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PRESSURE FLOW NOMOGRAM TO DIAGNOSE GENUINE BLADDER OUTFLOW OBSTRUCTION IN WOMEN

Hypothesis / aims of study

To create a nomogram to diagnose genuine bladder outflow obstruction in women

Study design, materials and methods

Retrospective study of urodynamic traces of women with genuine bladder outflow obstruction (BOO). Anatomical etiology of urethral stricture and pelvic organ prolapsed were included.

Urodynamic diagnosis of bladder outflow obstruction with Detrusor over activity or BOO with hypo contractile bladder were excluded.

Thirty women with only bladder outflow obstruction diagnosed on Urodynamic pressure flow study were included.

Parameters included in free flow and pressure flow were, voided volume in mls, voiding time seconds, maximum flow in ml/sec (Qmax), detrusor pressure cms H₂O, at maximum flow pDet Qmax, post void residual volume, mls. BOOI was calculated independently.

Results

Free peak flow rate was higher than pressure flow Qmax (22.53ml/s Vs 13.05ml/s). Detrusor pressure at peak flow was at an average of 38.35 cmsH₂O and is a good value index for BOO. Free PVR 96 mls> PF PVR 77.8 mls.

Interpretation of results

Free peak flow rate was higher than pressure flow Qmax. Free PVR was more than PF PVR.

Detrusor pressure at peak flow was at an average of 38.35 cmsH₂O and is a good value index for BOO.

Concluding message

Pressure flow study nomogram shows a good value index for detrusor pressure along with poor flow and incomplete emptying and seems a good indicator for genuine BOO. However, the study sets precedence to a larger study to create more accurate nomogram indices for genuine BOO.

References

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Disclosures

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