

INACCURACY OF OFFICE UROFLOWMETRY AS COMPARED TO HOME UROFLOWMETRY MEASUREMENTS

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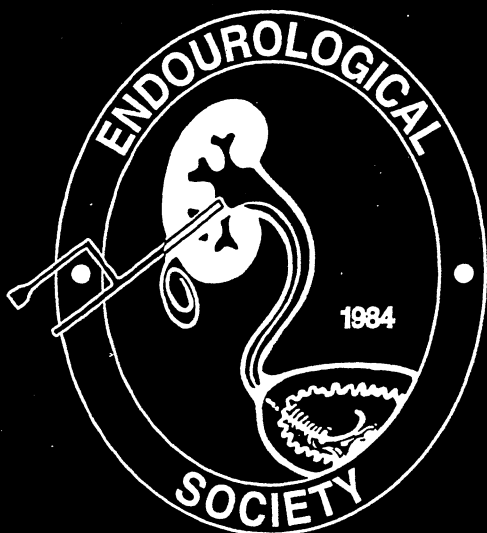
INTRODUCTION AND OBJECTIVES. - Measurement of urinary flow to evaluate lower urinary tract obstruction is usually performed through office uroflowmetry (OUF), as a single measurement. Patients are obliged to an exaggerate fluid intake and to refrain for a few hours from voiding. This measurement is performed in the outpatient clinic, which is not a natural environment for these individuals. The purpose of this work is to compare OUF values to home uroflowmetry (HUF), measured through 24 hrs. in a much friendlier environment.

METHODS: This series includes 42 men aged 43-79 years, with lower urinary tract obstruction. All measurements in each patient were performed with the same device (Urospec, Medispec Comp., Yehud, Israel). Every man underwent one OUF measurement at the clinic followed by HUF at home for 24 consecutive hours, using a portable model.

RESULTS: There were 42 OUF and 439 HUF measurements. The average single voided volume in OUF was 218 ml, whereas the average largest voided volume in HUF was 283 ml. The average peak flow rate in OUF was 9.3 ml/sec as compared to 14.4 ml/sec in HUF. Thirteen patients (31%) were unable to void at least 150 ml, a valid urine volume in OUF. Seventeen patients (40.5%) who presented with obstructive parameters in OUF showed at least one normal flow rate value in HUF.

CONCLUSIONS: The data obtained in this series show a significant difference between the volume of voided urine and PFR obtained in OUF and HUF, respectively. An important number of patients who showed obstructive parameters in OUF showed at least one event of non-obstructive voiding in HUF. There is marked inaccuracy of uroflowmetry data obtained at the outpatient clinic as compared to home uroflowmetry. HUF may be useful not only to obtain more accurate information concerning obstructed patients, but also to disclose those non-obstructed among patients with false pathologic parameters measured in OUF.

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