

## AUDIT OF URODYNAMICS PRACTICE AT A UK DISTRICT GENERAL HOSPITAL AND TREATMENT OUTCOME FOR PATIENTS FOLLOWING THE TESTS

### Hypothesis / aims of study

To audit the Urodynamics practice at the Trust Hospitals following introduction of New Urodynamics machine to include Valsalva leak Pressure point (VLPP) and Maximal Urethral Pressure (MUP). The Departmental guidelines were updated to include the latest guidance from 'Joint Statement on minimal standards for urodynamic practice in the United Kingdom – 2009' and The NICE Guidelines – Urinary Incontinence in women 2006. We further surveyed our treatment modalities and outcomes following the Urodynamics Test.

### Study design, materials and methods

The audit was done retrospectively with patients attending for urodynamic tests from January 2010 – July 2010. The data was collected after the end of July 2010

A form was devised to gather the information required to assess information for 13 points of practice. Further information was collected for outcomes after Urodynamics Tests. 30 sets of notes were collected. The clinical audit department validated the analysis.

### Results

Auditor Discipline	Doctor (25%) Nurse specialist (75%)
Age	Mean age 53 yrs
Who referred the patient?	Consultant (71%)
Was a continence assessment completed?	100%
Were conservative measurements undertaken before urodynamics test and for how long were they tried - more than 4 months did they help?	96% 89% 66% said no
Was the patient's urine tested on the day of the test was the test delayed because of a suspected U.T.I.?	100% 18%
Were the patient's symptoms demonstrated?	78%
Was urodynamic stress incontinence demonstrated?	78.5%
Were mixed urinary symptoms demonstrated?	46%
What was the closure pressure of the urethral pressure profile?	78.5% bet 30-90
Was the voiding cystometry a normal void for the patient?	85%
Was a bladder scan performed pre and post urodynamics test?	100%
Was the valsalva leak pressure point performed and demonstrated?	Done in 79%. it was demonstrable in 71%
<b>OUTCOMES OF URODYNAMIC TESTING</b>	
Proportion that proceeded to surgery Vaginal Tape Urethral Injections	50% 71% 29%
Was the surgery successful?	60% of vaginal tapes were successful, remaining 4 were awaiting follow up.
Was the patient treated with an anticholinergic following the urodynamics test?	24% needed anticholinergics
Who performed the Urodynamics Test?	Specialist nurses (100%)
Was the Urodynamics Test completed successfully and if not why?	85% completion rate

### Interpretation of results

The results showed that the local practice was as per local guidance. Reporting was found to be far improved than previously. It was felt we needed to ensure there was no urinary infection before patients attend for actual urodynamics test to avoid waste of resources and patient time.

Standard Letter needs improving- this has been done to stress the need for the patient to have their urine tested a few days before urodynamics test.

Encourage patients to attend for their follow up appointment for review following surgery

### Concluding message

It was a very encouraging result. Further recommendations were made to re-audit urodynamic Tests 2012. Business plan was put forward for a further nurse to learn urodynamics testing. We now have to meet the 6 week target for urodynamics testing. Consider change in practice for patients who just have pure urinary stress incontinence not to have urodynamics testing before primary surgery as suggested in NICE guidelines for urinary incontinence in women – although the continence service would suggest continence assessment with routine flow test and bladder scan.

### Disclosures

**Funding:** no funding required **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** It is not a study. It is an audit of Departmental Practice. **Helsinki:** Yes **Informed Consent:** Yes