

Bladder Health Questionnaire

1. How often do you urinate during the day? _____

2. How often do you get up at night to urinate? _____

3. Is the amount of urine you usually pass... Large Average Small

4. Do you usually have a strong sense of urgency to urinate? No Yes

- Do you have to hurry to empty your bladder when full? No Yes

- Are there times when you don't make it to the bathroom and leak urine? No Yes

- Can you overcome the sensation of the urgency to urinate? No Yes

- Does the sight, sound, or feel of running water cause you to lose urine? No Yes

- Do you ever lose urine when lying down? No Yes

- Do you experience any sensations before losing urine? No Yes

- When urinating, can you usually stop your stream? No Yes

- Do you ever accidentally wet the bed while sleeping? No Yes

5. Do you have difficulty starting your urine stream? No Yes

- Do you feel that you have completely emptied your bladder after urinating? No Yes

- Do you dribble urine after voiding? No Yes

6. Were you ever catheterized because you were unable to void? No Yes

- Have you ever had your urethra dilated or stretched? No Yes

- Do you ever pass blood in your urine? No Yes

- Have you ever passed sand, gravel, or stones? No Yes

- Do you have pain during urination? No Yes

7. Have you been treated for three or more urinary infections? No Yes

- Have you been treated for an infection within six months? No Yes

8. Do you lose urine while coughing, sneezing, laughing, lifting, jumping, or running? No Yes
- Do you find it necessary to use some type of protection? No Yes

9. Did your urinary difficulty begin:
- During a pregnancy? No Yes
- Following a delivery? No Yes
- Following an abdominal or vaginal operation? No Yes
- After menopause? No Yes
- Other? Please explain: _____
- _____

10. List all medications you have taken in the past six months. Circle those medications you are presently taking.

Urodynamic Testing: Your Guide

Patient's Name: _____

Urodynamics Appointment Date: _____

Special Instructions:

- Please come to appointment with a full bladder
- _____
- _____

Your physician has recommended that you undergo urodynamic testing. This simple, painless study is a series of tests that allows your physician to evaluate any problems your bladder may have storing or emptying urine.

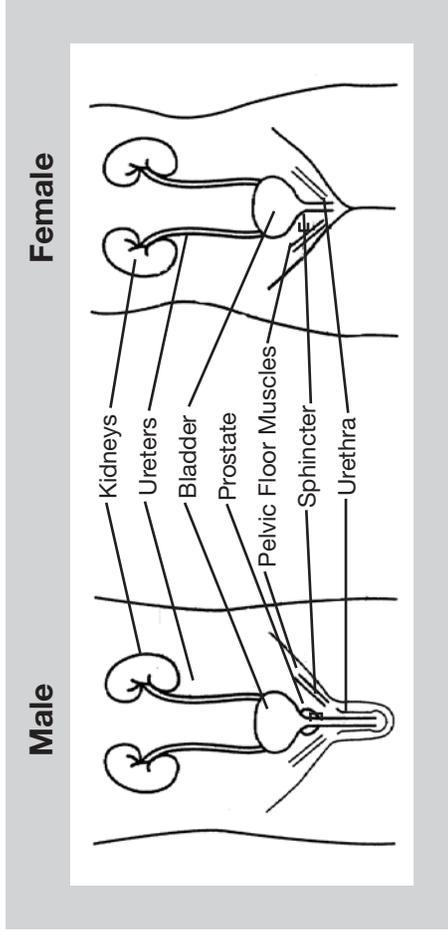
Why You Need a Urodynamic Study

Reasons that your physician is offering you this test may include the following common problems:

- You may be incontinent (leak urine).
- Your bladder may not empty completely.
- You may have uncomfortable symptoms, such as the frequent need to urinate or a constant urgent need to urinate.
- Your urine stream may be intermittent or weak.
- You may have persistent urinary tract infections.

Your Lower Urinary Tract

The lower urinary tract has two main functions: storing and emptying urine. The bladder is a muscle-lined organ which collects urine until you are ready to release it. The urethra is a canal which carries urine from the bladder out of the body. Pelvic floor muscles support the bladder and urethra to keep them in the proper position. To store urine, the bladder muscle stays relaxed as the urethral muscle (sphincter) contracts. To empty urine, the urethral sphincter and pelvic floor muscles relax while the bladder contracts.



What Will Happen During Your Urodynamic Study

Urodynamic testing provides valuable data on bladder function for your physician to make the best recommendations for treatment. This study does not require sedating medication. When you arrive at the clinic for your test, you will be asked to undress from the waist down and a drape or gown will be provided. The study usually takes 15-30 minutes.

Several different tests are used to evaluate symptoms of the lower urinary tract. Because of your particular symptoms and concerns, tests which you can expect to be performed at your appointment are checked below:

Uroflowmetry

This test measures the amount and rate of urine you void from your bladder. This noninvasive study is frequently used to screen for bladder emptying problems.

Process: You will be asked to urinate into a special container placed under a commode or into a funnel attached to equipment that records your urine flow over time.

Time Required: 1-2 minutes

Cystometry

This test evaluates how much your bladder can hold, how well the bladder muscles function and how the neurological signals work that tell you when your bladder is full. This is the primary test used to reproduce and evaluate symptoms of incontinence and other bladder problems.

Process: A catheter will be inserted through the urethra into the bladder. Through this catheter, your bladder will be filled with sterile water or a saline solution. A second catheter may be placed in your vagina or rectum to provide additional data. You will be asked to report any sensations you feel and if they are similar to ones that you have felt at home. You may be asked to cough, bear down (“Valsalva”), or stand during this test.

Time Required: 10-20 minutes

Urethral Pressure Profile Study

This test evaluates the amount of pressure in your urethra. This information can be useful in evaluating the cause of incontinence.

Process: The bladder catheter is withdrawn slowly from the bladder and special equipment generates a urethral pressure curve.

Time Required: 1-2 minutes

Pressure Flow Study

This test is an in-depth measurement of the pressure and flow of urine out of your bladder. This study is valuable for evaluating problems with emptying urine.

Process: Pressure flow studies can be performed after cystometry. You will be asked to urinate with the cystometry catheters in place into a funnel attached to special equipment.

Time Required: 1-5 minutes

Getting Your Results

Test results may be available immediately after the study is finished, or you may be asked to return to your doctor’s office in a few days for your results. The report will include a summary of the study results, your doctor’s diagnosis of your problem, and suggestions for further evaluation and treatment. After reviewing the results, your doctor will talk with you about the study report and your treatment options.

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Urodynamic Study

What is Urodynamic?

Urodynamic is a study to assess the ability of the bladder to store urine, and to empty effectively.

Urodynamic is an aid to the examination which your doctor has performed. It is often used to assist in determining the cause of your bladder problems such as an unstable bladder and incontinence.

Your urodynamic studies should take approximately between half and three quarters of an hour to complete (that is if your bladder is full when you arrive). Urodynamic studies include a bladder ultrasound scan and flow rate, urethral pressure profile and cytometry. These studies are conducted as an outpatient procedure so unless otherwise told you will be able to leave when your procedure is completed.

Who performs the procedure?

Urodynamic studies are performed by personnel who have been trained in the use of the equipment and procedures; they usually consist of a friendly female registered nurse and a gynecologist. The tests are interpreted by specialized gynecologists.

Do I need to do anything special before my procedure?

For the first part of the test we require that you drink one (1) liter of water one (1) hour prior to your appointment. Should you feel that you are unable to travel with a full bladder, we ask that you arrive one (1) hour prior to your appointment so we can give you the water when you arrive.

Although you will be able to drive it is recommended that you have someone else to drive you home.

What happens to me during the procedure?

The procedure itself should not be painful but some people find it uncomfortable. Relaxation techniques such as slow deep breathing or relaxing music may assist you to feel less apprehensive about the procedure.

The staff will endeavor to assist you to relax.

When you feel that your bladder is full it will be scanned using a low frequency hand held ultrasound probe.

Once we know how much urine is in your bladder you will be asked to urinate in a special toilet that measures how much urine you produced and how fast or slow the bladder emptied.

You will then be asked to change into a comfortable hospital gown. A small catheter will be inserted into your bladder through the urethra (water passage) to allow the staff to fill your bladder with sterile water. And a very fine transducer or probe, (about as fine as a match stick) will also be inserted, this will allow a computer to measure the pressures within your bladder.

A second very fine transducer needs to be inserted into your bottom; this may feel strange but should not cause you to have a bowel movement. This transducer is important in the pressure measurement. The urethral pressure point is measured using the same transducers which were inserted for the cytometry. We can measure the ability of your sphincter muscles (valves) to hold urine in your bladder, by slowly withdrawing the catheter through the urethra (water passage).

Throughout the cytometry part of the procedure the staff will ask you some questions such as when you need to pass urine.

As the bladder fills, you will be asked to cough or bear down to assess if there is any accidental leakage of urine. At the end of this test, you will be asked to pass urine into the flow meter again, while the pressure measurement continues.

What information is obtained form the procedure?

A bladder ultrasound is used in conjunction with a flow rate to interpret the amount of fluid within your bladder. When you feel that your bladder is full it will be scanned using a low frequency hand held ultrasound probe.

A flow rate is the most basic of all urodynamic investigations; it is a graphical representation of your urinary flow and measures the volume of urine that passes, and how fast or slow the bladder empties.

The urethral pressure point measures the ability of your sphincter muscles (valves) to hold urine in your bladder.

Cytometry assists the doctor to identify how much fluid is needed in your bladder before you feel any sensation, and how much fluid your bladder can hold.

What about when I go home?

Most people have no problems immediately after the procedure is performed. You should drink plenty of fluids during the remainder of the day so as to dilute your urine. If however you do experience ongoing burning or stinging when passing urine we suggest that you purchase a packet of URAL sachets from your local pharmacy and take one

three times a day. This should also improve after 24-48 hours and is due to a small amount of irritation caused by the catheter. It can feel as if your bladder problems are worse after the test this should subside after 24-48 hours.

Some minor bowel irritation, lasting a short period may occur due to the presence of the pressure catheter in the rectum.

If any problems persist for more than 48 hours or seem to be getting worse rather than improving in this time, then a urine test may be required to check for infection. Please contact Dr. Ammar Shammaa (304) 766-9600

Should you experience any fevers or feel ill, please contact Dr. Ammar Shammaa (304) 766-9600 for advice as soon as possible.