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URODYNAMIC STUDIES (UDS) IN WOMEN WITH URINARY DISORDERS: MANAGEMENT, CARE AND COMMUNICATION

Hypothesis / aims of study

Many women are referred to the urodynamic study due to the fact that this procedure contributes on the diagnose evaluation of urinary derangement and its dimensions[1]. In this context, the central question for this study was to know what were the difficulties, limitations and insecurities faced by women at the moment that precedes urodynamic study, which could be minimized by the adequate use that enwraps effective care and satisfactory communication. Thus, the aim of this study was to prepare a Manual of Guidance and Care in the management of urodynamic study intended to ease the impact caused in women and to contribute to the quality of the diagnose.

Study design, materials and methods

The adopted method was of exploratory-descriptive type, of quantitative nature, yet comprising qualitative aspects acquired from the interview. In this sense, the study developed an insert containing explanatory information on the conventional UDS (Urodynamic study), in order to soften its impact and facilitate its procedure. The study population is comprised of women with urinary disorder referred to UDS. The sample includes 71 women, aged 20 years or older, not pregnant, intellectually apt to answer to the questionnaire. The data collecting instrument is divided into four parts: I. Interviewee identification data; II. Habits and care related to bladder and micturition ; III. Urodynamic study. IV. General observations of the genitalia (exams and interviewer notes). The instrument was validated through two phases. First, by interviewing two women with urinary disorder who were referred to the urodynamic study. Subsequently, they were not included in the study. The second phase was established by the technique of analysis by judges, with the participation of a specialist in urology and a specialist in research methodology. The instrument went through corrections and adaptations based on suggestions and complementation, and detected shortcomings.

Results

Regarding the subjects age, 58% of the interviewees were in their fifties or sixties, 7% in their seventies or older, and 21% in their forties. With respect to religion, 75% declared to be catholic and 25% evangelic. They were all labour active women, showing that 32% kept busy with house chores, and 68% held some kind of work outside the home. As regards to birth, out of 265 referred pregnancy, there were 203 normal deliveries, 50 caesareans, and 12 abortions. As per genital anatomic alterations, 74% of the interviewees showed some degree of genital prolapse. Urodynamic observations and conditions were as follows: Stress Urinary Incontinence (SUI) 36%; SUI and Detrusor Overactivity (DO) 20%; Overactive Bladder (OAB-DO) 17%; SUI and Urge Urinary Incontinence (UUI) 14%; symptons and findings suggesting Bladder Outlet Obstruction 7% and UUI (DO) 6%. As for habits and care related to the bladder and urination, 96% said to have daily hygiene procedures, being that 29% with the use of douching, 29% with sit bath, 26% plain baths, and 15% with other means. Regarding the frequency of daily hygiene procedures, 52% executed it twice a day, 18% only when bathing, 17% numerous times during the day (due to urine loss bad odor), and 13% after urinating. Involuntary loss of urine was mentioned by 88.7% of the interviewees where 90.1% felt embarrassed,73.2% required feminine hygiene pads, a little less than half of them (45.1%) reported malodorous. Regarding the major impact of urinary disorders in their daily lives, 24% mentioned impairment in their physical activities, 22% stated having social life withdrawn, 18% work impairment, 16% complained of distancing in family relationship and 11% distancing from their partners, and 6% of drop back in their sexual lives. Despite the impact in the quality of life of the affected, they do not feel comfortable discussing the matter with other family members or with health professionals. As regards to the level of knowledge on urodynamic study, 50% reported not knowing anything about the test and 34% considered it a very important exam for a diagnosis, 7% reported it as a lengthy examination and 9% as being uncomfortable and embarrassing. It is important to note that 39% sought information about the exam with other women who had already done it. With respect to urodynamic study procedures that had an impact on these women during their execution, urinating in front of others accounted for 38%, the introduction of catheters into the bladder by 29.6%, the use of rectal probe(balloon) by 25.4% and a lengthy examination by 7%. Additionally, they reported other sensations such as pain (23.9%), embarrassment (21.1%), fear (15.5%) and anxiety (37.4%).

Interpretation of the results

The management that follows the entire UDS process is eased when the spoken words are clear and comprehensive, ie, communication and care are applied by translating the meaning and purpose of the different phases that constitute the UDS, which undoubtedly fosters collaboration of the patient and contributes to obtaining a reliable diagnosis. In this study, 52% of women referred to UDS reported having received information about the exam and 48% reported not having received any. These results may reflect a lack of information and clarification, but it also may indicate the difficulty of understanding and/or lack of clarity in the language adopted. In this manner, we tried to verify if the explanations received at the examination site helped them feel confident and secure, and we obtained the following answers: yes, 52.1%, a little, 25.3%; did not receive any orientation, 22.5%. In site of that, it was noticed that there are flaws in both the quality of communication and on the adopted language. This factor has drawn much attention. It has showed the need for a restructuring of the whole process and the implementation of strategies for effective language and communication. Thus, to avoid searching for clarification and guidance from people who can not always have a positive influence, we opted for the preparation of a supporting material, so as to guide

early and surely women who need UDS. This idea consolidated in the construction of a Guidance Manual, with information on what is urodynamic study, as well as its steps and goals.

Concluding message

Information processing, data analysis and discussion of the results allowed for the following conclusions: 1) Obtained data underscored the importance of building an urodynamic study manual, which outcome was assessed as a positive instrument to mitigate the embarrassment, stress, and anxiety generated by the exam; 2) Urinary disorders are distributed differently in different age groups, progressing as the patient gets older, and are closely related to the number of pregnancies and delivery methods, and are often associated with anatomical and physiological changes of the genitourinary system; 3) Women with urinary disorders who underwent urodynamic study, reported embarrassment in talking about their problem with other people and health professionals, feeling insecure, having low self esteem and limitation in their social lives; 4) Urinary disorders cover a set of dysfunctions with specific manifestations, which are predominant in different age groups, whose differentiation can be effected through the urodynamic study, which emerges as a major auxiliary tool in elucidating diagnosis of such disorders.

References

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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**