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Sommario/riassunto

"Urodynamics has two basic aims: To reproduce the patient's symptomatic complaints while making key observations. To provide a pathophysiological explanation by correlating the patient's symptoms with the urodynamic findings. These two basic aims are crucial to the purpose of urodynamics - essentially it is a diagnostic test that will aid in the management of patients. The need to make urodynamic observations reflects the fact that the patient's symptoms are important, but they might be somewhat misleading. Most patients with lower urinary tract dysfunction (LUTD) present to their doctor with symptoms. However, lower urinary tract symptoms (LUTS - Table 1) should not simply be taken at face value, since a range of differing mechanisms may result in rather similar symptomatic presentations. The statement "the bladder is an unreliable witness" (1) reflects how symptoms are the starting point, but do not actually identify the ultimate explanation. Since treatment should correct the underlying cause, it is necessary to identify mechanisms, avoiding assumption or prejudice coming from taking symptoms at face value. An excellent example of this is voiding LUTS in men, where the cause on urodynamic testing may prove to be bladder outlet obstruction (BOO) and/or detrusor underactivity (DUA); BOO should respond fully to surgery to relieve obstruction such as transurethral resection of prostate (TURP), while such surgery is potentially not helpful in the second (2). Voiding LUTS in males are of unreliable diagnostic value, and only slow stream and hesitancy show any correlation with the urodynamic findings of BOO (3-5). Even with flow rate assessment, one cannot be sure whether BOO is present [Figure 1.1]. The difficulty of assessing LUTD by symptoms alone is the uncertainty about establishing truly what is going on in the individual describing them"--
