

Session/Poster#

Presenter

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Administration of a Voiding Diary and Validated Lower Urinary Tract Symptom Questionnaire to Pregnant Patients Throughout all Three Trimesters of Pregnancy and the Postpartum Period

It has been widely observed that throughout the course of pregnancy there is an increase in the prevalence of lower urinary tract symptoms (LUTS). These include urinary frequency, urgency, incontinence, overactivity, straining, genital pain, and discomfort. One of the more common symptoms, stress incontinence, can range from asymptomatic to majorly affecting quality of life. Because of the ubiquitous nature of these conditions in “normal” pregnancies, various questionnaires have been created and validated to accurately diagnose and stratify the severity of these symptoms. In spite of these tools, many studies suggest that more data should be obtained due to the relative dearth of information in this common demographic. In this study a validated questionnaire, Lower Urinary Tract Symptom Score 14, LUTSS14, three additional stress incontinence questions, and a voiding diary were used to assess the severity of symptoms throughout the three trimesters of pregnancy and postpartum period in a standard manner. The voiding diary was used to contextualize scores received on the questionnaire with the volume of urine produced, the number of voids, as well as other symptoms relating to urination that a participant experienced. Preliminary data shows that there are 10 first, 16 second, and 38 third trimester participants recruited. Of these participants, the median questionnaire score out of a possible 66 was 35, 34.5, and 35 for the first, second, and third trimester respectively, with frequency of urgency symptoms coinciding with incontinence ranging from never coinciding to always coinciding. These data are similar to those reported previously in questionnaire-based studies by Dutch and Turkish investigators in which the incidence of LUTS increased as pregnancy progressed (illustrated in this case by the amount of eligible participants) with no statistical difference between the trimesters. However, a larger sample size is necessary in order to further draw conclusions.