SIR—The prevalence of urinary tract infection 48-72 h post-urodynamics varies from 6 to 36% as reported by Harari et al. in their review of morbidity associated with this procedure. Their prevalence for 139 patients at 72 h was 15.8% [1]. In an outpatients urodynamics study in 78 patients aged 60 years or older we reported an infection rate of 7.8% following multiple procedures [2]. This figure represented a change from sterile urine taken from a catheter specimen at the time of the procedure to infected urine cultured from a midstream urine collected 2 weeks following the procedure. Differences in results of infection rate reported may be explained by differences in specimen collection, definitions of infection, timing of taking the specimen post-catheterization and also the urodynamic operator’s skill and technique. Another point of interest may be that the procedure of cystometry does cause transient bacteruria which explains the higher incidence rate in those units that repeated their cultures after 48–72 h post-cystometry compared to ours at 2 weeks.

Suffice to say, as Harari et al. point out, this procedure is not without its morbidity and it leaves us with the important question of whether all elderly people should routinely receive prophylactic antibiotics. Without strong evidence for or against this argument our unit has adopted the policy of giving prophylactic antibiotics to patients who have (1) a history of recurrent urinary tract infection, (2) a significant cardiac murmur, (3) had orthopaedic implants performed, (4) had a prolonged urodynamic procedure, and (5) patients in which there is any doubt at all about the sterility of the procedure at the time (such as after a difficult catheterization or re-catheterization). It is not easy nor practical routinely to arrange a post-cystometry MSU but it is prudent to ensure that the patient is given clear instructions post-cystometry to drink adequate fluids and to liaise either with the urodynamic service or their local doctor should urinary symptoms or worsening incontinence develop. As dysuria is so common in the first day or so post-catheterization we offer urinary alkalinization for 2 days.

Finally, we certainly agree with the conclusion reached by Harari et al. on the importance of urodynamics but we caution on the importance of being diligent in the conduct of this procedure, and in the post-procedure instructions given to the patient.

DAVID FONDA
LEIGH PRETTY
Aged Care Services,
Heidelberg Repatriation Hospital,
Banksia Street, Heidelberg West,
Victoria 3081,
Australia.


ERRATUM

We regret a compositor’s error in the above paper. In the Method section on Measures of cognitive functioning (pp. 176–177) the seventh and eighth sentences should have read:

Here each of the figures from Form II or Form I (whichever had not been administered as Visual Reproduction) was shown briefly for 5 seconds, and the subject later identified it from a set of four closely matched distractors. The four verbal memory tests consisted of recall, recognition, stem completion and baseline stem completion of words.