

Minutes of Ambulatory Urodynamics Discussion Forum

Wednesday 14th April 2010, Torquay

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The discussion took place in response to questions around various issues relating to ambulatory urodynamic monitoring (AUM).

1 Is it useful?

General consensus that AUM is clinically useful. It offers a more physiological approach and affords the opportunity of more patient contact to explore symptoms.

2 How does it work?

It offers a more physiological approach and more normal, less clinical, environment. More provocative manoeuvres can be performed. It is a second test and, as such, is likely in any case to provide more diagnoses. All of the above factors probably play a part in the increased number of diagnoses from AUM.

Could be useful in bashful voiders, men who find it difficult to void in more public situations.

3 How should it be carried out?

Two to three filling cycles, test can be discontinued earlier if symptoms have been reproduced and the urodynamic question answered. In effect that is 4-5 hours. At the end of each fill an exercise cycle can be carried out.

Useful to perform interim review to check quality control and to correlate with Electronic pad is useful, but does not always detect small leaks. Can weigh pad before and after it is used to check recorded leakage.

Some AUM clinics are held apart from routine clinics, on different session, some AUM tests are carried out alongside other work.

4 When should it be carried out?

Useful in women with mixed symptoms before surgery for stress incontinence. Patients should be discussed at MDT before proceeding to AUM. Never a first-line test.

Can be used to confirm incontinence and to detect which is the more troublesome symptom.

Overnight studies could be useful.

Useful in wheelchair patients who are restricted in their mobility in standard urodynamics.

Only suitable for patients who can understand instruction.

Interpretation takes time.

5 Who should carry it out?

People who are competent in standard cystometry.

Two transducers are useful if catheter tip transducers are used.

Where do we go from here?

