**Aims of Study:**
To assess the role of diagnostic urethrocystoscopy in the evaluation of women with idiopathic detrusor instability (DI), refractory to conventional pharmacologic management.

**Methods:**
One hundred consecutive women (mean age: 62.1 ± 15.1 years) with idiopathic DI, refractory to the conventional pharmacologic management, were prospectively enrolled. All patients underwent meticulous evaluation, which included detailed history, urogynecologic questionnaire, micturition diary and pad test, urine analysis and culture, physical examination and urodynamics. Refractory DI was defined as the lack of clinical improvement following at least 6 months of conventional drug therapy. These patients underwent further evaluation by diagnostic urethrocystoscopy.

**Results:**
All patients had normal urinalysis and negative cytology. Diagnostic urethrocystoscopy revealed isolated bladder tuberculosis in one patient and transitional cell carcinoma in another. Seven other patients had bladder diverticula (only one of which was also diagnosed by sonographic examination) and 22 had mild-to-moderate bladder trabeculations.

**Conclusions:**
The absence of other alarming signs (i.e., recurrent urinary tract infection, hematuria, significant residual urinary volume, positive cytology, or suspicious sonographic findings) cannot confirm the lack of significant lower urinary tract pathology among patients with refractory DI. Diagnostic urethrocystoscopy, a simple and safe office procedure, facilitates timely diagnosis and appropriate treatment of these patients.