

# OP4

## WORKUP AND FIRST LINE MANAGEMENT OF VOIDING DYSFUNCTION IN A SINGLE CENTRE

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### **Introduction**

The BAUS FNUU committee consensus on female voiding dysfunction management was published in 2021. This provides a framework for the workup and first line management of this cohort and provides guidelines for referral to a specialist centre in selected cases. Our aim was to audit the workup and management of voiding dysfunction in our centre.

### **Methods**

A prospective database of patients undergoing videourodynamics (VUDS) was maintained in our centre from 2019. We identified patients who were referred with a possible diagnosis of voiding dysfunction from this database.

### **Results**

Of 220 VUDS performed over a 3-year period, we identified 17 (7%) patients with possible voiding dysfunction, excluding the neuropaths. 13 were female with a mean age of 37 years (18-76years). 5 patients had a psychiatric history, 4 had complex pain issues and 2 had gynecological issues. 7 patients had a normal cystoscopy prior to VUDS. Average cystometric capacity was 450mls, 2 patients had detrusor overactivity during filling, one of whom had poor compliance. 5 patients didn't void, 3 patients lost their line, 5 patients emptied with a detrusor contraction and remaining with abdominal straining. On screening, 5 patients had a dilated proximal urethra and 7 had a closed bladder neck. First line management ranged from self-catheterisation, pelvic floor relaxation, psychiatric support, alpha-blockers to sphincteric botulinum. Two patients opted for a suprapubic catheter and two required referral to a specialist centre.

### **Conclusion**

The work-up and management of voiding dysfunction patients is complex and challenging, they form a small proportion of patients seen in FNUU. We used the consensus framework to manage these patients initially and referred 12% of patients seen (2/17).