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## THE URODYNAMIC CHARACTERISTICS OF WOMEN WITH VOIDING DYSFUNCTION AND THEIR IMPACT ON MANAGEMENT

*E. Tezcan, R. Saigal, S. Cashman, R. Parkinson, F. Burge  
Sherwood Forest Hospitals NHS Foundation Trust, UK*

### Introduction

Urodynamic studies are used frequently in the assessment of women with voiding dysfunction (VD). However, urodynamic findings are varied and don't always correlate with treatment decisions. Women with VD are often managed with indwelling catheters or intermittent self-catheterisation (ISC), whilst sacral neuromodulation (SNM) has been shown to have success rates of over 70%[1].

### Aims & Methodology

We aimed to audit the urodynamic characteristics of VD and identify patterns that influence decision making. Women diagnosed with VD with high post-void residuals (>300mls) or inability to void who underwent urodynamics between 2021-2023 were included. Patients with neurological conditions, significant pelvic organ prolapse, or previous stress incontinence surgery were excluded. Differences between patients offered SNM and those who were managed conservatively with catheterisation or ISC were analysed.

### Results

45 patients were included of whom 14 were offered SNM and 31 managed conservatively. Patients offered SNM compared to those managed conservatively were more likely to be young (mean age 32.9 vs 46.3) and unable to perform ISC requiring indwelling catheterisation (42.9% vs 12.9%). The SNM offered group had higher post void residuals (mean PVR 654mls vs 456mls) and absent/delayed filling sensations (85.7% vs 58%). Overall, 48.8% of women with VD had no detrusor contraction, whilst 39.5% had detrusor underactivity, with similar findings in those managed conservatively and offered SNM. Reduced compliance <20ml/cmH<sub>2</sub>O was rare in only 5 of 45 patients. Similarly, bladder outlet obstruction according to the Solomon-Greenwell nomogram was also rare in 5 patients only, with minimal difference between the treatment groups.

### Conclusion

Younger patients and those who were unable to self-catheterise were more likely to be offered SNM. Urodynamic findings were similar in both cohorts with limited impact on treatment decisions. There may, however, be value in certain urodynamic characteristics for predicting response to SNM which requires further evaluation.

### **Reference:**

1. Dasgupta R, Wiseman OJ, Kitchen N, Fowler CJ. Long-term results of sacral neuromodulation for women with urinary retention. *BJU Int.* 2004 Aug;94(3):335-7. doi: 10.1111/j.1464-410X.2004.04979.x. PMID: 15291863.