



Complete Summary

GUIDELINE TITLE

SOGC committee opinion on urodynamics testing.

BIBLIOGRAPHIC SOURCE(S)

Amir B, Farrell SA, Sub-Committee on Urogynaecology. SOGC Committee opinion on urodynamics testing. J Obstet Gynaecol Can 2008 Aug;30(8):717-21. [28 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Abnormal bladder function, including:

- Urinary tract dysfunction
- Urinary incontinence

GUIDELINE CATEGORY

Diagnosis
Evaluation

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Surgery
Urology

INTENDED USERS

Advanced Practice Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To provide a description of the components of urodynamic testing for the evaluation of urinary tract dysfunction and the indications for these tests

TARGET POPULATION

Patients with abnormal bladder function

INTERVENTIONS AND PRACTICES CONSIDERED

Urodynamic testing

MAJOR OUTCOMES CONSIDERED

Effectiveness of urodynamic testing

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A search of PubMed and the Cochrane Library identified the relevant literature.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Quality of Evidence Assessment*

I: Evidence obtained from at least one properly randomized controlled trial

II-1: Evidence from well-designed controlled trials without randomization

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Classification of Recommendations*

A. There is good evidence to recommend the clinical preventive action

B. There is fair evidence to recommend the clinical preventive action

C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making

D. There is fair evidence to recommend against the clinical preventive action

- E. There is good evidence to recommend against the clinical preventive action
- I. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

*Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This committee opinion has been prepared by the Sub-Committee on Urogynaecology and approved by the Executive of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The quality of evidence (**I-III**) and classification of recommendations (**A-E**) are defined at the end of the "Major Recommendations."

Summary Statements and Recommendations

1. Urodynamic testing is an objective tool that helps to clarify confusing or complex urinary tract symptoms.
2. Urodynamic testing is not recommended prior to:
 - a. Conservative management of urinary incontinence (**III-C**)
 - b. Primary surgery for stress incontinence when the diagnosis is clear (**III-C**)
3. Urodynamic testing is recommended:
 - a. When the diagnosis remains uncertain after an initial history and physical examination (**III-C**)
 - b. When patient symptoms do not correlate with objective physical findings (**III-C**)
 - c. If the patient fails to improve with treatment (**III-C**)
 - d. In a clinical trial setting (**III-C**)
4. Significant controversy exists about the use of urodynamics in the clinical setting. A Cochrane review found no evidence that urodynamic testing prior to treatment affected outcomes and recommended larger prospective trials.

Summary

Controversies remain with respect to the indications for urodynamic testing. Urodynamics is an objective tool that is invaluable, when used by experts trained in its interpretation, in clarifying confusing or complex urinary tract symptoms. It is also invasive and can be embarrassing for patients. It is not cost-effective to apply a universal policy of urodynamic testing. Experts agree that it is not necessary to perform urodynamic testing on patients prior to instituting conservative management but that it is necessary to perform these tests on any patient undergoing repeat incontinence surgery. To date, no published studies have demonstrated that the performance of urodynamic testing improves clinical outcomes; however, it is undoubtedly true that urodynamic testing is an indispensable tool in the evaluation of urinary tract complaints. Further research is needed to better elucidate the most appropriate patient criteria for urodynamic testing.

Definitions:

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Classification of Recommendations**

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C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making

D. There is fair evidence to recommend against the clinical preventive action

E. There is good evidence to recommend against the clinical preventive action

I. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

*The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

**Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for most of the recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate urodynamic testing for the evaluation of abnormal bladder function

POTENTIAL HARMS

Urodynamic testing has a number of pitfalls: (1) lack of standardization of values and parameters being evaluated, (2) the artificial testing settings may not represent what happens to the patient during normal daily activities, (3) inconsistent reproducibility within the same patient, (4) the wide range of physiologic values in normal asymptomatic patients (5) false negatives; the absence of a specific abnormality during urodynamic testing does not necessarily exclude its existence, and (6) not all abnormalities found during urodynamic testing are clinically significant.

QUALIFYING STATEMENTS

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This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008 Aug

GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

GUIDELINE COMMITTEE

Sub-Committee on Urogynaecology

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Disclosure statements have been received from all members of the committee.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada Web site](#).

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC); 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on March 23, 2009. The information was verified by the guideline developer on March 25, 2009.

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