

Urinary incontinence and pelvic organ prolapse in women: management

Glossary and abbreviations

NICE guideline NG123

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Contents

Glossary.....	5
Abbreviations	18

Glossary

Definitions for many of the terms used in NICE guidelines are available at <https://www.nice.org.uk/process/pmg20/chapter/glossary>. This glossary defines the terms that are specific to this guideline.

See also the glossary for the 2013 guideline CG171 [Urinary incontinence in women: management](#).

Term	Definition
Absorbent containment products	Products that can be used to contain any leakage that results from incontinence by absorbing it.
Acquisition cost	An estimate of the price for a drug.
Acute trust	A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services which are provided by a mental health trust).
Adjustable mini-slings	Single-incision mini mesh slings that allow the sling tension to be adjusted intraoperatively.
Afferent nerve	Nerve carrying sensory nerve impulses from a peripheral receptor towards the central nervous system.
Anterior colporrhaphy	Vaginal operation for the treatment of cystocele (anterior vaginal wall prolapse). Involves plication of the fascia between vaginal and bladder walls. With the addition of plication of the fascia beneath the urethra, it has previously been used for treatment of stress incontinence. Can be used as an additional procedure for prolapse repair along with a continence procedure. Also known as 'anterior repair' or 'cystocele repair'.
Anterior repair	See Anterior colporrhaphy.
Anterior vaginal wall prolapse	See Cystocele.
Anticholinergic medicine	A type of medicine used to treat overactive bladder. It reduces the activity of the bladder muscle by blocking chemical messengers to the nerves that control muscle movements.
Antimuscarinic drugs	Class of pharmacological agents acting on neuromuscular junctions in the autonomic nervous system, used for overactive bladder syndrome.
Apareunia	The inability to perform sexual intercourse as a result of a physical or psychological sexual dysfunction.
Apical prolapse	A condition when part of the womb, cervix or vaginal vault moves down from its usual position. The vault is the top of the vagina after a hysterectomy.
Artificial urinary sphincters	A device that is put inside the body to help control urinary leakage due to stress urinary incontinence.
Augmentation cystoplasty	A procedure to treat overactive bladder. The bladder is made bigger by adding a piece of tissue from the intestines to the bladder wall. This is sometimes called bladder augmentation or ileocystoplasty.
Autologous rectus fascial sling	A type of sling used to treat stress urinary incontinence. It is made out of tissue from the woman's abdomen. The sling is placed below the urethra to support it. This is also sometimes called pubovaginal sling or autologous sling.
Baden-Walker quantification system	A system for grading the severity of pelvic organ prolapse.

Term	Definition
Barium suspension	A contrast medium that can be instilled into a body cavity or hollow organ (e.g. bowel, bladder) to visualise it using X-ray.
Bimanual examination	Vaginal examination carried out using the examiner's fingers of one hand in the vagina and of the other hand on the abdomen. Allows the description of observed and palpable anatomical abnormalities and the assessment of pelvic floor muscle function.
Biofeedback	The technique by which information about a normally unconscious physiological process is presented to the patient and/or the therapist as a visual, auditory or tactile signal.
Biological graft	A biological graft is a sheet of biological material that can be made of the woman's own tissues (autologous), tissues of another person (allograft), or tissues from animal-derived tissue (xenograft), which can be used to repair pelvic organ prolapse.
Biological mesh	See biological graft. The term 'mesh' is more commonly used to describe woven synthetic materials, e.g. polypropylene.
Biological slings	A sling (thin strip of material) made of biological material that is used to treat symptoms of stress urinary incontinence. The sling can be made of the woman's own tissues (autologous), tissues of another person (allograft), or tissues from animal-derived tissue (xenograft). e.g. autologous rectus fascial sling, non-autologous slings (allografts, xenografts [porticine])
Bladder diary	A diary that records voiding times and voided volumes, leakage episodes, pad usage and other information such as fluid intake, degree of urgency, and degree of incontinence. See also frequency–volume chart.
Bladder pain	Pain felt suprapubically or retropubically. Usually increases with bladder filling and may persist after voiding.
Bladder training	Bladder training (also described as bladder retraining, bladder drill, bladder re-education, bladder discipline) actively involves the individual in attempting to increase the interval between the desire to void and the actual void.
Body mass index (BMI)	A person's weight in kilogrammes divided by the square of their height in metres. Overweight is defined as a BMI of 25 or more, and obese as 30 or more.
Botulinum toxin type A	A treatment used for overactive bladder that is injected into the wall of the bladder. Can be injected into muscle of bladder to treat detrusor overactivity or overactive bladder.
Bulking agents	An inert substance that is injected around the urethra to help relieve symptoms of stress urinary incontinence. There are different bulking agents available such as polyacrylamide hydrogel (e.g. Bulkamid), water soluble gel with silicone elastomer (e.g. Macroplastique) and water soluble gel with calcium hydroxylapatite (Coaptite). These agents are designed to treat urinary stress incontinence by bulking up and strengthening the sides of the urethra so that it is more difficult for urine to leak during physical exertion.
Burch colposuspension	See Colposuspension.
Causal relationship	Describes the relationship between two variables whenever it can be established that one causes the other. For example, there is a causal relationship between a treatment and a disease if it can be shown that the treatment changes the course or outcome of the disease. Usually randomised controlled trials are needed to ascertain causality. Proving cause and effect is much more difficult than just showing an association between two variables.
Clinical effectiveness	The extent to which a specific treatment or intervention, when used under usual or everyday conditions, has a beneficial effect on the course or outcome of disease compared with no treatment or other

Term	Definition
	routine care. (Clinical trials that assess effectiveness are sometimes called management trials.) Clinical 'effectiveness' is not the same as efficacy.
Clinical governance	A framework through which NHS organisations are accountable for both continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Cluster	A group of patients, rather than an individual, used as the basic unit for investigation. See also cluster design and cluster randomisation.
Cluster design	Cluster designs are those where research subjects are not sampled or selected independently, but in a group. For example a clinical trial where patients in a general practice are allocated to the same intervention; the general practice forming a cluster. See also cluster and cluster randomisation.
Cluster randomisation	A study in which groups of individuals (such as patients in a GP surgery or on a hospital ward) are randomly allocated to treatment groups. For example, in a smoking cessation study of two different interventions – leaflets and teaching sessions – each GP surgery within the study would be randomly allocated to administer one of the two interventions. See also cluster and cluster design.
Colpocleisis	An operation to treat pelvic organ prolapse by closing the vagina. It involves removing the skin of the front (i.e. anterior) and back (i.e. posterior) walls of the vagina. Using the remaining tissue, the vagina is closed from the vaginal opening to the vaginal vault.
Colporrhaphy	A surgical procedure used to repair prolapse of the vaginal walls. An incision is made in the skin of the vagina and stitches are placed in the underlying connective tissue to reinforce the vaginal wall. Also called a vaginal repair
Colposuspension	An operation used to treat stress urinary incontinence that involves lifting the vagina and supporting the urethra using stitches. It may be performed through an abdominal incision (open) or laparoscopically (keyhole). E.g. Burch, Paravaginal fascial repair, open abdominal retropubic suspension or laparoscopic retropubic suspension with sutures See Laparoscopy
Co-morbidity	Co-existence of a disease or diseases in the people being studied in addition to the health problem that is the subject of the study.
Conservative management	Treatment or management strategies that do not involve surgery.
Containment product	Product (e.g. absorbent, hand-held urinal) used to manage symptoms of urinary incontinence.
Correlation coefficient	A measure of the degree of linear association between two variables. A significant association does not imply causation.
Cost effectiveness	Value for money. A specific healthcare treatment is said to be 'cost effective' if it gives a greater health gain than could be achieved by using the resources in other ways.
Cystocele	Herniation (protrusion) of the bladder through the wall of the vagina. Also called anterior vaginal wall prolapse.
Cystometric (bladder) capacity	Bladder volume at the end of the filling phase of cystometry.
Cystometry	Cystometry is the measurement of intravesical pressure that can be carried out through a single recording channel (simple cystometry) or, more commonly, by multichannel cystometry, which involves the synchronous measurement of both bladder and intra-abdominal

Term	Definition
	pressures by means of catheters inserted into the bladder and the rectum or vagina. The aim is to replicate the patient's symptoms by filling the bladder and observing pressure changes or leakage caused by provocation tests. See also urodynamics.
Cystourethroscopy	A procedure where an instrument (a urethroscope or cystoscope) which consists of a thin tube with a light and camera at the end, is inserted into the bladder via the urethra to inspect the inside of the urethra or bladder.
Decision analysis	Decision analysis is the study of how people make decisions or how they should make decisions. There are several methods that decision analysts use to help people to make better decisions, including decision trees.
Decision tree	A decision tree is a method for helping people to make better decisions in situations of uncertainty. It illustrates the decision as a succession of possible actions and outcomes. It consists of the probabilities, costs and health consequences associated with each option. The overall effectiveness or overall cost effectiveness of various actions can then be compared.
De novo	New onset.
Detrusor overactivity (DO)	Involuntary bladder contractions seen during a cystometry test which can be the cause of overactive bladder symptoms
Diagnostic study	A study to assess the effectiveness of a test or measurement in terms of its ability to accurately detect or exclude a specific disease.
Dyspareunia	Painful sexual intercourse.
Dysuria	Pain on passing urine.
Efferent nerve	Nerve carrying motor impulses from the central nervous system to a peripheral effector.
Elective	Name for clinical procedures that are regarded as advantageous to the patient but not urgent.
Electrical stimulation	The application of electrical current to stimulate the pelvic viscera or their nerve supply.
Electromyography (EMG)	Recording of neuromuscular function from an electrode within or in proximity to a muscle. Feedback tool for pelvic floor muscle recruitment.
Evidence based	The process of systematically finding, appraising and using research findings as the basis for clinical decisions.
Evidence-based clinical practice	Evidence-based clinical practice involves making decisions about the care of individual patients based on the best research evidence available rather than basing decisions on personal opinions or common practice (which may not always be evidence based). Evidence-based clinical practice therefore involves integrating individual clinical expertise and patient preferences with the best available evidence from research.
Extrapolation	The application of research evidence based on studies of a specific population to another population with similar characteristics.
Fistula	An abnormal connection that forms between 2 hollow spaces in the body, such as intestines, bladder or blood vessels. They can form after surgery, injury, infection or inflammation.
Fluoroscopy	A procedure that allows the study of moving body parts. A contrast dye is added to the body part in question and a constant X-ray beam is passed through the structure while filmed to produce a video of the movement.
Frequency-volume chart	A chart that records voided volumes and times of voiding (day and night) for at least 24 hours.

Term	Definition
	See also bladder diary.
Increased daytime frequency	Increased daytime frequency is the complaint by the patient that he/she voids too often by day. See also nocturia.
Generalisability	The extent to which the results of a study hold true for a population of patients beyond those who participated in the research. See also external validity.
Guideline recommendation	Course of action advised by the guideline development group on the basis of their assessment of the supporting evidence.
Haematuria	The presence of blood in the urine. Macroscopic haematuria is visible to the naked eye, while microscopic haematuria is only visible with the aid of a microscope.
Hysteropexy	A procedure performed to re-suspend a prolapsed uterus. This can be performed abdominally (mesh sacrohysteropexy) by an open or laparoscopic approach or vaginally (suture sacrospinous hysteropexy). The abdominal support usually comes from an inserted piece of synthetic mesh. One end of the mesh is attached to the cervix and the other to the ligament over the sacrum (tail bone). The vaginal hysteropexy is performed by using stitches to attach the cervix to a ligament in the pelvis. See Laparoscopy
Idiopathic	Having no defined cause.
Imprecision	Results are imprecise when the confidence interval associated with an effect estimate is wide due to a relatively small sample size and/or occurrence of relatively few events.
Indirectness	The available evidence is indirect if the population, intervention, comparison and/or outcomes of the identified studies differs from those specified in the PICO.
Infracoccygeal sacropexy using mesh	See Posterior intravaginal slingplasty.
Internal rectal intussusception	A condition where there is infolding of the rectal wall which can occur during defaecation. It is also known as internal rectal prolapse, when the prolapse of the rectum does not protrude through the anus.
International continence society (ICS)	Multidisciplinary scientific group concerned with all aspects of urinary and faecal incontinence in all patient groups.
Interventional procedure (IP)	A procedure used for diagnosis or treatment that involves making a cut or hole in the patient's body, entry into a body cavity or using electromagnetic radiation (including X-rays or lasers). NICE has the task of producing guidance about whether specific interventional procedures are safe enough and work well enough for routine use.
Intramural bulking agents	Materials used to treat stress urinary incontinence. They are injected into the sides of the tube that carries urine out of the body (the urethra). This helps it remain closed so that urine is less likely to leak out. See bulking agents
Intrinsic sphincter deficiency (ISD)	Incompetence of the urethral sphincter mechanisms usually associated with severe stress incontinence symptoms, due to inherent weakness of the sphincter itself, as opposed to the more common problem of abnormal urethral support (hypermobility).
Introitus	Entrance into the vagina.
Kappa score or rating	A measure of agreement between two individuals or variables, where 1 indicates perfect agreement.

Term	Definition
'Knack'	A conscious contraction of pelvic floor muscle preceding rises in intraabdominal pressure, for example with cough. Also called 'counterbracing'.
Laparoscopy	A surgical procedure that allows access to the inside of the abdomen and pelvis without having to make large incisions in the skin. A tube with a light and camera in the end is inserted through the abdominal wall to view the abdominal cavity and organs. Small surgical instruments are used to perform the surgery. Also known as 'keyhole surgery'.
Level of evidence (evidence level, EL)	A code (for example 1++, 1+) linked to an individual study, indicating where it fits into the hierarchy of evidence and how well it has adhered to recognised research principles.
Literature review	A process of collecting, reading and assessing the quality of published (and unpublished) articles on a given topic.
Manchester repair	An operation used to treat uterine prolapse. It involves shortening the cervix (neck of the womb) and supporting the womb in its natural position.
Mesh	A structurally-supportive woven synthetic material, which can be permanent, absorbable or partially absorbable, that can be placed surgically through the vagina or abdomen to reinforce the tissues during surgery for treatment of pelvic organ prolapse. Slings made of polypropylene mesh are used for the surgical treatment of stress urinary incontinence. See Synthetic mid-urethral sling, Synthetic mid-urethral tape, Mesh sling
Mesh erosion	This is a general term for any synthetic mesh or mesh sling that is found perforating an organ after surgery, such as the urinary tract or bowel. This term is also used to refer to mesh exposure or mesh extrusion. See Mesh exposure, Mesh extrusion
Mesh exposure	Mesh or mesh sling that is visible in the vagina, where separation of the vaginal epithelium has occurred. This can be asymptomatic (when the woman is not aware/ bothered by the potential problem) or there may be symptoms such as pain or bleeding. See Mesh erosion, Mesh extrusion
Mesh extrusion	Mesh or mesh sling that is protruding into the vagina or through the skin. This can be asymptomatic (when the woman is not aware/ bothered by the potential problem) or there may be symptoms such as pain or bleeding. See Mesh erosion, Mesh exposure
Mesh inlay	A sheet of synthetic mesh that can cut to size and sutured under the vaginal skin to reinforce the prolapse repair.
Mesh kit	A commercially-produced kit for the insertion of synthetic vaginal mesh to treat pelvic organ prolapse. The procedure is performed in a standardised fashion, with the necessary equipment to introduce the mesh (trocars and pre-cut mesh) packaged together in one kit. Kits were available to treat anterior, apical and posterior prolapse. The trocar is a long needle that is used to tunnel through the tissues of the pelvis to insert the mesh. The mesh is pre-cut and may have arms (long strips of mesh) or small plastic anchors, which help to anchor the device in the tissues.
Mesh procedures	A range of surgical procedures that use different types of mesh material to support tissues. Mesh procedures are used to treat stress

Term	Definition
	urinary incontinence and pelvic organ prolapse in women. Once in place the plastic mesh is permanent and may be impossible to remove.
Mesh sling	A flat strip of structurally-supportive woven synthetic material, usually made of polypropylene, which is placed surgically below the urethra for the treatment of stress urinary incontinence. Mesh slings are often inserted using trocars (needles) and can be placed behind the pubic bone (via the retropubic route) or through a part of the pelvis called the obturator foramen (via the transobturator route). Some mesh slings are also sometimes inserted using only a single vaginal incision (so called 'single-incision mini-slings'). See Single-incision mini-sling, Synthetic mid-urethral mesh sling
Mid-urethra	A term to describe the middle part of the urethra. Synthetic mid-urethral slings are inserted here.
Mini-Cog test	A 3-minute screening test for cognitive impairment in older adults in a primary care setting, consisting of a 3-item recall test for memory and a simple clock-drawing test.
Mixed urine incontinence (MUI)	Involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing.
Multidisciplinary team (MDT)	A team of healthcare professionals that is formed to help diagnose and/or treat complex conditions. MDTs are generally used when it is suitable for care to be provided on a case basis and the complex nature of the condition requires input from many professionals in different areas of medicine.
Multivariate analysis	An analysis where the effects of many variables are considered. It can select a subset of variables that significantly contribute to the variable in the outcome.
Nocturia	The complaint of having to wake at night one or more times to void. See also frequency.
Nocturnal enuresis	Urinary incontinence occurring during sleep. The term enuresis itself is synonymous with incontinence and, where it is intended to denote incontinence during sleep, it should always be qualified with the adjective 'nocturnal'.
Non-experimental study	A study based on subjects selected on the basis of their availability, with no attempt having been made to avoid problems of bias.
Observation	Observation is a research technique used to help understand complex situations. It involves watching, listening to and recording behaviours, actions, activities and interactions. The settings are usually natural but they can be laboratory settings, as in psychological research.
Obturator foramen	Openings in the pelvis that lie to the left and right of the pubic bone. Some surgical procedures for stress urinary incontinence are inserted through the muscles and tissues which lie over the obturator foramen (for example, a transobturator mid-urethral mesh sling). See Transobturator mid-urethral mesh sling
Open surgery	Surgery for treatment of incontinence or pelvic organ prolapse that uses incisions in the abdominal skin to access the relevant organs (e.g. bladder neck). See Laparoscopy
Overactive bladder (OAB) syndrome	Urgency, with or without urge urinary incontinence, usually with frequency and nocturia. OAB wet is where (urge) incontinence is present and OAB dry is where incontinence is absent.
Oxford grading system	A system for assessing pelvic floor muscle contraction, where 0 = no contraction, 1 = flicker, 2 = weak, 3 = moderate, 4 = good, 5 = strong.
Pad test	A diagnostic method used to detect and quantify urine loss based on weight gain of absorbent pads during a set time period.

Term	Definition
Paravaginal repair	Anterior vaginal wall repair that involves reattaching the side of the vagina to the sidewall of the pelvis. Can be performed laparoscopically or abdominally. See Laparoscopy, Open surgery
Pelvic floor muscle training (PFMT)	Repetitive selective voluntary contraction and relaxation of specific pelvic floor muscles.
Pelvic organ prolapse quantification (POP-Q)	A method for classifying the stage of prolapse with 9 measurements, six specific vaginal sites (A, Ba, C, D, Bp, Ap) and the vaginal length are measured in centimetres from the introitus as well as the length of the perineal body and the genital hiatus.
Percutaneous sacral nerve stimulation	A procedure to stimulate the nerves at the base of the spine, that affect the bladder and surrounding muscles. It is done by implanting a stimulation device through a small cut in the woman's back. This is often abbreviated as SNS.
Percutaneous tibial nerve stimulation	Percutaneous tibial nerve stimulation is the least invasive procedure to stimulate nerves used to treat overactive bladder and the associated symptoms of urinary urgency, urinary frequency and urge incontinence. Also known as posterior tibial nerve stimulation. Treatment for overactive bladder involves inserting a fine needle into a nerve just above the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder function.
Performance bias	Systematic differences in care provided apart from the intervention being evaluated. For example, if study participants know they are in the control group they may be more likely to use other forms of care; people who know they are in the experimental group may experience placebo effects, and care providers may treat patients differently according to what group they are in. Masking (blinding) of both the recipients and providers of care is used to protect against performance bias.
Perineometer	A device for measuring the strength of pelvic floor muscle contraction. Used as a form of biofeedback during treatment, or to measure treatment outcome.
Perineorrhaphy	A surgical procedure to repair the perineum (skin, connective tissue and muscle between the vagina and anus). It is often performed at the same time as prolapse surgery to provide additional support.
Pessary	A medical device inserted into the vagina to reduce pelvic organ prolapse or to provide slow-releasing medication (e.g. oestrogen) directly into the vagina.
Pilot study	A small-scale 'test' of the research instrument. For example, testing out (piloting) a new questionnaire with people who are similar to the population of the study, in order to highlight any problems or areas of concern, which can then be addressed before the full-scale study begins.
Point estimate	A best single estimate (taken from research data) for the true value of a treatment effect or other measurement. For example, researchers in one clinical trial take their results as their best estimate of the real treatment effect – this is their estimate at their point in time. The precision or accuracy of the estimate is measured by a confidence interval. Another clinical trial of the same treatment will produce a different point estimate of treatment effect.
Posterior intravaginal slingplasty	A procedure to correct prolapse of the vaginal vault in women who have had a previous hysterectomy. The procedure involves attaching a synthetic strip of mesh between the vaginal vault to the pelvic tissues alongside the vagina and rectum. This procedure is also known as 'Infracoccygeal sacropexy using mesh'.

Term	Definition
Posterior colporrhaphy	Vaginal operation for the treatment of rectocele (posterior vaginal wall prolapse). Involves plication of the fascia between vaginal and rectal walls. Also known as posterior repair
Post-void residual urine (PVR)	The volume of urine left in the bladder immediately after voiding.
Primary care trust (PCT)	A primary care trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs.
Probability	How likely an event is to occur, such as how likely a treatment or intervention will alleviate a symptom.
Procedure code	A type of medical classification used to identify surgical, medical or diagnostic interventions in a numeric or alphanumeric form (e.g. OPCS).
Proctogram	This is a test to evaluate bowel emptying (that is, defaecation). It involves radiological imaging in which patients are asked to empty their rectum of a barium paste, whilst the process is visualised with a constant X-ray beam (fluoroscopy).
Prognostic factor	Patient or disease characteristics, for example age or co-morbidity, that influence the course of the disease under study. In a randomised trial to compare two treatments, chance imbalances in variables (prognostic factors) that influence patient outcome are possible, especially if the size of the study is fairly small. In terms of analysis these prognostic factors become confounding factors. See also prognostic marker.
Prognostic marker	A prognostic factor used to assign patients to categories for a specified purpose, for example for treatment or as part of a clinical trial, according to the likely progression of the disease. For example, the purpose of randomisation in a clinical trial is to produce similar treatment groups with respect to important prognostic factors. This can often be achieved more efficiently if randomisation takes place within subgroups defined by the most important prognostic factors. Thus if age was very much related to patient outcome then separate randomisation schemes would be used for different age groups. This process is known as stratified random allocation.
Prompted voiding	Prompted voiding teaches people to initiate their own toileting through requests for help and positive reinforcement from carers. It has been used in institutionalised patients with cognitive and mobility problems. They are asked regularly if they wish to void and only assisted to the toilet when there is a positive response.
Prognostic study	A study in which people are entered into the research and then followed up over a period of time with future events recorded as they happen. This contrasts with studies that are retrospective.
Quantitative sensory testing (QST)	A procedure that measures how nerve endings are functioning. This can be done by thermal or vibration testing. QST determines the vibration sensation threshold by stimulating the skin and comparing the results to normative values built into the software.
Rectocele	Herniation (protrusion) of the rectum into the vagina.
Retropubic bottom-up mesh sling	A method to insert a suburethral mesh sling to help with the symptoms of stress urinary incontinence. A needle is inserted upwards through a small incision in the vaginal wall below the urethra, passing behind the pubic bone and through the abdominal wall. Each arm of the mesh goes through the space behind the pubic bone and into the abdominal muscles in a U shape, and supports the urethra. (e.g. TVT, IVS)
Retropubic mid-urethral mesh sling	An operation to treat stress urinary incontinence by inserting a thin strip of soft, plastic mesh to support the urethra. It is inserted through a

Term	Definition
	small cut just inside the woman's vagina and two tiny cuts at the very bottom of her abdomen.
Retropubic top-down mesh sling	A method to insert a suburethral mesh sling to help with the symptoms of stress urinary incontinence. A needle is inserted downwards through the abdominal wall passing behind the pubic bone and through a small incision in the vaginal wall below the urethra in a U shape and supports the urethra. (e.g. SPARC)
Review	A summary of the main points and trends in the research literature on a specified topic. A review is considered non-systematic unless an extensive literature search has been carried out to ensure that all aspects of the topic are covered and an objective appraisal made of the quality of the studies.
Risk ratio	Ratio of the risk of an undesirable event or outcome occurring in a group of patients receiving experimental treatment compared with a comparison (control) group. The term relative risk is sometimes used as a synonym for risk ratio.
Sacrocolpopexy	An operation to treat prolapse of the vaginal vault (top of the vagina) in women who have had a hysterectomy. It uses mesh to attach the woman's vagina to the base of her backbone (sacrum), which restores the vagina to its normal position. It can be performed with keyhole surgery or through a bigger cut.
Sacro-hysteropexy	An operation to treat uterine prolapse. A strip of plastic mesh is used to attach the woman's womb to the base of her back bone (sacrum). It may be performed through an abdominal incision (open) or laparoscopically (keyhole). See hysteropexy
Sacrospinous fixation	A surgical procedure designed to restore support to the uterus or vaginal vault. Through a cut in the vagina, sutures (permanent or absorbable) are placed into a strong pelvic ligament, the sacrospinous ligament, and then to the vaginal vault.
Sacrospinous hysteropexy	An operation to treat uterine prolapse that involves supporting the uterus in its natural position with stitches. The procedure is performed through a cut on the inside of the woman's vagina. See hysteropexy
Selection bias	Selection bias has occurred if the characteristics of the sample differ from those of the wider population from which the sample has been drawn or if there are systematic differences between comparison groups of patients in a study in terms of prognosis or responsiveness to treatment.
Selection criteria	Explicit standards used by guideline development groups to decide which studies should be included and excluded from consideration as potential sources of evidence.
Short form 36 (SF-36)	A generic multipurpose 36-item survey that measures eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health.
Sigmoidoscopy	A thin, flexible tube that enables a digital image of the rectum and sigmoid colon (the lower parts of the large bowel) to be visualised.
Single-incision mini-sling (SIMS)	A surgical procedure to insert synthetic mesh sling to treat symptoms of stress urinary incontinence. The slings are shorter than retropubic and transobturator mesh slings and are inserted using only a single incision. The sling is usually attached to the tissues at each end with a small plastic anchor. There are several designs of mini-slings, each of which have different tissue anchor or fixation points. e.g. Non-adjustable: Contasure Needleless, TVT-Secur, MiniArc, Ophira

Term	Definition
	Adjustable: retropubic (Ajust), transobturator (TOA)
Specialist	A specialist is any healthcare professional who has received appropriate training to be able to provide the particular range of specialist services he or she undertakes, and who works within the context of an integrated, multidisciplinary continence team. Particular service profiles will differ from one place to another.
Specific indication	When a drug or a device has a specific remit to treat a specific condition and is not licensed for use in treating other conditions or diseases.
Stamey grading of urinary incontinence	Grade 1: urine loss only with coughing/sneezing/lifting heavy objects. Grade 2: urine loss with minimal activities, such as walking or rising from sitting position. Grade 3: totally incontinent in upright position.
Stress test	A clinical test for the demonstration of stress urinary incontinence. The woman is asked to cough while the observer visualises the external urethral meatus. The test may be undertaken either after filling to a known volume, or prior to micturition, the volume being recorded thereafter. It may be undertaken supine or standing.
Stricture	A narrowing of the bowel usually caused by recurrent inflammation. This slows or blocks the passage of food through the bowel.
Sub-urethral slings	A flat strip of structurally-supportive material, which can be biological (autologous graft, allograft or xenograft) or synthetic (e.g. polypropylene mesh), that is placed surgically below the urethra to relieve symptoms of stress urinary incontinence. It provides support to the urethra to prevent leakage of urine during exertion.
Suture hysteropexy	A surgical procedure, which is usually performed laparoscopically, to re-suspend a prolapsed uterus. The ligaments that normally support the uterus are shortened (that is plicated) with a suture (stitch) and reattached to the back of the cervix (the neck of the womb).
Synthetic mid-urethral mesh sling	A flat strip of structurally-supportive material, usually made of polypropylene mesh that is placed surgically below the urethra to relieve symptoms of stress urinary incontinence. Mesh slings are often inserted using trocars (needles) and can be placed behind the pubic bone via the retropubic route, through a part of the pelvis called the obturator foramen via the transobturator route, or only using a vaginal incision (single-incision mini-sling). These devices are also commonly referred to as 'tapes'. See Mesh sling
Synthetic mid-urethral tape	See Synthetic mid-urethral mesh sling.
Target population	The people to whom guideline recommendations are intended to apply. Recommendations may be less valid if applied to a population with different characteristics from the participants in the research study – for example in terms of age, disease state, social background.
Timed voiding	Timed voiding (scheduled, routine or regular toileting) is a passive toileting assistance programme that is initiated and maintained by a caregiver, for example for patients who cannot participate in independent toileting. Toileting is fixed by time or event, on a regular schedule, or a schedule to match the patient's voiding pattern.
Transcutaneous sacral nerve stimulation (tSNS)	Involves stimulating the same nerves as SNS (sacral nerve stimulation) around the bladder or bowel, but via trans-dermal patches over the sacral skin.
Transcutaneous tibial nerve stimulation	Involves stimulating the tibial nerve via trans dermal patch over the ankle
Transobturator inside-out mesh sling (TVT-O)	A method to insert a suburethral mesh sling to help with the symptoms of stress urinary incontinence. A trocar is used to insert a mesh sling

Term	Definition
	horizontally through the obturator foramen from an incision in the vagina to an exit point in the thigh. Each arm of the mesh lies in the muscles that overlie the obturator foramen and in the muscles of the upper inner thigh.
Transobturator outside-in mesh sling (TOT)	A method to insert a suburethral mesh sling to help with the symptoms of stress urinary incontinence. A trocar is used to insert a mesh sling horizontally through the obturator foramen from an incision in the thigh to an incision on the vagina. Each arm of the mesh lies in the muscles overlie the obturator foramen and in the muscles of the upper inner thigh. (e.g. MONARC, Obtape)
Urethral competence	The ability of the urethral sphincter mechanisms to retain urine in the bladder at all times other than during normal micturition.
Urethral hypermobility	Incompetence of the urethral sphincter mechanisms usually associated with stress incontinence symptoms, due to failure of urethral support.
Urethral pain	Pain felt in the urethra and the patient indicates the urethra as the site.
Urgency urinary incontinence	Involuntary urine leakage accompanied by or immediately preceded by urgency (formally known as urge urinary incontinence).
Urgency	The complaint of a sudden compelling desire to pass urine which is difficult to defer.
Urgency-frequency syndrome	Another name for overactive bladder.
Urinary diversion	An operation to reroute the normal flow of urine out of the woman's body so that it passes through an opening in the abdomen into an external bag, instead of into the bladder.
Urinary retention	The inability to empty the bladder completely.
Urodynamics (UD)	The term 'urodynamics' encompasses a number of varied physiological tests of bladder and urethral function that aim to demonstrate an underlying abnormality of storage or voiding. The term is often used loosely to mean multichannel cystometry. See also cystometry and uroflowmetry. Videourodynamics involves synchronous radiographic screening of the bladder with multichannel cystometry and is so called because originally the information was recorded to videotape. Ambulatory urodynamics involves multichannel cystometry carried out with physiological bladder filling rates and using portable recording devices that enable to patient to remain ambulant during the test.
Urodynamic stress urinary incontinence	The demonstration of involuntary leakage of urine during increased abdominal pressure but in the absence of detrusor contraction during filling cystometry.
Uroflowmetry	Uroflowmetry entails a free-flow void into a recording device that provides the practitioner with information about the volume of urine passed, and the rate of urine flow.
Uterosacral ligament suspension	This is a vaginal procedure to support the top of the vagina (vault) after hysterectomy. The top of the vagina is sewn to the uterosacral ligaments, which run between the uterus and the pelvic bones, to provide support.
V-Brace	A support garment that is worn over underwear for women with pelvic organ prolapse or for pregnancy-related vulval varicosities.
Vaginal sacrospinous fixation	A type of surgery used to treat vaginal vault or uterine prolapse. The top of the vagina or the cervix is stitched to a ligament in the pelvis. It is done through a cut on the inside of the vagina
Vaginal sacrospinous hysteropexy	An operation used to treat uterine prolapse. Stitches are used to support the pelvic organs in their natural position. It is carried out through a cut on the inside of the woman's vagina
Vaginal vault	A term used to refer to the top of the vagina after a hysterectomy.

Term	Definition
Variable	A measurement that can vary within a study, such as the age of participants. Variability is present when differences can be seen between different people or within the same person over time, with respect to any characteristic or feature that can be assessed or measured.
Vault prolapse	A prolapse that occurs when the upper portion of the vagina loses its normal support and drops down into the vaginal canal or outside of the vagina.
Voiding dysfunction	The term is not formally defined but is used to indicate objective evidence of abnormal voiding. This is usually based on a combination of diminished urine flow rate, abnormal flow pattern, raised detrusor voiding pressure and the presence of postmicturition residual urine. It is often, but not always, associated with symptoms of voiding difficulty (hesitancy, straining, poor or intermittent urinary stream) and/or post-micturition symptoms (sensation of incomplete emptying, postmicturition dribble).

Abbreviations

Abbreviation	Definition
6CIT	6-Item Cognitive Impairment Test
ACE-III	Addenbrooke's Cognitive Examination III
AMTS	Abbreviated Mental Test Score
BFLUTS-SF	Bristol Female Lower Urinary Tract Symptoms Scored Form questionnaire
BME	Black and minority ethnic
BoNT-A/BOTOX®	Botulinum toxin A
CDSR	Cochrane Database of Systematic Reviews
CENTRAL	Cochrane Central Register of Controlled Trials (formerly known as Cochrane Central Register of Controlled Trials [CCTR]).
CT	Computerised Tomography
DARE	Database of Abstracts of Reviews of Effects
EMG	Electromyography
ePAQ-PF	electronic Personal Assessment Questionnaire-Pelvic Floor
ESTER	Effectiveness and cost-effectiveness of Surgical Treatments for womEn with stRes urinary incontinence: An evidence synthesis
EUA	Examination under anaesthetic
FSFI	Female Sexual Function Index
GPCOG	General Practitioner Assessment Of Cognition
GRADE	Grading of Recommendations Assessment, Development and Evaluation
ICD-11	International Statistical Classification of Diseases and Related Health Problems, 11 th revision
ICIQ-UI	International Consultation on Incontinence Modular Questionnaire-Urinary Incontinence
ICIQ-UI SF	International Consultation on Incontinence Modular Questionnaire-Urinary Incontinence Short Form
ICIQ-VS	International Consultation on Incontinence Modular Questionnaire-Vaginal Symptoms
I-QOL	Urinary Incontinence Quality of Life Scale
IPG	Interventional procedures guidance
ISI	Incontinence Severity Index
ISD	Intrinsic sphincter deficiency
IVS	Intravaginal slingplasty
KHQ	King's Health Questionnaire
MMSE	Mini-Mental State Examination
MoCA	Montreal Cognitive Assessment
MRI	Magnetic resonance imaging
MUI	Mixed urinary incontinence
NA	Not applicable
NHSE	National Health Service England
NR	Not reported
OAB	Overactive bladder
PFDI-20	Pelvic Floor Distress Inventory-Short Form 20
PFIQ-7	Pelvic Floor Impact Questionnaire-Short Form 7
PISQ-12	Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire Short-Form
PIVS	Posterior intravaginal slingplasty
POP	Pelvic organ prolapse

Abbreviation	Definition
POP-Q	Pelvic Organ Prolapse Quantification system
POP-SS	Pelvic Organ Prolapse Symptom Score
QST	Quantitative Sensory Testing
RCI	Reliable change indices
ROBINS-I	Risk Of Bias In Non-randomised Studies - of Interventions tool
ROBIS	Risk of Bias in Systematic Reviews tool
SCP	Laparoscopic sacrocolpopexy
SEAPI-QMM	Stress-related leak, Emptying ability, Anatomy (female), Protection, Inhibition-Quality of life, Mobility, Mental status incontinence classification system
SIM	Self-instruction manual
SIMS	Single-incision mini-sling
SUI	Stress urinary incontinence
SUIQQ	Stress and Urgency Incontinence and Quality of Life Questionnaire
TOA	Adjustable transobturator mesh sling (also known as adjustable transobturator tape)
TOT	Transobturator outside-in mesh sling (also known as transobturator tape)
UI	Urinary incontinence
UISS	Urinary Incontinence Severity Score
US	Ultrasonography
USI	Urodynamic stress incontinence
VA	Vaginal atrophy
VAS	Visual analogue scale

Abbreviations from 2013 guideline

12.1 Abbreviations

ADL activities of daily living

AE adverse effects

AFR acceleration of flow rate

ALPP abdominal leak point pressure

AM ambulatory monitoring

AUS artificial urinary sphincter

BAUS–SFRU British Association of Urological Surgeons Section of Female and Reconstructive Urology

b.d. to be taken twice a day (bis die)

BMI body mass index

BNF British National Formulary

BOA basic office assessment

BSUG British Society of Urogynaecology

CEE conjugated equine oestrogens

CI confidence interval
CIC clean intermittent catheterisation
CISC clean intermittent self-catheterisation
CNS central nervous system
CT computed tomography
DB double-blind
DDAVP desmopressin
DO detrusor overactivity
DS diagnostic study
EL evidence level (level of evidence)
EMG electromyography
ER extended release
ES electrical stimulation
FB Fluid-Bridge
GA general anaesthesia
2013 Update
Abbreviations and glossary
367
GDG guideline development group
GP general practitioner
GPP good practice point
HRT hormone replacement therapy
ICER incremental cost effectiveness ratio
ICS International Continence Society
IIQ incontinence impact questionnaire
IP Interventional Procedures (see IPAC)
IQR interquartile range
IR Immediate release
ISC intermittent self-catheterisation
ISD intrinsic sphincter deficiency
ITT intention-to-treat analysis
IVS intravaginal slingplasty

KHQ King's Health Questionnaire
LA local anaesthesia
LOCF last observation carried forward
LPP leak point pressure
LUTS lower urinary tract symptoms
MC multichannel (cystometry)
MDT multidisciplinary team
MHRA Medicines and Healthcare products Regulatory Agency
MMK Marshall–Marchetti–Krantz
MMSE Mini Mental State Examination
MPA medroxyprogesterone acetate
MRI magnetic resonance imaging
MUCP maximum urethral closure pressure
MUI mixed urinary incontinence
n number of patients
NA not applicable
NCC-WCH National Collaborating Centre for Women's and Children's Health
NHS National Health Service
2013 Update
Urinary incontinence in women
368
NICE National Institute for Health and Care Excellence
NPV negative predictive value
NS not statistically significant
OAB overactive bladder
OAB-q overactive bladder questionnaire
o.d. to be taken once daily
OR odds ratio
PCT primary care trust
PFMT pelvic floor muscle training
PFM pelvic floor muscle
PGI-I patients global impression of improvement

PNE percutaneous nerve evaluation
POP pelvic organ prolapse
POP-Q pelvic organ prolapse quantification system
PIIP Patient and Public Involvement Programme
PPV positive predictive value
PTFE polytetrafluoroethylene
P-PTNS percutaneous posterior tibial nerve stimulation
P-SNS percutaneous sacral nerve stimulation
PTR pressure transmission ratio
PVR post void residual
pt(s) patient(s)
QALY quality adjusted life year
q.d.s. to be taken four times a day (quarter die sumendus)
QOL quality of life
r correlation coefficient
RCT randomised controlled trial
RR relative risk
SA spinal anaesthesia
SB single-blind
SD standard deviation
SE standard error
SF-36 Short form 36
SIGN Scottish Intercollegiate Guidelines Network
SII symptom impact index
SNS sacral nerve stimulation
SPARC suprapubic arc sling
SSI symptom severity index
2013 Update
Abbreviations and glossary
369
SUI stress urinary incontinence
SUIQQ stress and urge incontinence quality of life questionnaire

t.d.s. to be taken three times a day (ter die sumendus)
TENS transcutaneous electrical nerve stimulation
TOT transobturator tape
TVT tension-free vaginal tape
T-PTNS transcutaneous posterior tibial nerve stimulation
T-SNS transcutaneous sacral nerve stimulation
UCP urethral closure pressure
UD urodynamics
UDI urogenital distress inventory (questionnaire)
UI urinary incontinence
UISS urinary incontinence severity score
UPP urethral pressure profile or profilometry
USI urodynamic stress urinary incontinence
UTI urinary tract infection
UUI urge urinary incontinence
VAS visual analogue scale
VCU videocystourethrography
VLPP valsalva leak point pressure
WVC weighted vaginal cone