson PD.
10. Medical treatments for painful bladder syndrome (interstitial cystitis) Jamieson J, Dawson T, Helfand M.
11. Minimally invasive sling operations for stress urinary incontinence in women Bezerra CCB, Plata MS.
12. Oestrogens for treatment or prevention of pelvic organ prolapse in women Ismail SIMF, Bain C, Glazener CMA, Hagen S.
13. Pelvic floor muscle training in combination with another therapy compared with the other therapy alone for urinary incontinence in women Kovoov E, Datta S, Patel A.
14. Pelvic floor muscle training versus other active treatments for urinary incontinence in women Patel A, Datta S, Kovoov E.
15. Simple dilatation, endoscopic urethrotomy, and open urethroplasty for urethral stricture in adults Picard R, N'Dow J, Narahari R, O'Riordan A.
16. Surgical management of bladder outlet obstruction in adults with neurogenic bladder dysfunction Kalyvas K, N'Dow JMO, Swami S.
17. Surgical management of vesicovaginal and/or urethrovaginal fistulae Lapitan MC, Rienhardt G.
18. Washout policies for management of long-term voiding problems in catheterised adults Sinclair L, Cross S, Hagen S, Niël-Weise BS.

The 39th Annual Meeting of the International Continence Society (ICS) 29th September – 3rd October 2009 in San Francisco, USA



The 39th Annual Meeting of the International Continence Society is being held this year in San Francisco from the 29th September - 3rd October 2009. This will be the first time in 10 years that the meeting has been held in the USA.

The meeting will be held at Moscone West, the newest addition to the Moscone Convention Center. The 5 day meeting starts with over 40 educational courses and workshops spread over the first two days. The scientific meeting will open on October 1st.

For more details visit the website: [www2.kenes.com](http://www2.kenes.com)

34th Annual Meeting of the International Urogynaecological Association (IUGA), 16 – 20 June, Como, Italy

June Cody (Managing Editor) and Sheila Wallace (Trials Search Coordinator) will be attending the 34th Annual Meeting of the International Urogynaecological Association (IUGA), 16-20 June in Como, Italy. We will have an exhibition stand at the Villa Erba Conference Centre, stand number 24. We would be very glad to meet as many of you as possible at the stand. *The Cochrane Library* will be demonstrated and available to browse.

For more details of the meeting visit the website: [www.iuga2009.org](http://www.iuga2009.org)



17th Cochrane Colloquium 2009  
11 – 14th October in Singapore



The Colloquium is an excellent opportunity to learn more about systematic review methodology, consumer and policy maker issues, widening access to and participation in Cochrane and enhancing the use of evidence in health care decisions.

For more details of the Colloquium visit the website: [www.colloquium09.com](http://www.colloquium09.com)

## Key Dates for the Colloquium:

<b>Early registration closes</b>	<b>13 July</b>
Meeting room request	10 August
Workshop and meeting sign up opens	11 August
Cancellation deadlines	11 September
<b>Colloquium</b>	<b>11-14 October</b>

## The Editorial Team

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**EDITORIAL MEETING**, in Paris, July 2008.

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