Urethral sleeve sensor: a non-withdrawal method to measure maximum urethral pressure

Jasmine Tan-Kim · Milena M. Weinstein · Charles W. Nager

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Abstract

Introduction and hypothesis This study seeks to evaluate axial variation, comparisons with current technology, performance during dynamic conditions, and patient tolerability of the urethral sleeve sensor (USS) for maximal urethral closure pressure (MUCP) measurements. Aferhods Eighteen continent and seven stress incontinent women underwent assessments with USS and urethral pressure profilometry (UPP) in random order. Intravesical, (pvm) and urethral (pvm) pressure signals were collected and urethral closure pressure (pcto) was calculated. A visual analog scale (VAS) was used to evaluate subject discomfort. Results The correlation coefficient between MUCP obtained by UPP and USS techniques was 0.86 (p<0.001). Higher USS pressures were obtained with catheter oriented to 12 o'clock. Continent subjects demonstrated higher values of pole. MUCP became <0 cm HyO in subjects with clinical leakage during Valsalva, but not in continent subjects. Subjects tolerated the USS technique better than the UPP technique on VAS (p<0.001).

Cowchesions USS technology can be used to evaluate the urethra in both static and dynamic conditions and is better tolerated than withdrawal techniques.

Keywords Profilometry - Sleeve sensor - Urethral pressure -Uredynamics

Introduction

Whenever bladder pressure exceeds urethral pressure, urinary incontinence or bladder emptying occurs. Activities that increase intra-abdominal pressure (such as coughing, straining, or exercising) result in a corresponding increase in bladder pressure and if that bladder pressure exceeds urethral pressure, stress urinary incontinence (SUI) results. Urethral pressure is typically measured as a profile using a small microtip transducer, a perfused side-hole, or a small air balloon on a semi-rigid catheter which is withdrawn through the length of the urethra with a puller device at a determined rate. These techniques collect pressure measurements at discrete sites along the urethra and a graph indicating the pressure at each of these sites along the length of the urethra is known as the urethral pressure peofile (UPP) [1]. Only a small portion of the wrethra can be measured at any given instant and these techniques often take 30 s or more to obtain and therefore do not allow reliable measurements of the maximum urethral pressure during Valsalva maneuvers or pelvic floor muscle contractions which cannot be maintained for that time period without fatigue. Some investigators place the catheter in a stationary position when maximum urethral pressure is reached and attempt to measure maximum urethral pressure during dynamic conditions such as Valsalva, cough, or during a pelvic floor muscle contraction (PFMC). However,

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techniques evolve the outlook for patients continues to brighten This is also true for pregnant women experiencing conditions requiring surgical intervention during gestation A physician's ability to identify potential risk factors in pregnant patients that present pre op directly corresponds with their success in monitoring patients in post op for adverse obstetric outcomes from non obstetric surgeries The utilization of laparoscopic techniques during surgery for pregnant patients has decreased the risk of fetal complications and increased the positive outlook for the duration of the pregnancy This text is designed to present a minimally invasive approach to surgery that is non obstetrics related and to educate readers on the potential risk factors and negative outcomes on pregnant patients following non obstetric surgery The various sections of this book will address issues faced by surgeons who undertake the task of operating on the pregnant patient When performing non obstetric surgery on a pregnant patient the ability to identify possible risk factors for adverse obstetric outcomes is important Risk factors can be maternal surgical obstetrical or disease associated Common adverse obstetric outcomes following non obstetric surgery include preterm delivery preterm labor without preterm delivery and miscarriage Fetal well being is an additional risk benefit factor to be considered when weighing options before conducting non obstetric surgeries on pregnant patients This book will provide physicians with the knowledge and tools to identify common risk factors and successfully apply evidence based risk reduction To date no comprehensive resource is available for non obstetric surgery during pregnancy Types of pregnancies potential complications proper use of anesthesia types of risk factors maternal surgical obstetrical and disease associated etc will be thoroughly explained and depicted within these pages All chapters will be written by subject matter experts in their fields All information communicated will be comprised of the most currently available knowledge Maternal and Newborn Success Margot De Sevo, 2016-10-19 Assure your mastery of maternal and newborn nursing knowledge while honing your critical thinking and test taking skills An easy to follow format parallels the content of your course topic by topic resulting in maternal and newborn content made manageable The 3rd Edition of this popular resource features multiple choice and alternate format questions that reflect the latest advances in maternal newborn nursing and the latest NCLEX RN test plan Rationales for both correct and incorrect answers as well as test taking tips help you critically analyze the question types You ll also find a wealth of alternate format questions including fill in the blank and select all that apply SATA Male Infertility Anne M. Jequier, 2011-03-10 The role of male derived factors in infertility now receives increasing prominence as investigations focus more on the couple rather than solely the female partner Although there are many books on infertility few devote themselves wholly to the male partner Male Infertility redresses this balance by increasing awareness of both the causes and management of infertility in the male This revised and updated edition contains new chapters covering urological disorders that may occur concomitantly with male infertility such as testicular cancer penile disorders and prostate cancer A practical and clinical guide Male Infertility enables clinicians to make quick and accurate diagnoses of the cause before pursuing the most appropriate treatment option to maximise the

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