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URODYNAMIC PROFILE OF EARLY PATIENTS REFERRED TO A FELLOWSHIP TRAINED UROLOGIST IN UNIVERSITY PRACTICE: DOES THE REFERRAL PATTERN AFFECT FINAL DIAGNOSIS & TREATMENT DECISIONS?

Hypothesis / aims of study
While the patient profile and practice pattern of surgical technique based urological subspecialty such as robotics easily find their way into the literature, an exhaustive literature search reveals a void in the reporting of early urodynamic experience of a fellowship trained academic Urologist. We herein present such an experience in the University practice.

Study design, materials and methods
Standard urodynamic data of 26 consecutive patients with various disorders of lower urinary tract that underwent urodynamic study between 09/03/2009 and 11/12/2009 were analyzed to
evaluate whether urodynamic studies changed the pre-urodynamic diagnosis and treatment decisions of patients referred by community Urologists vs. academic Urologists.

Results
There were 17 male and 7 female patients aged 24-85 (mean, 59). The pre-urodynamic diagnosis was lower urinary tract symptoms (LUTS) and/or bladder outlet obstruction (BOO) (10); mixed incontinence (urge incontinence worse than SUI) (3); post-prostatectomy incontinence (PPI) (3); cystocele (2); idiopathic overactive bladder (OAB) dry (2); idiopathic OAB wet (1); neurogenic OAB dry (1); neurogenic OAB wet (1); stress urinary incontinence (SUI) (1); urinary retention (1); and atonic bladder (1). Referring physicians included community Urologists, academic Urologists and an academic Neurologist that contributed to 6 (23.07%), 19 (73.07%), and 1 (3.85%) patients, respectively. Urodynamic study resulted in a change in diagnosis in 11 (42.31%) and change in treatment decision in 12 (46.15%) (Table). Treatment decision changed in 5 out of 6 patients (83.33%) referred by a community Urologists [resulting in artificial urinary sphincter (AUS) implant as against conservative treatment for PPI in 1; no TUR-P (with continuation of alpha blocker) as against transurethral resection of prostate (TUR-P) in 2 patients with LUTS; TUR-P as against only alpha blocker in 2 patients with LUTS]; and in 7 out of 19 patients (36.84%) referred by academic Urologists [from cystocele repair to cystocele repair + sling in 1; conservative treatment for SUI to midurethral sling in 1; antimuscarinic (AM) for OAB to cystocele repair in 1; AM for mixed incontinence to sacral neuromodulation in 1; conservative treatment for PPI to transurethral resection of bladder neck contracture (TUR-BNC) + AUS in 1; and clean intermittent catheterization (CIC) in 2 patients with LUTS/BPH/retention to TUR-P].

Figure. Pre-urodynamic Diagnosis

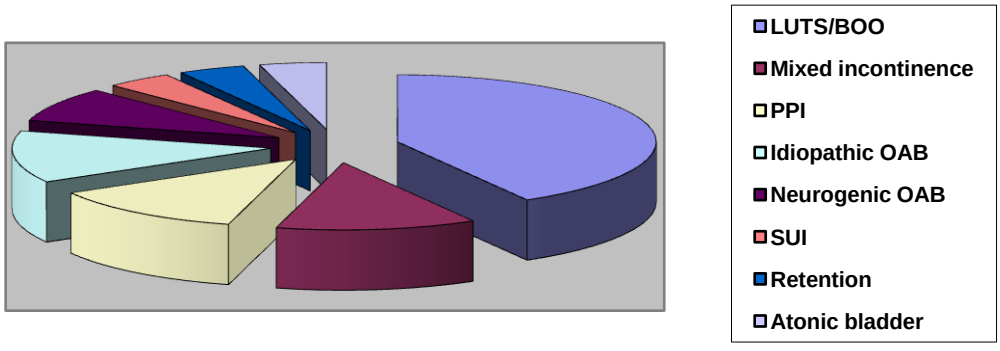

Table 1. Change in Diagnosis after UDS

Pre-urodynamic diagnosis	Post-urodynamic diagnosis	Number of patients
LUTS with BOO	LUTS but no BOO	4
LUTS without BOO	LUTS with BOO	2
PPI	PPI + BNO	1
LUTS/BPH/retention	Acontractile detrusor	1
LUTS	Detrusor overactivity	1
LUTS with BOO	Acontractile detrusor	1
Idiopathic OAB wet	Cystocele + secondary OAB wet	1

Table 2. Change in Treatment Decision after UDS

Pre-urodynamic treatment decision	Post-urodynamic treatment decision	Number of patients
Antimuscarinic for mixed incontinence	Midurethral sling	1
Antimuscarinic for mixed incontinence	Sacral neuromodulator implant	1
Conservative treatment for PPI	AUS implant	1
Conservative treatment for PPI	TUR-BNC+AUS	1
Cystocele repair for cystocele	Cystocele repair+midurethral sling	1
Alpha blocker for LUTS	TUR-P	2
TURP for LUTS	No TUR-P	2
TUR-P for BPH/LUTS/retention	CIC	2
Antimuscarinic for OAB	Cystocele repair	1

Interpretation of results

Urodynamic study changed the treatment decision in about one-half of the patients in the early academic urodynamic practice of a fellowship trained Urologist, predominantly in those referred by community Urologists.

Concluding message

If reproduced in further studies, our observation may indicate a low threshold for urodynamic evaluation of patients with symptomatic lower urinary tract dysfunction in community Urology practice.

References

1. NONE

Specify source of funding or grant	**NONE**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**This is only a descriptive study of the early urodynamic experience of a fellowship trained academic Urologist and is aimed at merely knowing whether urodynamic studies changed the pre-urodynamic diagnosis and treatment decisions of patients referred by community Urologists vs. academic Urologists.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**