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Title (type in CAPITAL LETTERS): IMPORTANCE OF LAG TIME IN NEW ONSET BEDWETTING IN ADULT WOMEN

Aims of Study:
New onset adult bedwetting is a troublesome symptom and may be secondary to a variety of disease processes. This report discusses urodynamic data and delay in opening time as defined by International Continence Society's committee on standardization of terminology. This is the time elapsed from initial rise in detrusor of pressure to onset of flow and the initial Isovolumetric contraction period of micturition. In most urodynamic systems a time lag occurs equal to time taken for urine to pass from point of pressures measurement to urine flow transducer. We also discuss diagnosis, management and outcome of our adult female new onset enuretic patients.

Methods:
From 3/90 to 3/95, 14 adult women (ages 24-75yrs.) presented with bedwetting and underwent evaluation by a urologist. The mean follow up time is 45 months. All 14 presented with 3 weeks to 5 year history of bedwetting. Only 3 had associated neurologic disorders and 10 complained of stress, urgency or mixed urinary incontinence. Six patients required more than 2 pads per 24 hours.

Results:
Five had a peak flow >30cc/sec., 6 had <200cc bladder capacity and 6 had >100cc of post void residual urine. Interestingly, 12 of 14 patients had >5 sec lag time. Of these, 10 had over 10 sec. and 8 had 20 or more seconds lag time. While 3 of these had associated external sphincter dyssynergia, all were diagnosed to have detrusor-internal sphincter dyssynergia and treated with alpha blocker therapy.
Three had biopsy proven chronic cystitis and were treated with long term antibiotics, an anti-cholinergic for detrusor instability and behavioral therapy such as timed voiding, double voiding and relaxed voiding. One underwent surgery and 1 patient was diagnosed to have sleep apnea. Both have improved after surgery and after using machine while asleep respectively. The remaining 12 patients are currently not on any drug, do not have bedwetting and are satisfied.