OP16

SERVICE EVALUATION: DIAGNOSTIC OUTCOME AFTER AMBULATORY URODYNAMICS

L. Carman, Manchester NHS Foundation Trust, UK

Background

Ambulatory urodynamics (aUDS) assesses bladder behaviour during filling and emptying, whilst patients carry out some level of their usual daily activities. Patients are encouraged to fill the bladder naturally through fluid intake and to undertake activity that replicates they're lower urinary tract symptoms (LUTS).

aUDS is indicated in patients where conventional urodynamics (cUDS) has failed to replicate their symptoms. Failure to reproduce patient's symptoms can be a consequence of limited time and space, and patient embarrassment in the presence of healthcare professionals. Ambulatory urodynamics allows the patient to experience a more natural, relaxing environment.

Aim

To evaluate the diagnostic yield for detrusor overactivity and urodynamic stress incontinence following aUDS.

Methods

Thirty-two consecutive casenotes were reviewed for patients who attended for AUDS between May 2021 and June 2023. All underwent cUDS prior to aUDS. Data including demographics, symptoms, findings and diagnoses were collected from cUDS and aUDS traces.

Results

The median age 53 years (IQR 45-64.5), 93.8% were female and 87.5% white British. Ambulatory urodynamics diagnosed an additional 7 cases of urgency (37%), 6 cases of detrusor overactivity (32%) and 9 cases of urodynamic stress incontinence (41%) compared to cUDS.

see supporting table in presentation

Conclusion

Ambulatory urodynamics increased diagnostic yield and remains a useful tool when investigating OAB and SUI symptoms when causation has not been found using cUDS. Our data was not statistically significant and this is most likely due to the small sample size. Further work is needed to compare aUDS with cUDS in larger numbers across multiple centres.