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FILLING SENSATIONS, IS THE PATIENT AN UNRELIABLE WITNESS?

Hypothesis / aims of study

Bladder sensation is very subjective and demonstrates enormous variation in individuals. The role of sensation in various pathological states remains unclear. We study this in detail by examining the filling component of urodynamic investigation.

Study design, materials and methods

Retrospectively, we studied all patients who underwent urodynamics (UDS) in 2011. The three filling phase sensation timings were recorded; first desire (FD), strong desire (SD) and urge. Results were classified into sex and diagnoses. Timings were compared between diagnostic groups as well as between the two genders by one way ANOVA test; this was followed by Post-Hoc analysis (Stata/IC version 12.1).

Results

A total of 171 UDS tracings were examined, 128 males and 43 females. There was no statistical difference between the two genders comparing the three timings ($P = 0.922, 0.636, 0.126$ respectively). In both sexes, when comparing diagnoses (normal, overactive bladder, stress incontinence {SI}, detrusor failure), there was no significant difference between the three sensations between the different diagnoses except in the SI group. In this latter diagnostic group only, SD and U were significantly later than FD as compared to the other diagnostic groups ($P = 0.014$ and 0.001) for females and ($P=0.031$ with BOO, $P=0.036$ with OAB) in males.

Interpretation of results

In current urodynamic practice, there appears to be little diagnostic value in comprehensively recording the timings of the different sensations. It is unclear why patients with SI appear to have a larger functional capacity than those with normal UDS (but with symptoms).

Concluding message

We feel that any significance attributed to the timings of sensations during UDS should be treated with caution.

Disclosures

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