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**Title:** VOIDING DYSFUNCTION IN FEMALES: OUR EXPERIENCE AND THE PRESENT STATUS

**Background:**

Dysfunctional voiding or unexplained voiding dysfunction associated with or without urinary retention in neurologically and urologically normal patients are seen frequently and are a perplexing problem. The prevalence of bladder outlet obstruction in women is unknown and most probably has been underestimated. Further academic research on non neurogenic voiding dysfunction has long been hampered by the lack of a standardized reporting system for voiding symptoms.

**Aims of the study:**

To analyse urodynamic data of female patients presenting with urinary symptoms and estimate the prevalence of voiding dysfunction or BOO.

**Methods:**

The clinical and urodynamic findings in 118 consecutive women in the age range 20 – 68 (mean age: 38.2) years, referred for investigation of urinary incontinence and other urinary symptoms such as incontinence, frequency, urgency, dysuria, incomplete voiding and suprapubic discomforts were reviewed. Those patients who were noted to have evidence of pyuria, GSI, neurological or gynecological abnormalities, normal UDS were excluded from the study (n= 85). Voiding dysfunction was defined as a repeated non invasive maximum flow rate below 15 ml/second with prolonged voiding time, with or without residual urine volume of more than 10% of functional bladder capacity, Electromyographic evidence of sphincteric dysfunction. Detrusor voiding pressures were not included in assessment as there is no defined cut off value. However detrusor pressures during voiding was assessed and were plotted against uroflow and age to identify various detrusor pressure patterns with respect to age.

**Results:**

33 women were diagnosed as having voiding dysfunction symptomatically and urodynamically. Ten women had a residual urine volume of 150 ml or more. Voiding dysfunction was the only abnormal urodynamic finding in 9 women and was associated with incontinence, detrusor instability or bladder hypersensitivity in a further 11 patients. Overflow incontinence was diagnosed in 3 women. Symptoms of impaired bladder emptying were significantly more common in women with proven voiding dysfunction but were absent in a third of these patients. One in 4 women with reportedly normal micturition had symptoms of voiding difficulty. Detailed analysis graphically will be presented. Though there is very little published data on this subject, critical inputs provided by leading figures in this field were considered and parameters for identifying voiding dysfunction and bladder outlet obstruction are defined.

**Conclusion:**

Bladder outlet obstruction and voiding dysfunction in women appears to be more common than was previously recognized, occurring in 6.5% of our patients. Micturition symptoms relevant to bladder outlet obstruction are non-specific, and a full urodynamic evaluation is essential in making the correct diagnosis and formulating a treatment plan.