

PREFACE

The purpose of *Voiding Dysfunction: Diagnosis and Treatment* is to bring the reader up-to-date on all clinical aspects of voiding dysfunction, not just urodynamic and other evaluative techniques, but varying nuances in presentation of the individual problems that may occur during voiding, sometimes as a manifestation of an underlying disease or disorder, and at other times because of individual patient circumstances, including a patient's behavioral aspects or the effects of treatment for an unrelated disorder. Voiding dysfunction includes disorders of urinary storage as well as the emptying of the lower urinary tract. Although urinary incontinence is a huge problem worldwide as exemplified by the absolute need of the World Health Organization (WHO) to sponsor the mammoth undertaking of an international consultation on the topic in mid-1998, other voiding disorders also adversely affect the quality of the lives of the individuals afflicted. These problems are often placed on the "back burner" with respect to basic and clinical research because they do not result in death; however, it is important to recognize that the quality of one's life is as important as mere existence itself, as demonstrated by the extent to which people will go to try therapies (many unproven) at tremendous expense to make small improvements in the quality of their respective lives.

Fortunately, knowledge of lower urinary tract function and dysfunction has advanced rapidly over the last half of the 20th century from the early phase of urodynamics (a term first used in 1953 by D. M. Davis [1]) to the current neurological era (2).

I want to express my appreciation to an excellent group of contributors to *Voiding Dysfunction: Diagnosis and Treatment*, for their timely response to my request to put down on paper, in an explicable manner, the current states of the art and science of voiding dysfunction. First, there is a presentation on the current background information necessary, regarding the physiology of the normal lower urinary tract and how to use that information to classify the various voiding dysfunctions. This is followed by an overview of the manner in which voiding dysfunction is diagnosed, stressing the importance of individualizing the evaluation to demonstrate the voiding dysfunction. Following this, there is a comprehensive discussion of major neurological problems and their adverse effects on voiding function. This section includes discussions of specific diseases and disorders that make up the so-called "neurogenic bladder," which is, quite obviously, not a single entity. Individual discussions include the effects of stroke, multiple sclerosis, spinal cord problems, diabetes mellitus, and lumbar disc disorders on lower urinary tract function. The next section involves dysfunction in individual patients only, with comprehensive reviews of urinary incontinence and urinary retention. Attention in the following section revolves around voiding dysfunctions unique to males: bladder outlet obstruction and postprostatectomy incontinence. The final segment covers general topics involved in newer modalities of treatment for voiding dysfunction and includes pharmacologic therapy, electrical stimulation, and surgery for intractable instability-augmentation cytoplasty.

I am certain readers will find *Voiding Dysfunction: Diagnosis and Treatment* informative, practical, and clinically relevant.

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References

1. Davis, D. M. (1953) The mechanisms of urologic disease. WB Sanders, Philadelphia.
2. Hinman, F., Jr. (1996) Urodynamics I: Foreword. *Urol. Clin. N. Amer.* **23**, xi–xii.



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