

## **Urodynamic Testing before Stress Incontinence Surgery: An AUGS Position Statement**

AUGS members have made inquiries to the AUGS office on whether AUGS has a position on the Urinary Incontinence Treatment Network's (UITN) recently published results of the Value of Urodynamic Evaluation (ValUE) trial. The study, "A Randomized Trial of Urodynamic Testing before Stress-Incontinence Surgery" can be found in the May 24th, 2012 publication of the New England Journal of Medicine. In this noninferiority trial involving 11 centers and 53 participating surgeons, 630 American women with uncomplicated stress predominant urinary incontinence (SUI) were randomized to receive office evaluation only or office evaluation and urodynamic testing before planned SUI surgery. 93% of women in both study groups underwent midurethral sling surgery. Uncomplicated stress predominant urinary incontinence was defined as having greater stress incontinence symptom scores than urge incontinence symptom scores on questionnaire, a normal postvoid residual, demonstrable stress incontinence on office evaluation, and a normal urinalysis or culture. The treatment success rates at one year were nearly equivalent in both groups; 77.2% in the office evaluation only group and 76.9% in the urodynamic-testing group. The authors concluded that for women with uncomplicated, stress predominant urinary incontinence, preoperative office evaluation alone was not inferior to evaluation with urodynamic testing for outcomes at 1 year. The authors also concluded that these results argue against routine preoperative urodynamic testing in patients with uncomplicated stress predominant urinary incontinence.

The AUGS Board of Directors support these recommendations based on Level A evidence. We agree that stress urinary incontinence surgery may be performed without preoperative urodynamic studies in women with uncomplicated stress predominant urinary incontinence who have a positive office stress test, normal post-void residual and normal urinalysis. It is important to remember that this study did not address the role of urodynamic testing in patients with more challenging issues, such as, previous surgery for incontinence, concomitant prolapse, urge-predominant incontinence, or neurologic disease. The conclusions may not be applicable to women who choose surgical options other than midurethral slings. We agree with the authors that conclusions cannot be made about more complicated patients.

(Approved by the AUGS Board of Directors, June 2012)