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# EVALUATION OF LOWER URINARY TRACT SYMPTOMS AND URODYNAMIC FINDINGS IN FEMALE PATIENTS WITH VOIDING DIFFICULTIES

#### Aims of Study

In women, storage dysfunction has been mainly the subject of research. However, voiding dysfunction is a common disorder in females and necessitates serious assessment in order to prevent various complications and provide proper treatments. It has recently been recognized that lower urinary tract symptoms (LUTS) are common in women as is in men. However, previous studies in male patients have clearly demonstrated the lack of correlation between symptoms and urodynamic diagnosis. We urodynamically assessed the lower urinary tract function in female patients with voiding difficulties. In addition, subjective symptoms and their bothersomeness were assessed by self-administered questionnaires.

#### **Methods**

In urodynamic evaluation by free-uroflowmetry and pressure-flow study, 83 patients with voiding difficulties evidenced by presence of post-void residual urine of over 100ml were included. Measurement of intravesical pressure during emptying was made using a 6F transurethral catheter. The assessment of subjective symptoms using the questionnaires was performed in 92 patients (30 patients with urodynamically proven voiding difficulties, 41 incontinent patients without voiding difficulties and 21 controls with no voiding dysfunction). The questionnaires included 12 items; 4 items associated with voiding symptoms (weak stream, abdominal straining, hesitancy, intermittency), 5 with storage symptoms (urinary frequency, urge incontinence, stress incontinence, nocturia) and 3 with other voiding discomfort (feeling of incomplete bladder emptying, discomfort on voiding, pain during voiding). The frequency and degree of each symptom were scored, and assessed in the 3 groups of patients. Bothersomeness of each symptom was also assessed by a visual analog scale.

#### Results

In urodynamic evaluation, mean peak flow rate on free uroflowmetry was 9.7 ml/sec and mean post-void residual volume was 181 ml. Although 83.5 of the patients had underlying disorders associated with bladder dysfunction, the rest of them had no causative abnormality. Pressure-flow study revealed the etiology of the voiding difficulties to be impaired detrusor contractility in 77% of the patients and outflow obstruction in 14%, but abnormal findings were not obtained in 6 %.

On the assessment of frequency of subjective symptoms, the incontinent patients without voiding difficulties showed high scores only in storage symptoms and the controls showed low scores in all symptoms. However, the patients with voiding difficulties revealed high scores not only in voiding symptoms but also in some of storage symptoms. The similar results were obtained on the assessment of grade and bothersomeness of subjective symptoms.

## **Conclusions**

It is suggested that patients with voiding difficulty have a variety of subjective symptoms and underling etiologies. An accurate diagnosis according not only to an assessment of subjective symptoms but also to objective urodynamic tests will be of importance, in order to select an appropriate treatment option.