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successful in treating 40% of cases whilst simple cystectomy is required in 60%.

	All cases N=106 (%)	Pyocystis Cases N = 40 (%)
Complex UI	44 (41.5)	13 (32.5)
Neuropathic Bladder	22 (20.37)	13 (32.5)
BPS	12 (11.3)	4 (10)
VVF (post DXT)	11 (10.4)	2 (5)
Atonic bladder	10 (8.4)	6 (15)
Trauma and Radiotherapy	3 (2.8)	
Miscellaneous	4 (3.8)	2 (5)

	Complete Resolution of Pyocystis N (%)
Cystectomy	24 (60)
Bladder washout	12 (30)
Conservative management with antibiotics	2 (5)
Urethral catheterisation to drain bladder	1 (2.5)
Cystodiathermy of bladder	1 (2.5)

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#M47 | CHANGES IN PATIENT REPORTED OUTCOME MEASURES AFTER TREATMENT OF FEMALE URETHRAL STRICTURE

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Presented By: Alyssa Kay Gracely, MD

Introduction: There is a paucity of patient reported outcome measures (PROM) data for women with urethral strictures. Prior literature

focuses on anatomic success, with almost no data describing patient centered outcomes. To fill this critical gap, we aim to evaluate change in PROM among women who underwent surgery for stricture.

Methods: Data were collected as part of a multi-institutional retrospective cohort study of women treated for urethral stricture between 2010-19. Median change between baseline and postoperative follow-up on the American Urological Association Symptom Index (AUA-SI) and Urinary Distress Inventory (UDI-6) were assessed using paired Wilcoxon signed-rank tests.

Results: Of the 210 women in the dataset, 57 had AUA-SS or UDI-6 scores and 26 had both baseline and post-operative data for either measure. Median follow-up time was 21 months (IQR 7, 37). The majority of women with complete PROM data underwent urethroplasty (77%) and strictures did not recur (73%).

The median AUA-SI was 21 (IQR 12, 28; n=39) at baseline and 10 (IQR 5,24; n=33) at follow-up. Among 18 patients with complete data, there was a median decrease 12 (IQR -18,-2) points in AUA-SI (p=0.003). This change represents a clinically significant improvement in symptom severity from severe to moderate. The median AUA quality of life (QOL) score was 6 (IQR 4,6; n=36) at baseline and 3 (IQR 2,5; n = 30) at follow-up. Among 15 patients with complete data, there was a median improvement of 2 points (-5,0; p=0.007) on the AUA QOL score, indicating a shift from “unhappy” to “mixed.” (Table) Median UDI-6 scores were 50 (IQR 33,75; n=20) and 17 (IQR 0, 39; n=15), at baseline and follow-up, respectively. There was a median decrease of 19 points (-31, -11; p=0.01, n=8), which achieved statistical and clinical significance. (Table) There was no difference in change in PROM between surgery type nor based on recurrence.

Conclusion: Women with urethral strictures have severe lower urinary tract symptoms at baseline which improved significantly after surgery. These findings, though limited, represent some of the most robust data on PROM for women with urethral stricture disease. This study also underscores the importance of ongoing efforts to integrate PROM into routine urologic practice.

	Baseline (IQR)	Postoperative (IQR)	Median Difference (IQR)	p*
AUA-SS (n=18)	21 (16, 29)	6 (3, 19)	-12 (-18, -2)	p=0.003
AUA-QOL (n=15)	6 (4, 6)	3 (1, 4)	-2 (-5, 0)	p=0.007
UDI-6 (n=8)	38 (28, 53)	14 (6, 36)	-19 (-31, -11)	p=0.01

*Difference between baseline and postoperative follow-up using paired wilcoxon signed rank test; AUA: American Urological Association SS: Symptom Score QOL: Quality of Life; UDI: Urinary Distress Inventory

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