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HOW TO REDUCE YOU URODYNAMIC WAITING LIST

Aims of Study

Urodynamic investigations are costly invasive tests which patients often find distressing. The aim of this study was to see if patients on a consultant urodynamic waiting list could be treated symptomatically by a nurse and improve sufficiently to not need the investigation.

Methods

Within a district general hospital 100 patients awaiting urodynamic investigation were selected for a new nursing intervention. All patients had been seen in a consultant gynaecology clinic and referred for urodynamics. The nursing intervention was adapted from that previously described by the Leicester MRC Incontinence Study team. All patients underwent an initial assessment including a structured history, 3 day urinary diary, 24 hour home pad test and urinalysis. Treatment involved fluid and diet advice, bladder re-education, leaflet based pelvic floor exercises. All patients were seen 4 times over 2 months (total nurse-patient contact time = 75 minutes). No drug therapies were used. At the end of 2 months a further assessment was performed. Patients who still had significant problems were offered a urodynamic appointment within the next 4 weeks. Otherwise the patients were given an out patient appointment to see the urogynaecology consultant.

Results

Seventeen patients did not attend the clinic as they no longer wanted treatment. In those patients who did attend significant improvement in urinary symptoms was observed objectively.

	Pre treatment	Post Treatment	Significance
24 hour urinary frequency	10.5	8.2	<0.0001
Daytime urinary frequency	9.5	7.6	<0.0001
Nocturia	1.0	0.5	<0.0001
Incontinence episodes per day	2.5	1.2	<0.0001
24 hour pad loss (g.)	40	21	0.03

Half of the patients attending the clinic improved enough to no longer need urodynamic investigation. There was a marked reduction in the length of the urodynamic waiting list.

Conclusions

It is possible to successfully treat a significant number of patients on a urodynamic waiting list. As each patient spends a long time in direct clinical contact with a clinician success rate and satisfaction rates are high. In patients who need to go on to urodynamic testing anxiety about the test is often alleviated by being able to talk to someone about the test before it is performed. This is particularly true if the nurse providing the initial treatment participates in the urodynamic investigation. The cost of the nursing service can be set against the cost saving in not performing urodynamics on a significant number of patients.