Lower urinary tract symptoms (LUTS) are common in women and cause a great deal of distress, as well as significant costs. The average estimated prevalence in women is 66.6%, but varies according to the definition used and population studied.

Storage symptoms: frequency, urgency, nocturia and urinary incontinence (UI) (stress UI [SUI], urgency UI [UUI] and mixed UI [MUI]). Voiding symptoms: hesitancy, intermittency, slow stream, straining, splitting or spraying of the urinary stream and terminal dribble. Post-micturition symptoms: post-void dribbling and feeling of incomplete bladder emptying.

Lower urinary tract symptoms are often broadly classified into clinical syndromes such as overactive bladder (OAB), underactive bladder (UAB), UI, nocturia or dysfunctional voiding.

**DIAGNOSTIC EVALUATION:**

1. **Medical history and physical examination:** Clinical history and examination is fundamental and the first step to the process of clinical evaluation. The history should include a full evaluation of LUTS, as well as sexual, gastrointestinal and neurological symptoms. In women with UI, the type, timing and severity of UI should be made. Quantification of all symptoms is important.

2. **Patient questionnaires:** Validated condition-specific symptom scores assist in the screening for and categorisation of LUTS and measure their severity. Both condition-specific and general health status questionnaires measure current health status and change following treatment. Patient questionnaires cannot replace a detailed patient consultation and should only be used as part of a complete medical history.

3. **Bladder diaries:** Bladder diaries of 3-7-days duration are reliable tools for objective measurement of mean voided volume, day- and night-time frequency, and UI episode frequency and are sensitive to change.

4. **Urinalysis and urinary tract infection (UTI):** Urinalysis should be done in women with LUTS to assess for the presence of bacteriuria.

5. **Post-void residual (PVR) volume:** It is a measure of voiding efficiency, and results from a number of contributing factors. Large post void residual volumes are commonly associated with LUTS.

6. **Urodynamics:** These studies provide comprehensive analysis of the lower urinary tract function. There may be inconsistency between history and urodynamic results. Most urodynamic parameters show variability within the same session and over time.

7. **Pad testing:** A standardized 24-hour pad test can diagnose UI accurately. A change in leaked urine volume on pad tests can be used to measure treatment response.

8. **Imaging:** There is no consistent evidence that routine urinary tract imaging is useful in the evaluation or management of LUTS.

9. **Urinary biomarkers and microbiome:** While urinary microbiome differences have been found to be associated with different types of LUT dysfunction in women, their diagnostic accuracy and validity have not been established.