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Title: HALF OF UROLOGISTS DO NOT USE URODYNAMIC STUDIES IN MANAGEMENT OF URINARY INCONTINENCE AND VOIDING DYSFUNCTION DUE TO REASONS OTHER THAN LACK OF INDICATION.

Aims Of Study:

Significant debate exists in the literature as to the need and the indications for urodynamic studies (UDS) in clinical evaluation of urinary incontinence (UI) and voiding dysfunction (VD). The objective of our study was to evaluate the pattern of use of UDS among community urologists.

Methods:

A questionnaire containing 11 questions was mailed to the urologists practicing in the Rocky Mountain area. The urologists were asked about: a) the type of their practice; b) the number of patients they see with UI&VD; c) the number of cystoscopies, uroflowmetrys, cystometrograms (CMG) and UDS they perform; d) the percentage of patients in whom they use UDS for diagnostic clarification; d) the limiting factors to a more frequent use of UDS.

Results:

From 127 mailed questionnaires, 49 (38.5%) were returned. Forty-eight respondents are full time practicing and one was a retired urologist. The majority of the urologists (37; 77%) are in private practice; 5 (10%) are in academics; 3 (0.06%) are in multispeciality groups, 2 (0.04%) are affiliated with an HMO, and one is in a hospital based practice. Thirty (62%) and 32 (66%) use UDS in less than 5% of patients seen with UI or VD, respectively. Regarding a limiting factor for a more frequent use of UDS, 50% felt there was a lack of indication and the other 50% indicated that UDS are too time consuming/not cost effective (25%), difficult to interpret, or had no access to the equipment (25%). Table below shows the frequency of use for other procedures in management of UI & VD:

<u>Procedure used in Pts with UI or VD</u>	<u>0-5% of pts.</u>	<u>5-10% of pts.</u>	<u>10-20% (or >20%) of Pts</u>
Uroflowmetry	33 (69%)	10 (21%)	5 (10%)
Simple CMG	44 (92%)	3 (0.06%)	1 (0.02%)
Cystoscopy	11 (23%)	9 (19%)	27 (58%)
UDS	45 (94%)	3 (0.06%)	0 (0%)

Conclusions:

This study shows that the majority of urologists: a) use UDS as diagnostic tool in less than 5% of patients with UI or VD; b) perform cystoscopy more frequent than UDS for diagnostic clarification. Half of urologists do not perform UDS for reasons other than lack of indication. These results may indicate a need for more access to, and further training in, UDS among urologists for management of UI & VD.
