

DOES CLINICAL ASSESSMENT CORRELATE WITH MULTI-CHANNEL URODYNAMIC FINDINGS?

Hypothesis / aims of study

The study aims to assess the correlation between clinical assessment and diagnosis with the findings of standard multi-channel cystometry.

Study design, materials and methods

We retrospectively reviewed the notes of 65 patients (33 female, 32 male) referred for conventional urodynamic studies, (UDS) by four experienced urologists over a 3 month period noting age, gender and clinical indication for the test and compared them to the urodynamic findings. All the urodynamic studies were carried out by one of two highly experienced Urologists strictly adhering to the ICS recommendations on urodynamic methodology.

Results

65 case notes were reviewed and complete data was available for 59 patients.

23 men were referred for UDS because of lower urinary tract symptoms (LUTS) suggestive of bladder outflow obstruction due to prostatic enlargement. Of these only 3 were found to be urodynamically obstructed based upon the Abrams Griffiths nomogram. A further 4 patients referred with other symptoms were also found to be obstructed.

Pure stress incontinence was stated as the indication for 5 patients, four of which had this diagnosis confirmed Urodynamic stress incontinence (USI) and a further three patients with presumed mixed urinary incontinence, (MUI) were also shown to have isolated (USI).

15 patients had a presumptive diagnosis of MUI following initial assessment, only four of these had the diagnosis confirmed on UDS. The remainder had either a normal study, over active bladder (OAB) or sensory urgency.

In total, 31 patients had an overactive bladder on clinical assessment, 15 of which experienced MUI, and 16 isolated OAB. Of these, 13 were shown to have OAB on UDS and a further 8 patients with LUTS, (all male) were also shown to have OAB.

A normal study was found in 13 patients.

Interpretation of results

Symptoms of bladder dysfunction vary as do patients' interpretation of them. It is clear from our results that even experienced clinicians have poor levels of accuracy when assessing such patients with perhaps the greatest accuracy in the diagnosis of isolated stress urinary incontinence. There are many who would argue against the routine pre-operative use of UDS in such patients although to rely on accuracy figures from such a small sample would be inappropriate.

These results also demonstrate how inaccurate the clinical assessment of presumed MUI is and all clinicians should bear this in mind prior to offering any treatment based upon clinical assessment only.

Concluding message

These results highlight the importance of UDS in the assessment of both the male and female with symptoms of bladder dysfunction.

It would appear that the bladder remains an unreliable witness and UDS must be considered an integral component of bladder function assessment.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE