

OP25

REAUDIT: COMPLIANCE WITH UKCS, NICE AND ICS RECOMMENDATIONS FOR URODYNAMIC TEST

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Introduction

Guidelines recommends that urodynamic testing is an essential component of assessing urinary symptoms as a pre-operative diagnostic tool. Therefore, is imperative to perform to a high standard to achieve apt management plans. A re-audit was conducted to evaluate if recommendations produced by the initial audit were implemented to ensure the urogynaecology department at Liverpool Women's Hospital complied with latest guidelines.

Methods

Data was collected from patients who underwent urodynamic studies during 1st-31st March 2022. A set proforma from the first cycle was used to ensure that no variables were changed. Evidence regarding calibration of the equipment was collected.

Results

30 patients were included in the study. Results show an encouraging improvement from the previous audit. The initial audit indicated documentation on urodynamic reports and annotation on urodynamic traces were an area of improvement. Urodynamic reports were completed thoroughly, with areas of the reports to 100% and annotation of traces at 100%. These improvements were through the introduction of a standard urogynaecology electronic documentation proforma, which facilitated in ensuring clinicians fill all fields. Keeping with latest guidelines, areas such as conservative management being offered and MDT discussions were also documented to 100%. A key issue noted was that urodynamic equipment was not calibrated, this was addressed and evidence provided that calibration was performed weekly.

Conclusion

The audit showed successes in documentation of the urodynamic report and urodynamic traces, with key areas such as final diagnosis, MDT discussions and conservative management being documented to 100%. This is a significant improvement from the previous audit, as documentation was 70%. Another key success was that equipment was calibrated in 100% of cases, compared to the first cycle of the audit which noted that equipment calibration was not carried out. Recommendations were minimal, as plans had already been put in place to address these.

References

1. Urinary incontinence and pelvic organ prolapse in women: management NICE guideline NG123,
2. International Continence Society Good Urodynamic Practices and Terms 2016: Urodynamics, uroflowmetry, cystometry and pressure-flow study,
3. United Kingdom Continence Society: Minimum standards for urodynamic studies, 2018