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Title: UROLOGIC MANAGEMENT OF SPINAL CORD INJURED PATIENTS: PRACTICE PATTERN OF MEMBERS OF THE SOCIETY FOR URODYNAMICS AND FEMALE UROLOGY

Aims Of Study:

Lower urinary tract evaluation (urodynamics, cystogram, cystoscopy) and upper urinary tract surveillance (Renal ultrasound US, renal scan, intravenous pyelogram IVP, Computed Tomography scan) are common practice in spinal cord injured (SCI) patients with neurogenic bladders. However, there is lack of consensus and a paucity of data to guide the clinician on the most appropriate routine surveillance diagnostic studies. We investigated the current practice pattern of American urologists specializing in neurourology and urodynamics and commonly manage SCI patients.

Methods:

A 14-points questionnaire was designed and Faxed to all United States members of the society for urodynamics and female urology (N = 269). We inquired about: 1- routine surveillance patterns to evaluate the upper and lower urinary tracts 2- management patterns of various SCI neurogenic bladder dysfunctions. The replies were received and as returned Fax documents. A database was created from which the following data was obtained.

Results:

The response rate was 59%, 160/269**.** Upper Tract Evaluation: Renal US was the most commonly recommended upper tract study (85%) over Renal scan (20 %) $P < 0.05$. CT scan and IVP were almost never routinely obtained (4.5%). Lower urinary tract Evaluation: Sixty five percent of the respondents recommended videourodynamics (yearly or every 2 years). The remaining 35% obtained urodynamics in patients with recurrent urinary tract infections (UTI) and/or deleterious upper urinary tract changes. Only 25% of the respondents recommended surveillance cystoscopy in catheter-free patients, without hematuria, or recurrent UTI. SMA-7 was obtained by 93% of the respondents. Management: Clean intermittent catheterization (CIC) and oral anticholinergics was the management of choice (84%) in patients with detrusor hyperreflexia and CIC alone (90%) in those with an areflexic bladder. An indwelling catheter was recommended by (4%) $P< 0.05$ for bladder management. Seventy percent still perform sphicterotomies in select cases. (Younger urologists more commonly than older ones). ($P <0.05$)

Conclusions:

Despite lack of consensus among urologists who manage SCI patients, our data indicates that Renal US is preferred over Renal Scan. Urodynamics is recommended every year or 2-years. CIC is advised over indwelling catheters. Sphincterotomies continue to have a role in SCI bladder management. Although these data serve as clinical practice references, further studies are indicated in order to standardize and optimize

the urologic management of SCI patients.