Table 1. Surgical outcome assessed with Intention-To-Treat (ITT) analysis

	VAS	IC-Q	PUF	EQ-5D	BPI-sf-pain-severity	BPI-sf-pain-inter-ference	PGA	24hr frequency	nocturia /24hr	urgency /24hr	urgency urinary incontinence /24hr	maximum voided volume
Pre-Op												
HD+TUF (N=25)	8.0	27.0	22.0					14.0	3.3	8.7	0.0	175.0
TUF (N=26)	7.5	24.5	22.0					14.0	3.0	9.0	0.0	210.0
P	0.700	0.604	0.887					0.474	0.318	0.925	0.988	0.096
1mo												
HD+TUF (N=25)	1.0	7.0	7.5	1.000	0.000	0.286	2.0	9.3	2.0	0.0	0.0	295.0
TUF (N=25)	1.0	16.0	11.0	0.827	1.250	0.710	2.0	10.2	2.3	0.0	0.0	300.0
P	0.222	0.085	0.065	0.018*	0.020*	0.592	0.017*	0.090	0.143	0.243	1.000	0.864
2mo												
HD+TUF (N=23)	1.0	7.0	9.0	1.000	0.250	0.140	2.0	10.0	2.0	0.0	0.0	250.0
TUF (N=24)	2.0	12.0	13.0	0.827	1.750	0.429	2.0	10.5	2.0	0.8	0.0	250.0
P	0.017*	0.043*	0.042*	0.036*	0.013*	0.302	0.143	0.316	0.105	0.061	0.339	0.373
4mo												
HD+TUF (N=23)	1.0	8.5	6.5	0.844	0.250	0.359	2.0	11.0	2.0	0.0	0.0	200.0
TUF (N=22)	3.0	17.0	13.0	0.816	3.625	1.357	3.0	12.0	2.0	2.0	0.0	235.0
P	0.001*	0.041*	0.024*	0.137	0.003*	0.109	0.049*	0.990	0.396	0.238	0.143	0.723
6mo												
HD+TUF (N=19)	2.0	16.0	10.0	0.827	2.000	0.714	3.0	11.3	2.0	0.0	0.0	180.0
TUF (N=14)	3.0	15.5	14.0	0.800	2.875	2.215	3.0	11.8	2.7	0.0	0.0	200.0
P	0.044*	0.688	0.352	0.089	0.028*	0.175	0.731	0.956	0.685	0.767	0.408	0.430

All figures are expressed as median values; Statistical analysis was performed using Mann–Whitney U test; VAS, Visual Analogue Scale VAS pain score; IC-Q, O'Leary-Sant Interstitial Cystitis questionnaire; PUF, Pelvic Pain and Urgency/Frequency Patient Symptom Scale; EQ-5D, EQ-5D Health Questionnaire; BPI-sf, Brief Pain Inventory-short form; PGA, Patient Global Assessment; *, asymptotic significance (2-tailed) at $P<0.05$

58 | Opioid prescription use in patients with interstitial cystitis

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Presented By: Jacqueline M. Zillioux, MD

Introduction: The opioid epidemic has been the recent focus of significant national initiatives to reduce the misuse of opioids and related addiction. Interstitial cystitis (IC) is a chronic pain state at risk for frequent narcotics use. Accordingly, we sought to assess narcotic prescription use in patients with IC through analysis of patient claims data.

Methods: Data were accessed from the Virginia All Payers Claims Database (VAPCD), a dataset that includes medical and pharmacy claims from state residents insured through Medicare, Medicaid, and private commercial insurers. We identified female patients with diagnosis of IC from 2011-2017 using International Classification of Disease (ICD) codes 595.1 (ICD9) or N30.10 (ICD10). A patient identifier was used to link diagnosis claims with outpatient prescription claims for opioids by using generic product identifiers. We then analyzed opioid prescriptions within 30 days of a claim with IC diagnosis.

Results: A total of 6,989 patients with an IC diagnosis were identified and were associated with 31,685 claims. Accordingly, the median number of IC claims per patients was 7 (IQR 3,21). Mean patient age was 48.6 (95% CI 48.5, 48.7). 27.8% of patients had at least 1 opioid prescription, with a median of 2 prescriptions (IQR 1, 4). In those patients receiving opioids. 186 (9.6%) patients had more than 10 prescriptions for opioids, with a max of 129. The most common prescriptions were hydrocodone (n = 2579, 31.5%), oxycodone (n = 1889, 23.1%), and tramadol (n = 1139, 13.9%). In addition, prescriptions for methadone (n = 101, 1.2%) and buprenorphine (n = 40, 0.5%) were associated with IC diagnosis. Opioid prescriptions per month are shown in Figure 1, demonstrating a decline in opioid prescriptions per month for IC. However, the rate of narcotic prescriptions per IC diagnosis remained stable.

Conclusion: A significant number of patients with IC diagnosis are treated with opioids, with a percentage receiving a large number of opioid prescriptions. While the overall number of opioid prescriptions associated with IC appears to be declining, the prescription rate per IC diagnosis has not declined over the study years. As part of the national initiative to reduce narcotics use, our data suggest that IC treatment strategies should be examined.

Monthly Opioid Prescriptions for Interstitial Cystitis, 2011-2017
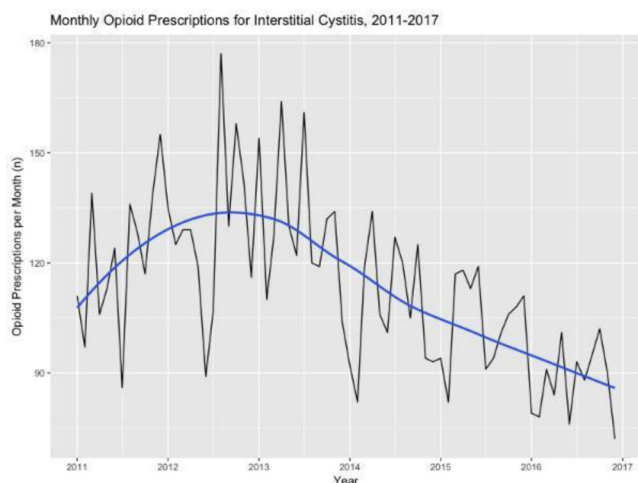
59 | Symptomatic urinary tract infection after urodynamics: a retrospective cohort analysis of 250 consecutive patients in the absence of antimicrobial prophylaxis

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Presented By: Cristina M. Fox, MD

Introduction: The use of antibiotic prophylaxis for urodynamic testing (UDS) is historically based on a paucity of outcomes data. The current best practice policy statement encourages prophylaxis in non-index patients. However, with the burden of antimicrobial resistance, there is value in critically assessing the necessity of such prophylaxis, in order to optimize antimicrobial stewardship.

Methods: A retrospective cohort review of all patients undergoing UDS was conducted at a single institution between May 2017 and July 2018. Inclusion criteria was as follows: no antimicrobials within seven days, for daily prophylaxis, or post-procedure; and documented follow-up within three months. The analysis was stratified by age, BMI, medical comorbidities, neurologic disease, immunosuppression, bladder management, history of orthopedic implants, and post void residual/bladder outlet obstruction. Index and non-index were compared, quantifying incidence of symptomatic urinary tract infections (UTI) within 30 days.

Results: Two hundred fifty patients qualified for analysis. Twelve (4.80%) patients total developed symptomatic UTI. Median time to infection was 8 days. No patient developed pyelonephritis or sepsis. There were 123 (49.2%) index patients with 5 (4.07%) UTIs, and 127 (50.8%) non-index patients with 7 (5.51%) UTIs. The non-index cohort (defined by the 2017 best practice policy statement), included the following patient sub-groups and rates of infection, respectively: age greater than 70 years old (n = 84; UTI 3.57%); neurogenics (n = 36; UTI 11.11%) sub classified as multiple sclerosis (n = 17; UTI 17.65%), Parkinson's disease, (N = 6; 16.67%), CVA (N = 12; no UTI) , and spinal cord injury (N = 1; no UTI); orthopedic implants (N = 17; no UTI); post void residual greater than 100 (N = 42; UTI

Patient Group	Number of Patients	Percentage of All Patients	Rate of Infection by Group
Multiple Sclerosis	17	6.80%	17.65%
Parkinson's Disease	6	2.40%	16.67%
History of CVA	12	4.80%	0.00%
Spinal Cord Injury	1	0.40%	0.00%
All Neurogenics	36	14.40%	11.11%
Orthopedic Implants	17	6.80%	0.00%
Post Void Residual >100	42	16.80%	7.14%
Bladder Outlet Obstruction	27	10.80%	7.41%
Immunosuppressed	30	12.00%	10.00%
Any Form of Catheter (Foley, Suprapubic Tube)	9	3.60%	0.00%
Clean Intermittent Catheterization	3	1.20%	0.00%
Age >70 year	84	33.60%	3.57%
Non-index Patient	127	50.80%	5.51%
Index Patient	123	49.20%	4.07%
All Patients	**250**	**100.00%**	**4.80%**