Conclusions
Both UISS and VAS proved to be valid, reproducible and responsive to treatment for UI women. The functionality of the generic 15D was good but it demonstrated less sensitivity to changes following therapeutic intervention than UISS and VAS.

References

1.Neurouro.urodyn. 1998;17(3): 295-253
2.J Soc Med 1989;26: 85-96

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Title (type in CAPITAL LETTERS, leave one blank line before the text):

DOES CYSTOMETRY AGREE WITH THE EFFECT OF URINARY SYMPTOMS ON QUALITY OF LIFE?

Aims

To investigate whether cystometry findings agree with the symptoms experienced by women diagnosed as having Genuine Stress Incontinence (GSI) or detrusor instability (DI) when compared tothe effect those symptoms have on women's quality of life.

Methods

Results of objective and subjective investigations were examined for 50 consecutive women diagnosed as having GSI and 50 diagnosed as having DI.

Objective Assessment.

Videocystourethrography was performed using contrast medium at a flow rate of 100mls/s. Detrusor instability was diagnosed if a detrusor pressure rise greater than 15cmH_2O occurred, associated with a sensation of urgency, while the woman was attempting to inhibit micturition. Standard cystometric values were recorded. Severity of GSI was graded according to the number of coughs required to produce leakage. An ICS one hour pad test, was also performed on women diagnosed as having GSI.

Subjective Assessment

A seven day frequency volume chart was completed by women prior to attending for VCU. All women had completed a validated condition specific quality of life (QoL) questionnaire before VCU.

Pearson's correlation coefficient was used to examine relationships between the variables. SPSS v8 software was used for statistical analysis.

Results

GSI group: The severity of GSI as graded during VCU or on pad testing agreed closely with the effect of symptoms on women's reported quality of life. This is as expected as the more severe the GSI the greater the effect it would be expected to have on lifestyle.

DI group: - for clarity not all cystometric parameters are shown. Statistically significant results are shown in bold type.

Correlation of QoL scores with cystometry findings and voiding diaries.

	Cystometric Parameters.		Voiding Diaries	
QoL Domain	First desire to void Significance	Max pDet Significance.	Daytime frequency Significance.	Nocturnal frequency Significance
Incontinence impact	0.310	0.242	0.065	0.388
	0.84	0.174	0.73	0.034
Role limitation	0.199	0.072	0.080	0.532
	0.292	0.700	0.679	0.004
Social limitation	0.093	0.031	0.044	0.394
	0.619	0.867	0.81	0.035
Sleep/Energy	0.373	0.308	0.031	0.483
	0.036	0.081	0.86	0.007
Severity measures	0.132	0.034	0.062	0.473
	0.48	0.85	0.745	0.010

No correlation was found between QoL scores and any other urodynamic parameter such as initial voided volume, volume at first contraction, height of isometric contraction, maximum bladder capacity or pressure flow parameters. Contrary to what might be expected the apparent severity of DI judged at cystometry does not correlate well with the impact of DI on women's quality of life. Voiding diaries perform much better in this respect.

Conclusions

When assessing women with GSI there is good correlation, between objective measures; VCU and pad tests, and impact on quality of life. This is relevant when assessing interventions in GSI. Objective measures are useful in evaluating treatment with standardised subjective measures providing additional information.

When assessing women with DI there is little association between laboratory urodynamic variables and the effect symptoms have on women's quality of life. Laboratory urodynamic investigation is an unphysiological test which, while invaluable as a diagnostic tool, cannot be expected to duplicate womens symptoms during daily life. These findings are in agreement with other studies which have found no relationship between urodynamic findings and symptom scores in DI; symptomatic severity does not correlate well with any cystometric measurements. [1]

There would, therefore, appear to be a limited place for follow-up urodynamics in the assessment of theraputic interventiopns for detrusor instability. Symptomatic measures, QoL questionnaires and frequency / volume charts appear to be more valuable.

[1] Neurourol Urodyn 1996; 15: 279-280

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SACRAL NERVE ROOT STIMULATION FOR LOWER URINARY TRACT DYSFUNCTION: OVERCOMING THE PROBLEM OF LEAD MIGRATION

Introduction: Sacral nerve root stimulation is an accepted therapeutic option for the management of refractory lower urinary tract dysfunction (1,2). Preoperative trial stimulation using a temporary electrode allows for appropriate selection of patients who will benefit from a permanent sacral neuromodulator. The ease of insertion of a trial electrode and the low morbidity associated with permanent sacral neuromodulation makes this an attractive therapeutic option (1). Peripheral nerve evaluation (PNE) is usually performed using a single wire-strand PNE lead (Medtronics USA). One of the common problems encountered with this lead during trial stimulation is migration of the lead-tip resulting in a failed trial (3,4). This may arise secondary to inadvertent migration away from the sacral nerve root with movement and frequently results in repeat electrode insertion and trial stimulation. A new PNE lead containing coiled wire-strands was developed to overcome this technical problem. This allows for lead extension during movement and may help maintain contact between the lead-tip and the sacral nerve root.

Aims: The aims of this study were to evaluate migration of these two PNE electrodes and the response to trial stimulation using the new lead.

Methods: Twelve women with symptoms of severe sensory and or urge incontinence of twelve months duration were prospectively recruited. Each failed to respond to medical and or physiotherapy protocols. All women underwent voiding cystometry and a diagnosis was made using ICS criteria. All patients with a diagnosis of bladder hypersensitivity at urodynamics underwent cystourethroscopy and biopsy and had macroscopic and histological evidence of interstitial cystitis. A one-week urinary diary was completed prior to and during test stimulation. Both electrodes were used for trial stimulation, the original 041830-002 model and the new 3057 model (Medtronics, USA). Foramen needles were first placed in both S3 foramina under local anaesthesia and a