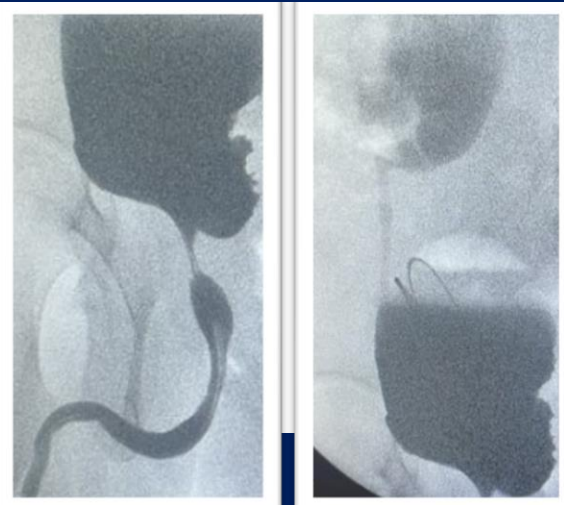


SHOULD PATIENTS HAVE URODYNAMICS WHEN AWAITING RENAL TRANSPLANT IF THEY HAVE DECREASED URINE OUTPUT?



BACKGROUND

The waiting list for renal transplantation is increasing, resulting in more patients being anuric or oliguric (urine output < 100ml and 400ml / day respectively) at the time of transplantation.

LUT dysfunction can cause high pressure vesico-ureteric reflux (VUR), increasing the risk of recurrent urinary tract infections (rUTIs) leading to impaired renal function and premature loss of the graft kidney.



AIM

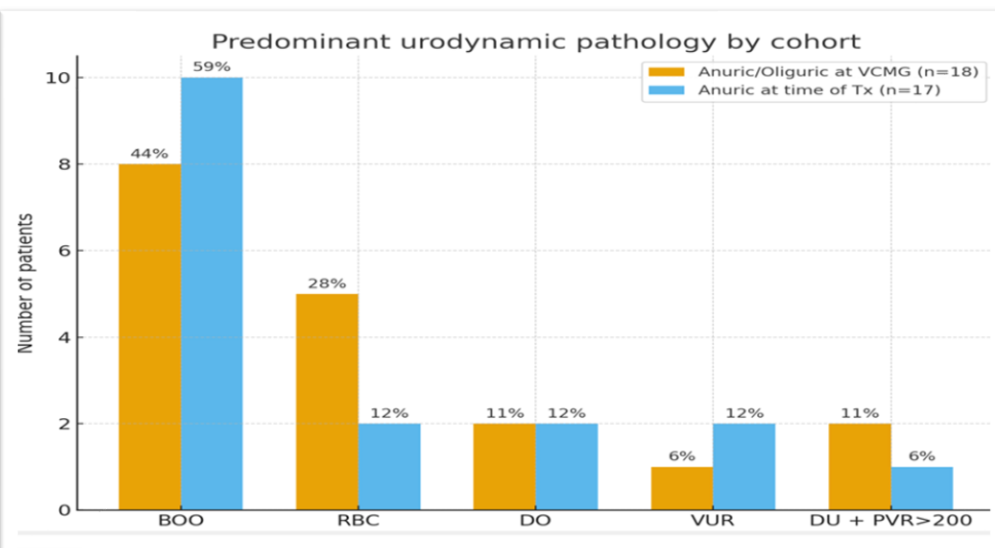
To assess the prevalence of LUT dysfunction during video urodynamics (VUDS) in patients who were either anuric/oliguric awaiting renal transplant or anuric at the time of transplant.



METHODS

Perform video urodynamics in patients anuric / oliguric at the time of:

- VUDS (n=18).
- Renal transplant (n=17).



RESULTS

35 patients with a median age of 45 years (20-66), 24 males.

100%

Of patients had LUT dysfunction identified. 26/35 patients had VUR during VUDS assessment.

62.5%

Of patients who had a **previously failed transplant** (n=16) had **BOO**, which likely contributed to the decline of graft function.

57%

Of patients with rUTIs (n=7) had LUT dysfunction which could result / worsen VUR.



INTERPRETATION

3 YEARS

Median anuric duration (range 2-12 years) of patients (n=7) that had primary RBC (in the absence of BOO), suggesting **chronic reduced bladder volumes can result in RBC** and potentially affect long term renal graft function if left untreated.



CONCLUSION

Anuria / oliguria can mask LUTS and/or directly causes LUT dysfunction (reduced bladder capacity and compliance). These patients should have VUDS pre-renal transplantation, especially if they have previously had failed transplants, history of voiding LUTS or long-term decreased urine output.

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