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## **URODYNAMICS AS FIRST APPROACH IN MANAGEMENT OF WOMEN WITH URINARY INCONTINENCE: AN UNWANTED PRACTICE!**

### Hypothesis / aims of study

To evaluate our management of women with Urinary Incontinence (UI) and determine unit compliance with NICE Clinical Guideline 40 [1], that states that all women should be offered conservative treatment prior to urodynamics.

### Study design, materials and methods

Retrospective case note review of patients referred for urodynamics (URODS) over 6 months.

### Results

332 patients underwent URODS. 184 (56%) patient's case notes were reviewed. 23 patients were tertiary referrals for URODS only; the data on these is consequently incomplete.

22 patients had surgery for Stress Urinary Incontinence (SUI) in the past.

Only 2 of 20 patients referred for URODS prior to pelvic organ prolapse surgery received conservative treatment.

Remaining 142 patients were symptomatically categorised into 3 group's according to diagnosis in clinic:

**Group A: Stress Urinary Incontinence (SUI)** - 68 women.

Only 30 (44%) patients received physiotherapy prior to undergoing URODS. Of these, 83% had received formal physiotherapy prior to hospital referral. Only 3 patients were offered Duloxetine.

**Group B: Mixed Urinary Incontinence (MUI)** - 64 women.

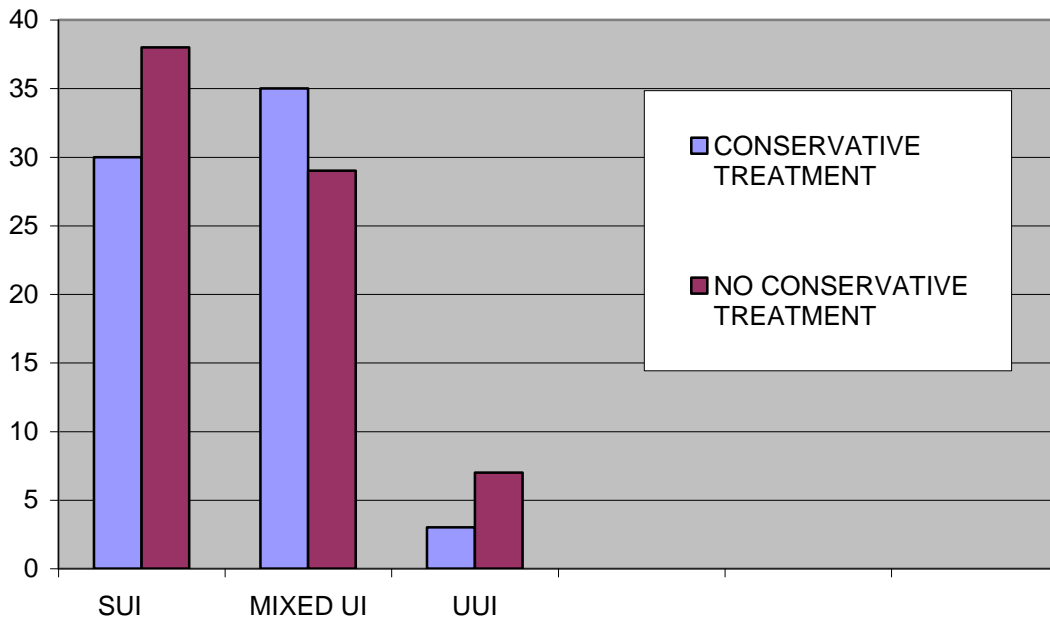
16 (25%) patients received both physiotherapy and anticholinergic treatment before undergoing URODS. 15% patients underwent formal bladder training. 15% had either physiotherapy or anticholinergic treatment. 29 (45%) patients however, received no form of conservative treatment.

**Group C: Urge Urinary incontinence (UUI)** - 10 women

3 (30%) women received anticholinergic treatment and none had formal bladder training prior to undergoing URODS.

Voiding diaries were used in only 30 patients (16%) in initial assessment and advice about life style changes was only documented in 44 (24%) case notes.

PROPORTION OF WOMEN WHO RECEIVED SOME FORM OF CONSERVATIVE TREATMENT BEFORE URODS



Interpretation of results

We have found that more than half of women in our service have not received any conservative treatment before undergoing URODS.

Concluding message

Urodynamic investigations have been inappropriately used as a first approach in the management of women with Urinary Incontinence. This is not compliant with NICE guidelines, and our Gold Standard. This puts extra pressure on URODS clinic and most importantly subjects many women to unnecessary invasive tests. There are also significant cost implications for this practice.

We have implemented a clinical care pathway for management of patients with UI. There are now strict referral criteria for URODS, ensuring that all women have received conservative therapies prior to referral. This will be re-audited.

References

1. CG40 Urinary incontinence: The management of urinary incontinence in women. NICE. OCT.2006; <http://www.nice.org.uk/nicemedia/pdf/CG40fullguideline.pdf>

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<b><i>What were the subjects in the study?</i></b>	<b>NONE</b>