

## Final Programme (29.4.24) for 11<sup>th</sup> ICI-RS 6-8th June 2024

### Think Tanks (TT) and Proposals (P) with Chairs

Date	Time	Event	Chair,
<b>Thursday 6<sup>th</sup> June</b>	12.30-13.30	<b>Lunch and Registration in Waterside 3</b>	
	13.30-15.00	TT1 Can we prevent recurrent UTIs without antibiotics, in both those who do and do not use catheters?	Harding
	13.30-15.00	TT2: How do we precisely define “high risk bladder”? and what are the interrelationships between inflammation, blood flow, fibrosis and loss of bladder compliance,	Arlandis
	13.30-15.00	TT3: Would a systematic evaluation of LUT sensation improve our management of LUTD?	De Rijk
15.00-15.15		<b>Tea</b>	
	15.15-16.00	P1: Can we better understand, diagnose and treat Ketamine-Induced Uropathy and can it be reversed?	Herve
	16.00-16.45	P2: How should we advise patients with LUTD on their target liquid intake and/or urine output, as a cornerstone of life style interventions?	Gammie
	16.45-17.30	P3: Do there need to be technical advances in robotics before we can determine the clinical effectiveness and cost-effectiveness of robotics in urinary tract and pelvic floor reconstructive surgery?	M Wyndaele
19.30		<b>Welcome Dinner at the Riverstation</b>	

<b>Friday</b> 7 <sup>th</sup> June	08.30-10.00	TT4: Can we screen for inherited and acquired conditions, and thereby prevent deterioration in pelvic floor health in the perinatal and peri-menopausal years, by offering personalised preventative care?	Kearney and Draycott: joint chairs,
	08.30-10.00	TT5: Could a better understanding of basic science help our management of LUTS/LUTD in older persons, for example in nocturia and OAB?	Bower
	08.30-10.00	TT6: Is our limited understanding of the effects of nerve stimulation resulting in some poor outcomes and the need for better “rescue programming” in SNS and PTNS, and lost opportunities for new sites of stimulation?	Averbeck
10.-10.15		<b>Coffee</b>	
	10.15-11.00	P4: Should we be treating affective symptoms, like anxiety and depression which may be related to LUTD in patients with, for example OAB or dysfunctional voiding?	Vritjens
	11.00-11.45	P5: Moving beyond the bladder diary: does new flow rate measurement technology now allow us to take investigation of LUTS into the community?	Drinnan
	11.45-12.30	Reports from TTs 1 – 3	
12.30-13.30		<b>Lunch</b>	
	14.30-15.30	P6: Do we need an innovative approach to assessing unmet need, delivering education on bladder health, and providing a better environment for joint decision making?	Cotterill
	15.00-15.45	P7: How can we show that AI can improve our assessment and management of LUTD such as urodynamic data and OAB?	Finazzi Agro
	15.45-16.00	<b>Tea</b>	
	16.00-16.45	P8: Can the bladder itself “measure” volume, and thereby help to determine when initiation of voiding should occur?	Van Koeveringe
	16.45-17.30	Reports from TTs 4 – 6	
19.30		<b>ICI-RS Dinner, Palm Court at the Marriott</b>	

<b>Saturday 8<sup>th</sup> June</b>	09.00-10.30	TT7: Are we able to advise women on possible poor outcomes from vaginal surgery for POP and SUI, by understanding adverse vaginal factors, by preop optimisation of hormones and the microbiome to maximise the positive outcomes of SUI and POP surgery, and predicting how preoperative or post-op denovo pelvic symptoms such as urgency or pain may change or arise after surgery, thereby improving preop consultation and decision making?	Robinson
	09.00-10.30	TT8: Can we improve our “routine” assessment to exclude neurogenic causes for LUTD such as OAB/DO?	Drake
	09.00-10.30	TT9: Can we improve our understanding of the causes of DU and whether it is possible to regenerate underactive detrusor?	Sinha
10.30-10.45		<b>Coffee</b>	
	10.45-11.45	P9: Should we re-focus on possible urethral dysfunction in LUTD?	Cherminsky
	11.45-12.30	Reports from TTs 7 – 9	
	12.30	ANNUAL GENERAL MEETING	
12.45		<b>Lunch and Home</b>	