

Methods: The charts of all PD patients who underwent videourodynamics (VUD) for storage symptoms between 2010 and 2017 at a single academic neurourology division were retrospectively reviewed. Patients in which VUD was indicated for OAB symptoms were included in the present study. Means and standard deviations were reported for continuous variables and proportions for nominal variables. Univariate analyzes using Fisher exact test or chi-2 test for nominal variables and Mann-Whitney test for continuous variables were performed to seek for clinical predictive factors of various urodynamic parameters.

Results: Forty-two patients were included in the present analysis. On VUD, 41 of the 42 patients had an involuntary detrusor contraction (IDC) (97.6%). The one patient who did not have an IDC was diagnosed with PD only 2 months prior to her VUD study. The mean volume of the 1st uninhibited contraction was 168.2ml. The first desire to void occurred on average at 139.5 ml with an average cystometric capacity of 274.8ml. On pressure flow analysis, the patients had an average maximum flow of 10.2 ml/s, with an average detrusor pressure at maximum flow of 36.2 cm H₂O. The maximum detrusor pressure was 53.7 cmH₂O. The average voided volume was 141.3 ml. When analyzing differences among gender, detrusor pressure at maximum flow was significantly higher in males than females (41.3 vs 22.6, $p = 0.001$).

Conclusion: Most PD patients with OAB symptoms exhibit DO. The decision to perform urodynamics in these patients should be prompted by other objectives than diagnosing DO because this urodynamic finding can be presumed with a very high probability from clinical observation. OAB symptoms is most likely driven by DO in the vast majority of PD patients.

121 | Has the use of pre-operative urodynamics for stress urinary incontinence surgery changed following the value study?

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Introduction: Published in 2012, the Value of Urodynamic Evaluation (VALUE) study suggested that routine urodynamic evaluation (URD) is not beneficial for pre-operative evaluation of uncomplicated, stress-predominant urinary incontinence (SUI). Accordingly, professional organizations have advocated against routine pre-operative URD in

"index" SUI patients. We assessed URD rates in patients undergoing slings through analysis of patient claims data with focus on use following the VALUE study.

Methods: Data were accessed from the Virginia All Payers Claims Database. We identified female patients with diagnosis of SUI from May 2011-December 2016 using ICD codes N39.3 or 625.6. CPT codes were used to select the subset undergoing URD and/or slings. Pre-operative URD was defined as URD performed within six months of sling placement. Non-index patients were defined as those with concurrent diagnosis of overactive bladder, urge incontinence, mixed incontinence, or neurogenic bladder, and were excluded from primary analysis. We analyzed longitudinal rate of URD in patients undergoing sling placement and fitted an interventional ARIMA model with a step function after the time of the VALUE study publication.

Results: A total of 44,347 patients with a SUI diagnosis were identified over the study period, with a mean of 7391 patients/year. Of index patients with a SUI diagnosis, 5,944 underwent sling procedures. The mean number of slings and URD per year was 1236 and 3488, respectively. A decrease in the annual number of slings, both with and without pre-operative UDS, was seen beginning in mid-2012 (Figure 1). The proportion of slings with pre-operative URD demonstrated a small decrease over the study years (68%, 2011; 58%, 2016). In addition, the time series model (ARIMA 0,1,5 with drift) demonstrated a significant decrease in number of slings with pre-operative URD starting in May 2012 ($p = 0.044$).

Conclusion: Our study demonstrates a decrease in the number of slings with pre-operative URD in uncomplicated patients following publication of the VALUE study in May 2012. There was additionally a small decrease in the proportion of slings with pre-operative URD among index patients. Further research is needed to examine trends of pre-operative URD and underlying influences.

Figure 1. Trends in slings with pre-operative urodynamics

