

An audit of urodynamic practice; a Sri Lanka tertiary care centre experience

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INTRODUCTION

Urodynamics is general term to describe the measurements to assess the function and dysfunction of the Lower Urinary Tract (LUT) by any appropriate method. Good quality control urodynamic studies are essential to make an appropriate diagnosis and management of urinary incontinence. Therefore, it should be achieved by auditing the urodynamic practice in our local setting and that will enhance outcomes. The Standardization Committee of the International Continence Society introduced a standardization of terminology in LUT function and Good Urodynamic Practice Report. This has made it easier to compare results from different studies and set as a standard for audit.

OBJECTIVE

To investigate the quality of Urodynamic practice in our unit and identify the aspects, that need improvement.

METHODOLOGY

The audit was done retrospectively with patients attending for urodynamic studies from January 2015 – July 2017 to Sri Jeyawardanapura General Hospital. The data was collected from urodynamic traces and patient records after informed written consent. 110 patients and their respective urodynamic traces were randomly selected. The result was analyzed and compared with standards described by the ICS and more than 80% set as a target of performance. Simple proportion used to draw the analyzed data.

RESULTS AND DISCUSSION

The age of the patients ranged between 37 and 72. In all cases there was a clear indication and most common indication was mixed urinary incontinence (67%), following urge urinary incontinence (20%) and urge incontinence was (13%). All cases were clinically evaluated and urinary tract infection was excluded, but Quality of Life QoL was not assessed before procedure. Procedure was verbally explained and verbal consent was taken to all women. 30% of women underwent conservative measures before procedure. Baseline detrusor pressure was set as a 0 cmH₂O to all patient. Procedure was started with emptying the bladder and then cystometry for 97% of women and 3% were stated with full bladder, then uroflowmetry depends on their clinical features. Cough signal was recorded before and after filling in all cases and recorded before voiding in 89 cases and in none of the cases it was recorded after voiding. Two traces were considered as poor quality.

CONCLUSION

The results show the overall practice is good and comparable to that obtained from other units and ICS standards. Improvement is still needed in QoL assessment, providing information sheet, inform written consent and recording cough test before and during filling. Changes are implemented and plan for re-auditing.