

INTRODUCTION

- Invasive urodynamics informative but invasive and has risks
- EAU, AUA and NICE guidelines recommend deferred until operative intervention is being considered.
- Within the UK, LUTS are managed by general urologists rather than functional urologists and there is a reliance on locum doctors and a rotational system of junior doctors. Anecdotal concerns that there are inappropriate referrals for invasive urodynamics.

AIMS

Initial audit - Assessing the trusts urodynamics pathway?

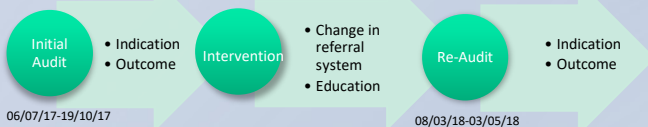
- Is the urodynamics service in line with the recommendations of AUA, EAU and NICE
- Are the urodynamics referrals "appropriate"; have all medical and conservative management options being exhausted.
- How did urodynamics impact on the patients clinical outcome

Second audit - Changing the referral pathway and assessing outcome?

- Did the change in the referral system improve the urodynamics pathway using the aforementioned measures

METHODS

Study Design – Quality Improvement Project



INITIAL AUDIT

Primary measures

- Indication for investigation
- Number of patients subsequently listed for surgery

Secondary measures

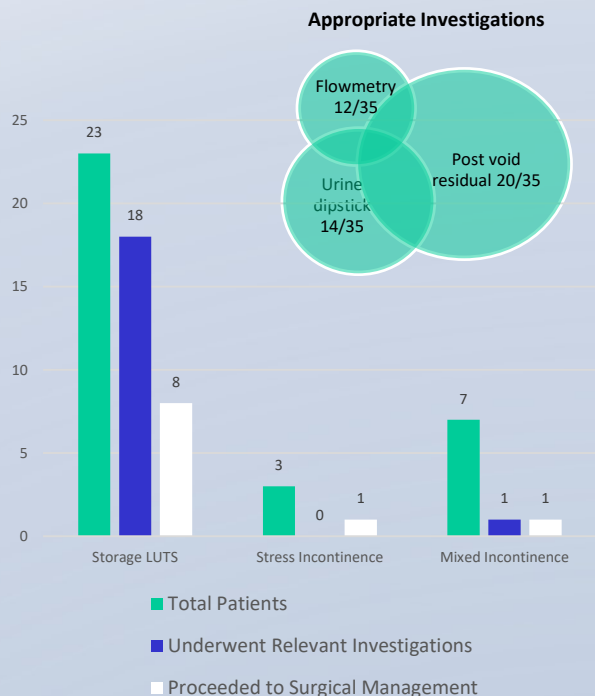
- Pre-urodynamics investigations (flow rate [FR], post void residual [PVR], urine dipstick)
- Medical and conservative management tried (anticholinergics, mirabegron, physiotherapy supervised pelvic floor exercises)

RE-AUDIT

Following the initial audit we changed the referral pathway and made it mandatory to fill out a new paper referral which mandated certain stipulations be met(see figure A)

Re-audit using the same measures as the initial audit

RESULTS (INITIAL AUDIT)



Interventions (Figure A)

URODYNAMICS REFERRAL FORM

Patient Name:
Hospital Number:
Date of Birth:

Clinician:
Consultant:

Symptoms:

For all Patients

Has the patient had flowmetry? YES/NO

Has the patient had a post-void residual documented? YES/NO

Has the patient undergone urinalysis? YES/NO

Has the patient tried bladder retraining? YES/NO

Has the patient tried changing drinking habits? YES/NO

Would they consider operative treatments? YES/NO

Are they fit for an operative procedure? YES/NO

For Storage or Mixed Lower urinary tract symptoms

Has the patient tried or intolerant of anticholinergics? YES/NO

Has the patient tried or intolerant of Mirabegron? YES/NO

Can the patient self-catheterise? YES/NO

For Stress urinary incontinence

Has the patient undergone physiotherapy supervised pelvic floor exercises? YES/NO

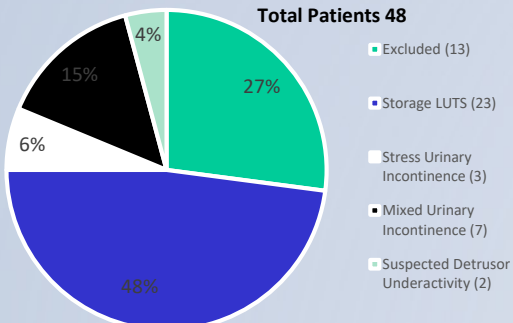
For Detrusor underactivity

In non-neurogenic patients, will urodynamics change the outcome of their management? YES/NO

What specific urodynamic question do you need answered?:

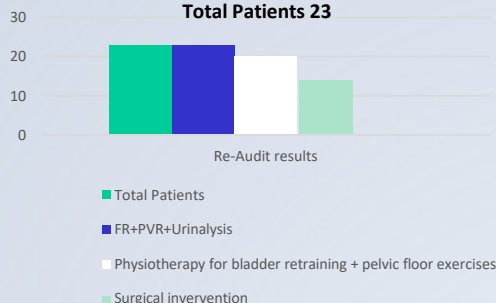
RESULTS (INITIAL AUDIT)

Total Patients 48



RESULTS (RE-AUDIT)

Total Patients 23



CONCLUSIONS

Urodynamics referral system with set criteria

This quality improvement project has highlighted the importance of auditing referral pathways.

Simple amendments to our urodynamics referral system will avoid unnecessary investigations and have a cost saving implication in the NHS

Future directions: using an electronic referral pathway system.