Introduction

The 2012 release of American Urological Association (AUA)/Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) Urodynamics (UDS) guidelines was intended to optimize use of UDS, however the impact of the guidelines remains unclear. We compared use of UDS before and after release of the 2012 AUA/SUFU UDS guidelines in the following female groups: overactive bladder (OAB), stress urinary incontinence (SUI), those undergoing surgery for SUI and mixed urinary incontinence (MUI).

METHODS

We performed a retrospective review on a 5% sampling of the Centers for Medicare and Medicaid Services (CMS) database from 2011-2014. Five specific female groups were defined with the following CPT and ICD-9 codes:

• OAB with codes 596.51 (bladder hypertonicity/OAB), 788.41 (urinary frequency), 788.63 (urinary urgency) 788.31 (urge incontinence), and 788.43 (nocturia)
• SUI with code 625.6 (female SUI)
• MUI with code 788.33
• SUI who underwent SUI surgery with codes 625.6 and CPT 57288 (sling for SUI)
• MUI who underwent SUI surgery with codes 788.33 and CPT 57288

UDS was defined as having any of the following CPT codes:

• 51741 complex uroflowmetry
• 51726 complex cystometrogram
• 51727 complex cystometrogram with urethral pressure profile studies
• 51728 complex cystometrogram with voiding pressure studies
• 51729 complex cystometrogram with voiding and urethral pressure studies

We compared the proportion of UDS in each group before and after the 2012 release of the guidelines using Chi-square testing.

RESULTS

• The proportion of patients receiving UDS was significantly lower in the OAB, SUI and MUI groups after guidelines release
• No significant differences were noted in the surgery groups (both SUI and MUI) after the guidelines release (Figure 1 & 2)
• These changes remained consistent when limiting provider type to urologists only (p=0.041, p=0.021, p=0.003, respectively)

REFERENCES


CONCLUSIONS

After the release of the AUA/SUFU UDS guidelines, the use of UDS decreased for women with OAB, SUI and MUI. No difference was seen in those women undergoing sling surgery for SUI and MUI. Overall, the release of the AUA UDS guidelines was associated with a reduction in the use of UDS in clinical practice.