avant gynecology

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URODYNAMIC STUDY

Urodynamics is a series of tests that assess the function of your bladder and urethra. This test will help your provider evaluate any problems you may be having and determine the best treatment approach for you.

Common reasons to have a urodynamic study include:

- Urine incontinence (leaking of urine)
- Incomplete bladder emptying
- Urine frequency and/or urgency
- Weak or intermittent urine stream
- Persistent urinary tract infections
- Bladder prolapse (Cystocele)
- Assess bladder function prior to GYN surgery

What to expect

The urodynamic study takes about 30-45 minutes to complete. Please arrive with a FULL bladder. There are no restrictions on food or fluid intake prior to the appointment. You will be brought back to our procedure room, and asked to empty your bladder on a special chair in the room. Next, a small catheter will be inserted into your bladder, and any remaining urine will be drained from the bladder. Another small catheter will be placed in the vagina. Three small electrodes/sticky patches will be placed on the buttocks.

We will slowly fill your bladder with saline. We will ask you to tell us when you feel 3 sensations of fullness: a **weak** urge to urinate, a **normal** urge to urinate and a **strong** urge to urinate. We will also check for any urine leakage once the bladder is full by asking you to "cough" and "bear down." **Do not be afraid to leak urine** – this is a normal and expected part of the test. After filling the bladder to capacity, we will take some pressure measurements of the urethra by slightly moving the catheter. Lastly, you will empty your bladder again on the special chair. Then, all catheters and patches will be removed, and the test is complete.

Urodynamic testing is an easy and **painless procedure**, and there is no restriction on activity following the study.

How to prepare:

- Take all regularly scheduled medications
- If you take medications for overactive bladder, such as Enablex, Detrol, Sanctura, Vesicare, Oxytrol, etc., ask your provider if you should take these prior to the urodynamic study.
- Avoid applying any lotions or ointments to your legs on the day of the study. This can interfere with the application of electrode patches.
- Bring your completed questionnaire and voiding diary
- Arrive with a comfortably FULL bladder

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VOIDING DIARY

Name _____ Date of Birth _____

Directions:

- Please complete as accurately as possible for 3 consecutive days (day & night)
- Record the time and amount of fluid that you consume during the day. Also, indicate the type of fluid (ie. Coffee, soda, water, etc.).
- Record each time you void and include an estimate of the amount voided (Small/Moderate/Large)
- If you experience urine leaking, mark the time this occurred, estimate the amount of leakage (Small/Moderate/Large) and note the activity you were engaged in at the time of leakage (ie. Running, coughing, laughing).
- Bring the completed diary with you to your next appointment or fax to our office

Day #1

TIME	FLUID INTAKE (Type and Amount)	VOIDED AMOUNT (S/M/L)	LEAK (S/M/L)	ACTIVTY DURING LEAK

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Day #2

TIME	FLUID INTAKE (Type and Amount)	VOIDED AMOUNT (S/M/L)	LEAK (S/M/L)	ACTIVTY DURING LEAK

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Day #3

TIME	FLUID INTAKE (Type and Amount)	VOIDED AMOUNT (S/M/L)	LEAK (S/M/L)	ACTIVTY DURING LEAK

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URODYNAMIC QUESTIONNAIRE

Name _____ **Age** _____ **Date of Birth** _____

Height _____ **Weight** _____ **Age of Menopause** _____

 # Pregnancies _____ **# Vaginal Births** _____ **# C-Sections** _____

What is your most bothersome problem associated with your bladder function?

_____

_____

How often do you void during the day?	Every 4 hours	Every 3 hours	Every 2 hours	Hourly
How often do you have to get up in the night to void?	0-1	1-2	2-3	>4
How often do you leak urine?	Never	Monthly	Weekly	Daily

Please rate the following questions in each category according to degree of severity from 0 (Not a problem) to 3 (Severe problem).

	0 or Not a Problem	**1 or Slight Problem**	**2 or Moderate Problem**	**3 or Severe Problem**
Do you have accidental loss of urine?				
Do you use pads to absorb urine during the day?				
Does the sound, sight or feel of running water cause you to leak urine?				
Does a sudden urge to void cause you to leak urine?				
Do you leak urine before you can get to the toilet?				
Does coughing, sneezing or laughing cause you to leak urine?				
Does running, jumping or changes in posture cause you to leak urine?				

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	0 or Not a Problem	1 or Slight Problem	2 or Moderate Problem	3 or Severe Problem
Do you lose urine during intercourse?				
To what extent has your sex life been affected by your symptoms?				
Do you leak urine when you are sleeping?				
Do you change your outer clothing during the day because of leakage?				
Do you cut down on fluid intake during the day to reduce symptoms of urine leaking?				
Do you leak urine for no apparent reason? (Leaking isn't associated with an urge to void, coughing, sneezing, posture change, etc.)				
Does urine leaking interfere with your ability to complete household chores?				
Does urine leaking interfere with physical recreation?				
Does urine leaking interfere with your ability to enjoy leisure activities?				
Does urine leaking interfere with your ability to travel be car of bus for >30 minutes?				
Does urine leaking interfere with your ability to participate in social activities outside your home?				
Has urine leaking affected your emotional health (anxiety, depression, etc.)?				

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	0 or Not a Problem	1 or Slight Problem	2 or Moderate Problem	3 or Severe Problem
Do you notice dribbling of urine after standing up from voiding?				
Do you have difficulty starting your urine stream?				
Do you have to strain to urinate?				
Do you often feel that your bladder is NOT empty after voiding?				
Do you have any pain or discomfort in your lower abdomen or genital region?				
Do you feel or see a bulging or protrusion in the vaginal area?				
Do you ever pass stool when you think it is just gas?				
Are you ever constipated?				

	0 or Not a Problem	1 or Slight Problem	2 or Moderate Problem	3 or Severe Problem
Do you have pain or discomfort in your bladder?				
Do you often feel that you have Urinary Tract Infections, but no infection is found on exam?				

Have you taken medication for you bladder problems before?_____ If yes, what medications have you tried?:_____
_____

Have you had surgery for your bladder problems before? _____ If yes, what type of procedure and when?:
_____
_____