

Summary of the video Urodynamic round table discussion group Torquay April 2010

Firstly thank you to all those who attended.

Initially the group discussed the idea of what core skills were required to perform video UDA.

The group also discussed the role of medical physics knowledge relating to dosages and irradiation. This led to a discussion about indications for video urodynamics. There was a feeling of a need to develop a consensus.

Further discussion related to a need to try and identify the number of units that are doing video urodynamics and whether there should be some help in offering people wanting to set up a service and whether there should be a standardisation of image reporting.

Generally it was felt that the possibility of developing a training programme was not practical as there were too few individuals practising video urodynamics to formalise this.

However the possibility of using video linked MDT's in a similar way to how oncologists undertake their MDT's may be beneficial.

Further debate ensued on whether there should be referral pathways and network development and this is certainly something that we may need to consider in the future.

There was consensus on the need to establish what involvement is needed from industry for this. The consensus at the end of the meeting was that it would be good to look towards developing guidelines and indications for video urodynamics, the latter is a double edged sword as it could be perceived as only these patients should have video urodynamics or all of these patients should have video urodynamics both of which could potentially be threatening to some practitioners either who do perform video urodynamics or don't.

It was agreed that we should have a workshop next year and would have three units presenting on how they perform video urodynamics as case discussions and the Bristol Urological Institute and King's College were two of the units that agreed the third is to be decided.

Further work will now be undertaken to design a survey document which will be easy to fill in and collate information on current practice in video urodynamics. This will need to be circulated through UKCS, BSUGS, BAUS and will need to get some integration radiologists as it would be helpful perhaps to have them involved with this.

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