

Dear Sir/Madam

**Re: Questionnaire based on current Video Urodynamics practices in the UK**

The UKCS would like to develop guidelines and indications for video Urodynamics examinations. In order to undertake this work it is felt that we first need to establish current UK practice in video Urodynamics, who is performing these tests and where these are undertaken in the hospital. As a result we have developed a questionnaire which is being sent to as many Urodynamics departments in the country that we can find. This in itself is not easy as there is no central database of where Urodynamics is performed.

A copy of this questionnaire and letter can also be accessed through the UKCS website. Please follow the appropriate links from the main home page.

We would therefore ask that this letter and questionnaire be passed on to the most relevant person within the department or within the hospital with regard to Urodynamics studies for completion. Even if your department does not perform any Video Urodynamics studies a null response is still useful in building up a picture of current practice in the UK.

Please do not hesitate to contact any member of the working party analysing these results if you need further clarification on any of the questions. The working party members are (listed in alphabetical order):

Justine Barnecott (Mid Yorkshire Hospitals NHS Trust, [justine.barnecott@midyorks.nhs.uk](mailto:justine.barnecott@midyorks.nhs.uk))

Jason Britton (Leeds Teaching Hospitals NHS Trust, [Jason.Britton@nhs.net](mailto:Jason.Britton@nhs.net))

Sarah Wood (Norfolk and Norwich University Hospital Sarahjanewood [@nnuh.nhs.uk](mailto:@nnuh.nhs.uk))

Thank you in advance very much for your time in completing this survey.

We plan to present our findings at the next UKCS conference in Bristol 2011.

Yours faithfully

Justine Barnecott

Jason Britton

Sarah Wood

# **UKCS Questionnaire on Video Urodynamics practices in the United Kingdom**

For multiple choice answers please could you circle or place a 'tick' against those that apply.

**Hospital Centre:**

**Name Person Responding:**

**Designation:**

**Address:**

**Contact telephone number:**

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1. How many Urodynamic sessions (all types) are undertaken in your department per week?
  
2. In which department is Urodynamics based?
  - a. **Urology**
  - b. **Gynaecology**
  - c. **Own department**
  - d. **Radiology**
  - e. **Other (Please state)**

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3. Approximately how many NHS patients are referred for Video Urodynamics procedures per annum?
  - a. **1 – 10**
  - b. **10 - 50**
  - c. **50 - 100**
  - d. **101 – 200**
  - e. **201 – 300**
  - f. **301 – 400**
  - g. **Over 500**

4. Approximately how many private patients are referred for Video Urodynamics procedures per annum?
- a. **1 – 50**
  - b. **50 – 100**
  - c. **101 – 150**
  - d. **151 – 200**
  - e. **Over 200**
5. How many sessions on average are scheduled per week for Video Urodynamics procedures?
- a. **Less than 1**
  - b. **1 -2**
  - c. **2-3**
  - d. **More than 3**
  - e. **Can perform video in All UDS sessions if required**
6. Do you have standard clinical indications within your department for performing a Video Urodynamics study?
- a. **Yes**
  - b. **No**

If yes what are your standards?

If no what directs you to choose video rather than convention UDS?

7. Does a Hospital Consultant check the referrals before the examinations are scheduled?
- a. **Yes**
  - b. **No**
8. How many people normally support a Video Urodynamics procedure?
- a. **2 or less**
  - b. **3**
  - c. **4**
  - d. **5**
  - e. **More than 5**
9. What staff groups are normally involved in providing a Video Urodynamics service?  
Tick all those that apply:
- a. **Radiographer**
  - b. **Medical or surgical consultant**
  - c. **Clinical Technologist**
  - d. **Radiologist**
  - e. **Nurse**
  - f. **Chaperone**
  - g. **Other (please state)**
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10. Has the Urodynamics Training and Accreditation programme been introduced for Video Urodynamics procedures?
- a. **Yes**
  - b. **No**
- If so are you planning to apply for UKCS UDA accreditation?
- a. **Yes**
  - b. **No**
11. Do you routinely record the radiation doses received by the patient?
- c. **Yes**
  - d. **No**
- If so are you able to provide a 3rd quartile radiation dose measurement taken from the sample of patients where the data has been acquired?
12. Are the images stored on the hospital's PACS system after completion of the study?
- a. **Yes**
  - b. **No**
13. What type of contrast media do you use?
- a. **Omnipaque**
  - b. **Urografin**
  - c. **Other (Please state)**
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14. How much contrast media would you typically infuse into a patient?
- a. **Less than 100ml**
  - b. **101-200ml**
  - c. **200-300ml**
  - d. **301 – 400ml**
  - e. **More than 400ml**
15. Has the Urodynamics machine been appropriately calibrated for Video Urodynamic procedures?
- a. **Yes**
  - b. **No**
  - c. **Don't know**
16. At what stages of the examination would you normally acquire x-ray images (Tick those that apply)?
- a. **During filling**
  - b. **During provocative manoeuvres**
  - c. **During Voiding**
  - d. **Others (please state)**
17. Where are video Urodynamics procedures undertaken?
- a. **Urodynamics Examination Room**
  - b. **Dedicated X-ray suite**

18. On what percentage of patients, who are referrals from other centres, would you repeat video UDS, if they have had it carried out at the referring hospital?
- a. **0-5%**
  - b. **5-10%**
  - c. **10-15%**
  - d. **15-20%**
  - e. **20-25%**
  - f. **More than 25%**

19. Do you have a regular session to discuss the results of video urodynamics?
- a. **Yes**
  - b. **No**

If yes how frequently do you have this?

- a. **Every six months**
- b. **Every 3 months**
- c. **Every month**
- d. **Once per week**
- e. **Other (please state)**

Do you use this to interpret patient results or as a learning tool?

- a. **Yes**
- b. **No**

20. Do you have a method for recording female patients' pregnancy status, to ensure x-ray is not inappropriately used?
- a. **Yes**
  - b. **No**

Who is responsible for this?

- a. **Radiographer**
- b. **Medical or surgical consultant**
- c. **Clinical Technologist**
- d. **Radiologist**
- e. **Nurse**
- f. **Other (Please state)**

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If you have any further information you would like to share please add below