

Dear _____:

You have been scheduled for a consultation with **Dr. Marc Toglia** on _____ to evaluate your symptoms of urinary incontinence. This letter is intended to familiarize you with a urogynecology evaluation and to explain urodynamic testing.

Urinary incontinence and pelvic organ prolapse occur commonly, especially among women following the childbearing age. Urinary incontinence can be caused by many different physical conditions. Some causes are temporary and can be managed with simple treatment. Incontinence can also be caused by other conditions that may require medical or surgical therapy.

Dr. Toglia currently sees patients at his office in Media at Riddle Hospital and at his satellite office at Lankenau Medical Center.

Prior to Your First Visit

Please be aware that your health insurance may require you to obtain a referral from your primary physician in order to see Dr. Toglia. Many insurance companies will consider Dr. Toglia a specialist, rather than your primary gynecologist, because of the type of services he will be providing. If you have an HMO policy, please obtain a referral from your primary doctor with the following information:

PROVIDER:	Urogynecology Associates of Philadelphia (Marc R. Toglia, MD)
DIAGNOSIS:	Urinary Incontinence Diagnosis code 788.30
TYPE OF VISIT:	Consultation Consultation code 99244

The office staff may mail you this form or others for you to complete prior to your visit. Many of these forms are also located on Dr. Toglia's website: www.urogyn-philly.com

Your First Visit

Please come to your first appointment with a moderately full bladder. It is best not to have emptied your bladder for at least three hours before your appointment, if that is at all possible. **Please arrive at least 15 minutes early to complete the usual medical forms including a medical history form and the HIPAA privacy act document. Also, please bring your medical insurance card and information. It is also helpful to have the mailing address of any physician to whom you would like us to correspond with.**

On your first visit, you will meet with Dr. Toglia, who will take a detailed history as it relates to your symptoms and he will perform a pelvic examination. He will also collect a urine specimen from you to test for infection. You should anticipate that this visit will take approximately 30 minutes.

Your Second Visit

Most patients will require a second visit to complete the urogynecology evaluation. During this visit you will undergo a few simple tests collectively known as urodynamic testing. Urodynamic testing is commonly performed in patients with urinary incontinence, voiding problems or pelvic organ prolapse

Before you come in for this appointment, you will be asked to complete a three day urinary diary which is included at the end of this package. Each day write down the time that you empty your bladder and your activity. Make a special notation of those times when you leak urine or wet yourself. Also make a note of the times when you are awakened from sleep with an urge to pass your urine. Attempt to complete this diary for three consecutive days if possible.

Again, your insurance company may require you to obtain a referral for these procedures. Your referral will need to contain the following information:

Provider:	Dr. Marc Toggia	
Diagnosis:	Urinary incontinence	Diagnosis code 788.30
Procedure:	Complex Uroflowmetry	Procedure code 51741
Procedure:	Complex Cystometry	Procedure code 51726
Procedure:	Voiding Pressure Study	Procedure code 51795
Procedure:	Voiding Pressure Study, abdominal	51797

Urodynamics may be described as the study of the function and dysfunction of the urinary tract. The results of urodynamic testing will help diagnose the cause of your incontinence and assist in guidance towards effective treatment. Urodynamic testing is not painful, and most patients tolerate it without difficulty. These studies take approximately 15 minutes to complete.

Please arrive at your appointment with a moderately full bladder, and avoid the temptation to empty it prior to your appointment.

When you arrive, you will be asked to empty your bladder into a measuring toilet in private. This study, called *Uroflowmetry*, will measure the amount and rate at which you empty your bladder. A nurse will then ask you to lie on an examining table in the same position as you would for a pap smear. The nurse or the doctor will then place a small tube known as a catheter through the opening of the bladder to collect a sterile urine specimen and to check to see if you emptied your bladder completely.

You will then undergo a procedure known as *Cystometry*. This procedure involves placing a small, sterile catheter into the bladder and another one in the vagina. Next, sterile water will be infused slowly into your bladder until you feel full. During this procedure, the catheters will monitor and record the pressures inside your bladder.

After your bladder is sufficiently filled, you will be asked to empty it again with the catheters still in place. This study is known as a ***Voiding Pressure Study***. The computer will record and then calculate how efficiently your bladder empties.

The urinary diary and questionnaire are attached on the following pages. Please bring them to your first visit along with the necessary referrals.

URINARY DIARY

INSTRUCTIONS: This chart is designed to help your doctor evaluate how your bladder works. The information it provides is important, so please try to keep an accurate record for two or three consecutive days and nights.

Each day, write down the time that you empty your bladder. Also note whether the urination was associated with a strong urge to empty your bladder (urgency) or was accompanied by any leakage. Record separately any episodes of urinary incontinence that you experience.

Under Activity, describe what activity occurred at the time you emptied your bladder, such as “Awoke for the day”, “Awoke from sleep” or “Sitting at my desk”.

If you receive special instructions to record the amount voided, record the amount in milliliters (not ounces) in the appropriate column. Most patients will not have to record the volume urinated.

Please remember to bring the completed diary with you when you see Dr. Toglia or fax to 610-627-4224.

NAME: _____ DATE _____

Date	Time	Urgency/ Leakage	Activity	Type/amount fluid intake

No. of pads used today: _____ No. of incontinent episodes: _____

Date	Time	Urgency/ Leakage	Activity	Type/amount fluid intake

No. of pads used today: _____ **No. of incontinent episodes:** _____

BLADDER SYMPTOMS QUESTIONNAIRE

Thank you for taking the time to fill out this questionnaire. The more information we have about you, the better we can work together to help you.

In your own words, please describe your symptoms as they relate to your bladder.

Bladder Symptoms

- T F I leak urine
If true, how long have you been leaking urine? _____
- T F I have to wear pads because of losing urine. If so, how many do you use each day? _____
- T F My bladder problem is bad enough that I would undergo surgery to correct it, if necessary.
- T F I have had an operation on my bladder. If true, please check how the operation was performed. ____abdominally ____ vaginally
- T F The operation I had on my bladder cured my problem.
- T F The operation I had on my bladder helped my problem for a time. If true, for how long did the operation help? _____
- T F The operation I had on my bladder did not help at all.
- T F I leak urine when I cough, sneeze, exercise or move suddenly.
- T F I lose urine in small spurts.
- T F I lose large amounts of urine and once the leakage begins I cannot control it.
- T F If I cough hard, I leak at the same time.

Bladder symptoms continued

- T F If I cough hard, the leaking comes a few seconds later.
- T F I often feel the urge and need to urinate even if my bladder isn't very full.
- T F The sound, sight or feel of running water gives me the urge to urinate.
- T F The sound, sight or feel of running water actually causes leakage of urine.
- T F If I suddenly stand up after sitting or lying down, I lose urine.
- T F I am not aware that I am losing urine until I notice that I am wet.
- T F I urinate more than eight times a day.
- T F The need to urinate routinely wakes me up at least two times during the night.
- T F I have had two or more bladder infections in the last year.
- T F I have pain in the area of my bladder
- T F It hurts to urinate
- T F I had trouble wetting the bed as a child
- T F I have trouble wetting the bed now
- T F My urine loss is a continual drip, so that I am constantly wet.
- T F I have trouble starting the urine stream.
- T F My urine stream is no more than a dribble.
- T F I takes me a long time to empty my bladder.
- T F After I urinate, I often feel that I have not completely emptied.

END OF QUESTIONNAIRE