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Re: Urodynamics Useless in Female Stress Urinary Incontinence? Time for Some Sense—A European Expert Consensus

Finazzi-Agrò E, Gammie A, Kessler TM, et al

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Experts' summary:

The routine use of urodynamics (UDS) in the management of female stress urinary incontinence (SUI) is a controversial topic that is widely debated. Evidence from two randomized controlled trials (RCTs) has indicated that UDS may not be a necessary step for uncomplicated cases of SUI [1,2]. Conversely, many other sources, such as extensive experience and observational studies, suggest that UDS might be helpful in clinical decision-making and facilitate appropriate patient counseling. The focus of this multidisciplinary group of UDS experts was to consider the role and value of UDS for female patients who are potential candidates for SUI surgery. A modified version of the Delphi method was used to reach a consensus viewpoint structured around five key questions. The authors were unanimous in stating the important role of UDS in female SUI that should not be eclipsed by the findings in two RCTs with several biases.

Experts' comments:

While UDS in patients with complicated characteristics should be considered mandatory before surgery, its use for the management of uncomplicated or “index” SUI forms is controversial. This reflects the lack of evidence on the role of preoperative urodynamic evaluation in improving outcomes from continence surgery in index patients.

In our opinion, UDS is an important tool in the hands of clinicians for collection of additional functional information that could guide the right therapeutic choice. A simple office-based evaluation is not sufficient to identify some relevant issues that only UDS can detect, such as voiding dysfunction in the absence of a significant postvoid residual urine volume, “asymptomatic” detrusor overactivity, or a urethral sphincter deficiency [3,4].

The well-conducted European expert consensus by Finazzi Agrò et al has the merit of identifying many factors that may have contributed to the increasing underuse of UDS in female SUI. Although the group was composed of experts who routinely use UDS in their clinical practice, they presented objective and evidence-based opinions.

However, the lack of a standardized definition of uncomplicated SUI might be a limitation of this consensus paper. Therefore, a possible question for panelists could be: What do you consider to be “uncomplicated patients”? In the literature, there is no agreement on the definition of uncomplicated SUI, in particular among the different international guidelines [5]. In this scenario, it is difficult to compare the different studies and recommendations available.

Conflicts of interest: The authors have nothing to disclose.

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