

Urodynamic Studies

Information for patients



**Abdominal Medicine
and Surgery**

A urodynamic study is a test to measure the pressure inside your bladder whilst it is being filled. This helps us to understand how your bladder is working and why you are getting the symptoms that you are.

The test also measures how well your bladder works when you pass urine. These tests have been requested by your consultant to help them provide you with the most appropriate form of treatment, which might be surgery, tablets or other treatments.

Preparing for your procedure

It is important that you stop any of the following medications that have been prescribed to reduce unwanted contractions in the bladder, one week before the test.

These include:

- Solifenacin (Vesicare),
- Oxybutinin (Kentera),
- Tolteridine (Detrusitik),
- Tropsium (Regurin),
- Mirabegron,
- Tamsulosin,
- Alfuzosin, and
- Detrusitol.

You should also try to attend with a full bladder as you will be asked to perform a urine flow test prior to the main urodynamic study. Please also complete the frequency volume chart on page eight.

If you feel you may have a urine infection, you should inform the hospital when you receive your appointment so that the necessary arrangements can be made. If you are prone to urinary tract infections please ensure you get your urine checked by your GP surgery five working days before the appointment so that it can be treated prior to the study.

Please bring a fresh urine sample to the appointment with you and we will check this for signs of a urine infection. We are unable to perform Urodynamics if you have a symptomatic urinary tract infection because we could make your symptoms worse.

During your procedure

Who will carry out the tests?

The tests will be carried out by a fully trained and experienced healthcare specialist or urologist. If x-rays are required for your test, there will also be a radiographer present.

Upon arrival

Upon arrival to the department you will be asked to take a seat in the waiting room. The specialist will then take you to the clinic room and have a discussion with you to check symptoms, medications and allergies. The test will be explained again with you to confirm consent and you will be given an opportunity to ask any questions that you might have about the test.

What does the test involve?

If you decide to go ahead we will ask you to change into a hospital gown. Your privacy and dignity will be upheld at all times.

At the start of the test we will ask you to empty your bladder in a special toilet called a flow meter which will measure your urine flow rate and amount of urine passed. A quick ultrasound scan of your bladder will then be performed to see whether you have fully emptied or not.

Whilst lying on a couch, local anaesthetic jelly will be inserted into your water-pipe (urethra) so that the area is numbed.

This is not an injection. A small tube (catheter) will then be passed through your urethra into your bladder. We will also pass a similar sized catheter into your back passage (rectum). If you have a bowel stoma (ileostomy or colostomy) the second catheter may be passed into your stoma, so you should bring a spare stoma bag with you.

Once all the catheters are in place, they will be connected to a computer system which measures the pressures inside your bladder and rectum. We will then fill your bladder with fluid (saline or contrast solution) through the catheter and ask you to tell us when you feel the sensation of your bladder filling and when you feel that it is full. If one of your symptoms is incontinence (leakage) we will try to reproduce this using a variety of measures (for example coughing). When the bladder is full we will ask you to pass the fluid into the commode again whilst all the catheters are in place. The catheters will then be removed and you will be able to get changed.

Occasionally, x-ray images are taken during this test - please inform a member of staff if you are pregnant.

How long will the test take?

The test normally takes 30-45 minutes, but given time for changing and clinical interview, you can expect to be in the department for 1-1½ hours.

What can I expect if I already have a long-term urinary catheter in place?

If you have a catheter in place you don't have to attend with a full bladder or complete the output sections of the bladder diary (see page 7). Your current urethral catheter will be removed before the test and a new one will be inserted once the test has been completed. If you have a catheter passport, please bring this with you.

Suprapubic catheters will not be removed for the test but we can still perform the urodynamic study with this in place.

If you use intermittent self-catheters, it might be useful to bring a couple of these with you to the appointment.

What will happen after my test?

Once your tests are complete you will be free to leave the department and resume your daily activities. If you drive in yourself, you should be able to drive home immediately afterwards. After the test you may experience symptoms of discomfort in the bladder and urethra for a short time, but these should settle down. You should drink plenty of fluids for the next 24-48 hours to reduce this irritation and reduce the risk of a urine infection.

How will I get my results?

An out-patient appointment will be arranged for you to discuss the results with your urologist - this appointment will be sent out in the post. However, if a urologist has been overseeing the procedure, he or she may discuss the findings with you and advise on treatment.

What are the side-effects, risks and alternatives?

Most people have urodynamic tests without experiencing any problems. *The possible side-effects and your risk of getting them are shown below:*

- Burning and discomfort when passing urine (10-50% risk)
- Blood in your urine (10-50% risk)
- A urine infection (2-10% risk). Signs of an infection are: a smelly or cloudy urine, an increased need to pass urine, painful urination, passing small amounts, feeling hot or a high temperature and lower backache. Please contact your GP if you develop any of these symptoms.
- Retention of urine (inability to empty the bladder) (0.4- 2% risk). Please contact your GP or emergency department if you are unable to pass urine.

The impact of these side-effects can vary a lot from patient to patient; you can ask your doctor's advice (GP or urologist) about the risks and their impact on you as an individual.

The information obtained from urodynamic testing is very specific and there is no real alternative that can be performed to provide the same information. However, there is also a small possibility that the urodynamic study will fail to find the cause of your symptoms.

If you have any further queries about this appointment please contact the urology department on: **0113 206 5965** and **0113 206 6224**

Frequency and volume chart

Before you attend for the study we would like you to fill in the Frequency Volume Chart on the next page. This chart will measure how much you drink each day and how much urine you pass. It should be filled in for three consecutive days before your urodynamic study and brought with you to the appointment.

How much should I drink?

During the three day period you should lead a normal life, drinking your usual amounts. Write down on the chart how much you drink next to the time (on the 'in' column).

What should I do when I pass urine?

Measure the quantity you pass each time you urinate (day or night) and write this amount down next to the time (on the 'out' column). You can use a cheap plastic measuring jug for this.

If you get up during the night to urinate, please put a * next to the volume. If you experience any leakage at any time, please mark this on the chart with an 'L'.

The frequency and volume chart is on the following page.

	Day 1		Day 2		Day 3	
Time	In	Out	In	Out	In	Out
06:00						
07:00						
08:00						
09:00						
10:00						
11:00						
12:00						
13:00						
14:00						
15:00						
16:00						
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