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## Abstract Reproduction Form B-1

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Title (type in. CAPITAL LETTERS): PATIENTS' VIEWS OF URODYNAMICS: A QUALITATIVE STUDY.

**Aims:** Urodynamics is a potentially distressing procedure for patients. It is, however, an important diagnostic investigation for people who experience urinary leakage. It is also essential as a diagnosis in some research studies that assess interventions for urinary incontinence. This study aims to identify patients' concerns and factors affecting satisfaction with care and thus how the procedure may be improved from the patients' perspectives.

**Methods:** In-depth interviews were carried out by trained interviewers. 21 people who had undergone urodynamics were recruited to the study, 17 female and 4 male. The mean age was 55.8 years (range 40 - 73 years). Fourteen of the participants were recruited from a large study assessing a continence nurse practitioner service and the remaining seven from gynaecology and urology out-patients clinics. The interviews were audio-taped and transcribed, and thematic analysis was then carried out using QSR Nu\*dist 4 computer software.

**Results:** The two main themes that emerged were anxiety and embarrassment. Patients experienced generalised anxiety prior to urodynamics because they did not know what was going to happen to them. Specific worries concerning the catheterisation procedure were common. People were concerned whether the procedure would be painful, how big the tubes were, and how long the investigation took. Relief of anxiety was achieved by good communication, an informal and friendly approach, sensitivity to patients' needs, and individualised information giving. Information needs varied between patients, and standard information leaflets occasionally caused greater anxiety by fuelling the imagination. Failure of verbal communication sometimes undermined the patient's confidence in the technical skills of the health care professional. In a number of cases this resulted in non-compliance with the subsequent treatment plan.

Embarrassment was felt because of the invasion of privacy. Whilst it was recognised that this was unavoidable to a certain extent, factors such as the presence of observers and non-medical personnel exacerbated negative feelings. The interpersonal skills of the health care provider was most important in putting patients at ease and relieving embarrassment.

**Conclusions:** A relaxed, friendly approach and good communication helped to relieve anxiety and embarrassment experienced by patients undergoing urodynamics. Patients information needs vary and information strategies which give patients sufficient *opportunities* for acquiring the type of information they want would be beneficial. This would involve giving them ample time to formulate questions.