Adult Urodynamics: American Urological Association (AUA)/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Guideline

Actions and Directives

assess urethral function using Valsalva leak point pressure/abdominal leak point pressure (VLPP/ALPP) Rec_1: Cond_1: Act_1
assess urethral function using lower cough leak point pressure (CLPP) Rec_1: Cond_1: Act_3
assess urethral function using maximal urethral closure pressure (MUCP) Rec_1: Cond_1: Act_2
assess post-void residual (PVR) urine volume Rec_1: Cond_2: Act_4
clinicians may perform multi-channel urodynamics Rec_2: Cond_4: Act_6
remove urethral catheter Rec_3: Cond_5: Act_7
perform repeat stress testing Rec_3: Cond_5: Act_8
perform stress testing with reduction of the prolapse to evaluate for occult SUI Rec_4: Cond_7: Act_10
multichannel urodynamics with prolapse reduction may be used to assess for occult stress incontinence Rec_4: Cond_26: Act_36
Clinicians may perform multi-channel filling cystometry Rec_5: Cond_8: Act_11
Clinicians may perform PFS to evaluate for bladder outlet obstruction (BOO) Rec_6: Cond_9: Act_12
Clinicians should counsel patients that DO is not excluded as a causative agent for their symptoms.

Rec_7: Cond_10: Act_13

Clinicians should perform PVR assessment during the initial urological evaluation

Rec_8: Cond_11: Act_15

Clinicians should perform PVR assessment as part of ongoing follow -up when appropriate

Rec_8: Cond_11: Act_16

Clinicians should perform a complex cystometrogram (CMG) during initial urological evaluation

Rec_9: Cond_12: Act_17

Clinicians should perform a complex cystometrogram (CMG) as part of ongoing follow-up when appropriate.

Rec_9: Cond_12: Act_35

physicians may consider CMG as an option in the urological evaluation

Rec_9: Cond_25: Act_34

Clinicians should perform pressure flow analysis

Rec_19: Cond_24: Act_33

when available, clinicians may perform fluoroscopy at the time of urodynamics (videourodynamics)

Rec_13: Cond_16: Act_21

Rec_13: Cond_23: Act_32

Clinicians should perform electromyography (EMG) in combination with cystometry (CMG) with or without pressure flow studies PFS

Rec_12: Cond_15: Act_20

Rec_12: Cond_22: Act_29

Clinicians may perform PVR initially as a safety measure to rule out significant urinary retention

Rec_11: Cond_14: Act_19

Clinicians may perform PVR during follow-up as a safety measure to rule out significant urinary retention

Rec_11: Cond_14: Act_22

Uroflow may be used by clinicians in the initial evaluation

Rec_10: Cond_13: Act_18

Uroflow may be used by clinicians in the ongoing evaluation

Rec_10: Cond_13: Act_23

Clinicians may perform multi-channel filling cystometry, particularly when invasive, potentially moribd or irreversible treatments are considered.

Rec_14: Cond_17: Act_24

Clinicians should perform PFS when it is important to determine if urodynamic obstruction is present

Rec_18: Cond_21: Act_28

Clinicians may perform pressure flow studies (PFS) when it is important to determine if obstruction is present.

Rec_17: Cond_20: Act_27

Clinicians may perform videourodynamics (VUDS) to localize the level of obstruction particularly for the diagnosis of primary bladder neck obstruction (PBNO).

Rec_15: Cond_18: Act_25