

WOMEN'S EXPERIENCES OF URODYNAMIC STUDIES

Urodynamic studies (U.D.S.) involving catheterisation of the lower urinary tract are required in investigations of patients with urinary incontinence or lower urinary tract symptoms. U.D.S. is the study of pressure and flow relationships during the storage and transport of urine within the urinary tract. Urodynamics studies are defined as a set of tests that measure bladder, urethral and pelvic floor muscle function. Urodynamic investigations are focused on the lower urinary tract to investigate bladder filling and voiding function, to define bladder storage disorders accurately and to assess objectively the severity of voiding dysfunction. It is suggested that U.D.S. evaluate the storage and emptying function of the bladder, confirm a diagnosis and rule out other pathologic processes related to incontinence. U.D.S. therefore, are an important preoperative requisite for many women who present with urinary incontinence; particularly those who have mixed stress and urge urinary incontinence, those with recurrent incontinence following previous surgery and those with evidence of neurological symptoms. Although generally well tolerated, some patients regard U.D.S. as an unpleasant and painful procedure. The investigation is however, potentially distressing and embarrassing for the patient. There has been limited research and a lack of empirical studies on the topic of women's experiences of U.D.S. in the medical, nursing or midwifery literature. Given the paucity of research on women's experiences of U.D.S. both nationally and internationally, it is clear that investigation on this topic is still emerging.

Hypothesis / aims of study

To explore women's' experiences of urodynamic studies.

To describe the essence of women's experiences of urodynamic studies

Study design, materials and methods

Descriptive qualitative methodology is the theoretical framework underpinning this study. The sampling method in this study is a non-probability sampling strategy using purposive sampling. Data collection was by means of semi-structured interviews with seven participants. Qualitative data analysis was used to analyse the collected data.

Results

The findings centred on five major themes which emerged from the data; the role of the specialist midwife, attitudes towards urinary incontinence, experiences of U.D.S., women's recommendation for U.D.S. and perceived barriers to understanding urinary incontinence. These five themes incorporated twelve sub themes, which were used to provide the framework for discussing the researcher's findings within the context of the available literature. The discussion highlighted the women's experiences of U.D.S. and key issues for practice, education and research are recommended

Interpretation of results

The first major theme to emerge from the data concerned the role of the specialist midwife. The role of the specialist midwife as perceived by the women centred around two fundamental areas, the role of professional support and the role of education. The interpersonal and communication skills of the professional were described by the women as being imperative to feeling relaxed and comfortable about the procedure. The findings affirm that education of patients in relation to their health care needs is one of the core concepts of the specialist midwife's role.

While describing their experiences of U.D.S., a sense of it being a learning experience seemed to emerge for some women. This is indicated in terms of women being more aware of bladder function and making recommendations for increased professional awareness in the management of urinary incontinence. An important finding was the women's realisation of the extent of urinary incontinence and of how common the problem actually was. Another important finding as described by the participants was that U.D.S. was not painful and it further validates the role of U.D.S. as an investigative study of the lower urinary tract.

The accounts of their resignation with their situation and their suffering in silence are vivid. However the sense of U.D.S. being a positive step towards their recovery and a baseline for future treatment was also apparent. Not only was the U.D.S. investigation a diagnostic test in terms of further treatment for urinary incontinence, it also increased the women's awareness of bladder function.

Concluding message

Based on these findings of the study, the researcher recommends the need for all health care professionals to have a thorough knowledge of continence promotion and continence awareness programmes by attending regular in-service education days and ongoing professional study days. Knowledge about urinary incontinence can be gained through continuing education programmes that include bladder control issues, scientific publications and sessions at annual professional meetings. Only by ongoing professional education for all health care professionals and increasing their knowledge base, can the condition of urinary incontinence be understood, especially in the postnatal period. Once equipped with current knowledge, health care professionals can raise the issue with their patients in open discussion by asking probing questions at surgeries, health clinics, hospitals and postnatal clinics. Following the initial identification of the condition of urinary incontinence, appropriate referral for U.D.S. is necessary to investigate and confirm the diagnosis.

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