Hypothesis / aims of study

The majority of patients with spinal cord injury (SCI) will develop Neurogenic Lower Urinary Tract Dysfunction (NLUTD). These patients require long term urological follow-up. However, the protocol varies across spinal injury units. We audited the urological practice in SCI units across the UK and Eire and evaluated the impact of proposed British guidelines on the long term management of NLUTD in SCI patients.

Study design, materials and methods

We audited 12 SCI centres in the UK and Eire on their neuro-urological practice against the proposed British guidelines for long term urological management of patients with spinal cord injury. Data was collected through a postal questionnaire to SCI units. The proposed British guidelines suggest follow up frequency annually (after the initial 6 and 12 month follow up), upper tract imaging yearly and urodynamics when indicated.

Results

Eleven SCI units offer annual urological review. In three units SCI patients are followed up by the rehabilitation team and one unit shares the follow up with the rehabilitation team. Ten units offer annual upper tract imaging. All units perform upper tract imaging in following up SCI patients. Seven units perform ultrasound, three perform ultrasound and X-ray, one unit performs renal ultrasound or intravenous urography and one unit performs a baseline and three yearly renogram; in addition to renal ultrasound. Ten units will perform urodynamics when indicated whilst one unit performs urodynamics 2-4 yearly in reflex voiders only. One unit will perform this every year.

Interpretation of results

It appears that the proposed British guidelines have helped achieve consistency across the units with fewer variations although the exact impact on clinical outcomes is difficult to quantify. It is suggested that a formal audit should be undertaken to standardise the quality of care across all SCI units.

Concluding message

There is a reasonable consistency in following up SCI patients across all units in the UK and Eire, although there are still some variations.

References


Disclosures

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