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Short J¹

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DOES CYSTOMETRY CHANGE PATIENT MANAGEMENT ?

Hypothesis / aims of study

To assess the clinical utility of cystometry in a secondary gynaecology unit.

Study design, materials and methods

A retrospective, observational study that formed part of a wider urodynamics audit.

The subjects were Gynaecology patients who had undergone urodynamic studies (performed by local urologists as per local service structure, using x-ray/"video" techniques).

Patient identification numbers were obtained from the urodynamics nurse for all gynaecology patients who underwent cystometry between January and July 2009.

Casenotes were obtained and reviewed.

Data was collected for the following-

Patient symptoms, conservative management pre-urodynamics, concurrent issues (eg prolapse) pre-urodynamic work-up, urodynamic process and findings, symptoms reproduced during urodynamics, urodynamic conclusions and post-urodynamic management.

When this data was reviewed a judgement was made by the author on whether the ongoing management was altered by the urodynamic studies.

Specific examples of how this was done will be presented.

The judgements were either "yes", "no" or "debateable".

A judgement of "no" was made if the ongoing management decisions would have been appropriate prior to urodynamic studies (eg physiotherapy) or if the decisions would have been the same if the urodynamic findings were different (eg proceeding to continence surgery despite absence of urodynamic stress urinary incontinence).

Results

57 patients were identified from the urodynamic database.

Urodynamic data was available for 56 women.

2 women did not further follow up, so no data was available re ongoing management.

Out of the 54 final subjects-

24 (44.5%) cases of "no"- where management was not altered by cystometry.

15 (27.75%) cases of "yes"- where management was altered by cystometry

15 (27.75%) cases of "debateable"- where it is unclear if management was altered by cystometry

Additional data-

38/56 (68%) cases had no conservative management prior to urodynamics.

37/56 (66%) cases had concurrent Gynae problems, mostly prolapse.

30/56 (53%) cases did not have any of their symptoms reproduced during cystometry

Interpretation of results

In only a minority of cases does cystometry definitely contribute to ongoing management.

This may relate to the low rate of conservative management prior to referral for urodynamics. This, in turn, may relate to the high rate of concurrent Gynaecology issues for which surgical management might be being considered. Also, the proportion of women having their symptoms reproduced appears low which would influence the conclusions of the test and hence subsequent management. This in turn may relate to technical issues regarding the test itself, such as the use of "video".

Concluding message

The place of cystometry as a routine investigation for urinary symptoms is open to question. This study has significant limitations. Well designed prospective studies are required to properly evaluate the clinical utility of cystometry.

Specify source of funding or grant	none
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	this was a retrospective audit project performed as part of the departmental clinical governance/quality assurance program.

<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	it was an audit
<i>Was informed consent obtained from the patients?</i>	No
