

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 unclear¹.

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.

REFERENCES

1. Winters, J. C., Dmochowski, R. R., Goldman, H. B., Herndon, C. D., Kobashi, K. C., Kraus, S. R. Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction. (2012). Urodynamic studies in adults: AUA/SUFU guideline. *The Journal of Urology*, 188(6 Suppl), 2464-2472. doi:10.1016/j.juro.2012.09.081

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)

Figure 1: Ratio of UDS by Group Pre/Post Guideline

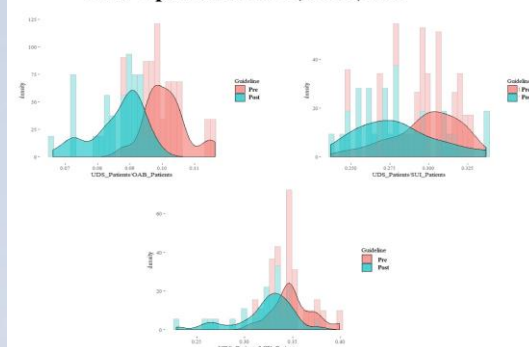
Guideline	OAB	UDS	No UDS	UDSRatio
Pre	43847	4447	39400	0.101
Post	68007	5891	62116	0.087
SUI				
Pre	9868	2955	6913	0.299
Post	13021	3646	9375	0.280
MUI				
Pre	6707	2355	4352	0.351
Post	10006	3220	6786	0.322
SUIS				
Pre	2223	193	2030	0.087
Post	2643	221	2422	0.084
MUIS				
Pre	136	15	121	0.110
Post	200	17	183	0.085

* SUI Surgery=SUIS, MUI Surgery=MUIS

Figure 2: Proportion of UDS Pre/Post Guideline

Chi-Square Test for Pre/Post Guideline			
Group	Pre Guideline Ratio of UDS	Post Guideline Ratio of UDS	Pvalue
OAB	10.1%	8.7%	<0.001
SUI	29.9%	28.0%	<0.001
MUI	35.1%	32.2%	<0.001
SUIS	8.7%	8.4%	.690
MUIS	11.0%	8.5%	.438

Figure 3: Urodynamics Pre and Post Guidelines Non-Operative: OAB, MUI, SUI



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.