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

RECOMMENDATIONS

Recommendation
1

Conditional: Clinicians who are making the diagnosis of urodynamic stress incontinence should assess urethral function.

{Rec_1:Cond_ 1}

Recommendation
2

Conditional: Surgeons considering invasive therapy in patients with SUI should assess PVR urine volume.

{Rec_1:Cond_ 2}

Recommendation
3

Conditional: Clinicians may perform multi-channel urodynamics in patients with both symptoms and physical findings of stress incontinence who are considering invasive, potentially morbid or irreversible treatments.

{Rec_2:Cond_ 4}

Recommendation
4

Conditional: Clinicians should perform repeat stress testing with the urethral catheter removed in patients suspected of having SUI who do not demonstrate this finding with the catheter in place during urodynamic testing.

{Rec_3:Cond_ 5}

Recommendation
5

Conditional: In women with high grade pelvic organ prolapse (POP) but without the symptom of SUI, clinicians should perform stress testing with reduction of the prolapse.

{Rec_4:Cond_ 7}

Conditional: Multichannel urodynamics with prolapse reduction may be used to assess for occult stress incontinence and detrusor dysfunction in these women with associated LUTS.

{Rec_4:Cond_ 26}

Recommendation
6

Conditional: Clinicians may perform multi-channel filling cystometry when it is important to determine if altered compliance, detrusor overactivity or other urodynamic abnormalities are present (or not) in patients with urgency incontinence in whom invasive, potentially morbid or irreversible treatments are considered.

{Rec_5:Cond_ 8}

Recommendation
7

Conditional: Clinicians may perform pressure flow studies (PFS) in patients with urgency incontinence after bladder outlet procedures to evaluate for bladder outlet obstruction (BOO).

{Rec_6:Cond_ 9}

Recommendation
8

Conditional: Clinicians should counsel patients with urgency incontinence and mixed incontinence that the absence of detrusor overactivity (DO) on a single urodynamic study does not exclude it as a causative agent for their symptoms.

{Rec_7:Cond_ 10}

Recommendation
9

Conditional: Clinicians should perform post-void residual (PVR) assessment, either as part of complete urodynamic study or separately, during the initial urological evaluation of patients with relevant neurological conditions (such as spinal cord injury and myelomeningocele) and as part of ongoing follow -up when appropriate.

{Rec_8:Cond_ 11}

Recommendation

10

Conditional: Clinicians should perform a complex cystometrogram (CMG) during initial urological evaluation of patients with relevant neurological conditions with or without symptoms and as part of ongoing follow-up when appropriate.

{Rec_9:Cond_ 12}

Conditional: In patients with other neurologic diseases, physicians may consider CMG as an option in the urological evaluation of patients with LUTS.

{Rec_9:Cond_ 25}

Recommendation

11

Conditional: Clinicians should perform pressure flow analysis in patients with relevant neurologic disease with or without symptoms, or in patients with other neurologic disease and elevated PVR or urinary symptoms.

{Rec_19:Cond_ 24}

Recommendation

12

Conditional: When available, clinicians may perform fluoroscopy at the time of urodynamics (videourodynamics) in patients with relevant neurologic disease at risk for neurogenic bladder, or in patients with other neurologic disease and elevated PVR or urinary symptoms.

{Rec_13:Cond_ 16}

Conditional: When available, clinicians may perform fluoroscopy at the time of urodynamics (videourodynamics) in patients with relevant neurologic disease at risk for neurogenic bladder, or in patients with other neurologic disease and elevated PVR or urinary symptoms.

{Rec_13:Cond_ 23}

Recommendation

13

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

neurologic disease at risk for neurogenic bladder, or in patients with other neurologic disease and elevated post-void residual (PVR) or urinary symptoms.

{Rec_12:Cond_ 15}

Conditional: Clinicians should perform electromyography (EMG) in combination with cystometry (CMG) with or without pressure flow studies PFS in patients with relevant neurologic disease at risk for neurogenic bladder, or in patients with other neurologic disease and elevated post-void residual (PVR) or urinary symptoms.

{Rec_12:Cond_ 22}

Recommendation

14

Conditional: Clinicians may perform post-void residual (PVR) in patients with lower urinary tract symptoms (LUTS) as a safety measure to rule out significant urinary retention both initially and during follow up.

{Rec_11:Cond_ 14}

Recommendation

15

Conditional: Uroflow may be used by clinicians in the initial and ongoing evaluation of male patients with LUTS that suggest an abnormality of voiding/ emptying.

{Rec_10:Cond_ 13}

Recommendation

16

Conditional: Clinicians may perform multi-channel filling cystometry when it is important to determine if DO or other abnormalities of bladder filling/urine storage are present in patients with LUTS, particularly when invasive, potentially morbid or irreversible treatments are considered.

{Rec_14:Cond_ 17}

Recommendation

17

Conditional: Clinicians should perform pressure flow studies (PFS) in men when it is important to determine if urodynamic obstruction is present in men with LUTS, particularly when

invasive, potentially morbid or irreversible treatments are considered.

{Rec_18:Cond_ 21}

Recommendation

18

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

{Rec_17:Cond_ 20}

Recommendation

19

Conditional: Clinicians may perform videourodynamics (VUDS) in properly selected patients to localize the level of obstruction particularly for the diagnosis of primary bladder neck obstruction (PBNO).

{Rec_15:Cond_ 18}