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| Title (type in CAPITAL LETTERS) | THE ROLE OF CYSTOURETHROSCOPY IN THE EVALUATION OF LOWER URINARY TRACT SYMPTOMS IN WOMEN |

Aims of Study

The role of cystourethroscopy for the evaluation of urinary incontinence and lower urinary tract symptoms in women remains controversial. A review by Cundiff *et al* found that urodynamics without cystourethroscopy would have missed important diagnoses in 19% of women.¹ There are certain absolute indications for cystourethroscopy, such as the investigation of hematuria and sterile pyuria, suspected neoplasia, fistula, diverticulum, or foreign body. However, this is an invasive diagnostic technique with some degree of patient discomfort and the risk of causing dysuria and urinary tract infection. The aim of this study was to review the results of routine cystourethroscopy in women with symptoms of lower urinary tract dysfunction.

Methods

145 consecutive women, presenting to a tertiary care urogynecology unit over a 4 month period with persistent lower urinary tract symptoms, underwent cystourethroscopy. All patients had a complete history and physical examination, including neurologic testing and cough stress test. Uroflowmetry, ultrasound residual, and urine culture were performed at the first visit. All patients had outpatient cystourethroscopy performed under local anesthetic. A 0 degree 15 French Storz-Hopkins cystourethroscope was used for evaluation with carbon dioxide filling medium at a flow rate of 120 mL/min. Patients were covered with antibiotics for the procedure.

Results

The median age of our patient population was 56 years (range 19-87). The median parity was 2 (range 0-6), with 97 (67%) patients postmenopausal and 45% of the postmenopausal group on systemic or local hormone replacement. 17 women (12%) had the presenting complaint of urgency incontinence; 19 (13%) presented with stress incontinence; 84 (58%) had symptoms of mixed incontinence; and 25 (17%) had irritative symptoms such as urgency, frequency, and nocturia with no incontinence. 90 women (62%) had a history of a previous anti-incontinence procedure or anterior vaginal wall repair. Only 7 women (5%) had an abnormal finding on cystourethroscopy that could have been missed without direct visualization of the bladder and urethra. 4 of these women had presented with symptoms of mixed incontinence and 3 had lower urinary tract symptoms with no incontinence. None of the women with symptoms of pure stress incontinence had pathologic findings at the time of their cystourethroscopy. The abnormal findings at cystourethroscopy included 1 of each of the following: post-radiation fibrosis, urethral diverticulum, bladder diverticulum, periurethral cyst, interstitial cystitis, cystitis cystica, and eroded mesh remote from a 2 team abdominovaginal sling procedure

Conclusions

Cystourethroscopy is a valuable tool in the evaluation of women with irritative lower urinary tract symptoms; however, its role in women with pure stress urinary incontinence is still controversial.

References

1. Cundiff GW, Bent AE. The contribution of urethrocystoscopy to evaluation of lower urinary tract dysfunction in women. International Urogynecology Journal and Pelvic Floor Dysfunction 7(6): 307-11, 1996