

URODYNAMIC TESTING

Most women with urinary incontinence will need to complete a few simple tests, performed in the office, to help your doctor assess your symptoms and to recommend the most appropriate therapy. These tests are collectively known as urodynamic testing.

It is important that you read this handout through its end, as there is some additional information that you will be required to provide at the time of your next visit. This includes a brief questionnaire and a voiding diary which will help to further clarify your problems.

Urodynamic testing is covered by all major insurance groups. However, some patients may need a referral from their primary care physician in order for the specialist to perform these tests. Your referral will need to contain the following information: Your doctor's office can call our office for assistance in completing the necessary paperwork.

Urodynamics may be described as the study of the function and dysfunction of the urinary tract. Urodynamic testing provides your doctor with important information for a variety of conditions including:

- Urinary Incontinence
- Frequency or urgency of urination
- Vaginal or uterine prolapse
- Problems emptying your bladder

The results of urodynamic testing will help your doctor determine the most effective treatments for your condition. Urodynamic testing is not painful, and most patients tolerate it without difficulty. It can be typically completed within 20 minutes.

TO PREPARE FOR YOUR VISIT:

Please complete the questionnaire and diary at the end of this handout. You may either bring those papers with you, or fax it to the office a head of time (610-627-4224). If you misplace these papers, they may be downloaded from our website: www.urogyn-philly.com

Please arrive at your appointment with a moderately full bladder, and avoid the temptation to empty it prior to your appointment. You will be asked to empty your bladder into a special receptacle at the beginning of your study.

When you arrive, you will be asked to sit on a special chair and empty your bladder into a specialized receptacle which will measure the amount and flow of urine. This test is called **Uroflowmetry**. Once you finish voiding, the nurse or doctor will place a small catheter into the urethra and measure the amount of urine that remains inside the bladder.

The next part of the test for most patients is called **Cystometry**. For this test, a small catheter will be placed into the bladder, which will measure bladder and urethral pressure, and allow your doctor to fill the bladder. A second small catheter will be placed inside the vagina to measure abdominal pressure with coughing. It may be necessary to place a small pessary inside the vagina if you have significant prolapse. Next, the bladder will be slowly filled with sterile water until you feel that the bladder is full. This procedure will take approximately 5 - 8 minutes. When your bladder is full, you will be asked to cough forcefully and repetitively to reproduce circumstances that could provoke urinary leakage. This will be done while you are lying down, and possibly with you sitting or standing. The pressure that is recorded inside your bladder at the instant of leakage is called the **leak point pressure** and provides information about urethral weakness. Sometimes during filling, the bladder will contract suddenly and leakage may occur. This is called **bladder overactivity** and may provide information about the nature of your bladder problem.

Following the cystometric study, your doctor may further study the pressure inside the urethra by gently sliding the catheter in the bladder in and out. This test is called a **urethral pressure profile** and the results may influence the type of therapy that will be recommended.

Last, you will be asked to empty your bladder again just as you did at the beginning of the test. However, for this portion of the test, the catheters will remain in place, and the urine will flow around the catheter and into the receptacle below the urodynamics chair. Bladder pressure generated during emptying and urine flow rate will be recorded and compared. This **Voiding Pressure Study** will help to determine how efficiently you bladder empties and help identify any voiding problems.

Urodynamic testing is relatively short, and is associated with only minimal discomfort. You can drive yourself to and from the procedure, and can certainly return to work. There are no major risks to this procedure, and urinary tract infections occur infrequently afterwards. Antibiotics are typically not required, unless you are very susceptible to bladder infections. It is no longer advisable to give patients with mitral valve prolapse antibiotics prior or after this procedure. The tests can typically be performed even during your menstrual cycle, as long as your bleeding is not heavy. You may wear a tampon during the procedure.

A small number of patients may notice a small amount of blood in their urine for a short while after the procedure. Slight discomfort during urination could also occur, but should not last more than half a day. Please call the office if you experience prolonged bleeding, discomfort during urination, or think that you have developed a bladder infection.

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 your doctor. Alternatively, you can fax it ahead of time to 610-627-4224.

NAME: _____ **DATE** _____

Date	Time	Normal Void?	Urgency (U) Leakage (L)	Activity preceding Void	Type/amount fluid intake

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

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.

Urinary 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 or fear of losing urine. If so how many do you use each day? _____
- T F My urinary leakage is bad enough that I would undergo surgery to correct it, if necessary.
- T F I have had an operation for urinary incontinence. If true, please indicate how the operation was performed. ___abdominally ___vaginally
- T F The operation I had cured my problem.
Comments: _____
- T F The operation I had helped my problem for a time. If true, for how long did the operation help? _____
- T F The operation I had did not seem to 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.

Urinary 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 have experienced leakage of urine with sex
- 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 It 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

REMEMBER TO BRING THE COMPLETED FORMS TO YOUR VISIT