



UROLOGY TEAM, P.A.

Central Scheduling: 512-231-1444 - Fax: 512-231-1470 - Toll Free: 877-231-1444

www.urologyteam.com www.prostatecenterofaustin.com

Appointment Date: _____

Appointment Time: _____

Follow-up Appointment: _____

URODYNAMICS TESTING

The first step in finding a solution.

The first step in solving a problem is to accurately define it. This is especially true in treating bladder dysfunction. The initial assessment is based on patient history and an examination, but only Urodynamics testing provides the data necessary to establish the accurate diagnosis needed to determine the appropriate kind of treatment.

Urodynamics testing is simple, virtually painless, and can be performed easily in an office setting. **The complete evaluation requires approximately 1 – 1.5 hours.** Occasionally, a patient will have to return for a repeat test if conflicting data is obtained. Patients may find this type of testing somewhat awkward or embarrassing – after all, urination is a subject usually confined to the privacy of a bathroom. The staff in attendance during the testing will do everything possible to put the patient at ease.

Patient, doctor, and staff have the same goal: to find the cause of any urinary tract problem and to solve those problems with the best available treatment.

Your bladder is a “sack-like” organ surrounded by muscle. Its job is to store urine received by your kidneys, then to contract and empty completely voluntarily. The job of the urethra and sphincter are to maintain adequate pressure to keep you dry when your bladder is full and to relax and open when the bladder squeezes to empty.

Urodynamic testing determines how well the bladder is functioning, and measures its ability to retain and expel urine. Uro-flow testing records a graph reflecting the quantity per second of urine voided. Urodynamics also involves evaluation and inspection of the urethra. This examination allows the doctor to look at the valve, which connects the urethra to the bladder, and is useful in diagnosing bladder spasms and other disorders. Abnormal bladder function (including involuntary loss of urine, inability to retain urine in a full bladder, unexplained urge to void, frequent urination, getting up at night to void, a weak urine stream, urine retention, and overflow incontinence) are usually readily diagnosed following these tests.

BEFORE THE PROCEDURE

AT LEAST FOUR DAYS BEFORE

Fill out the following paperwork. Bring all paperwork to your appointment.

- Voiding Diary and Instructions
- General Questionnaire
- Medication Questionnaire

THREE DAYS BEFORE

Stop taking any of the following medications that you are currently taking:

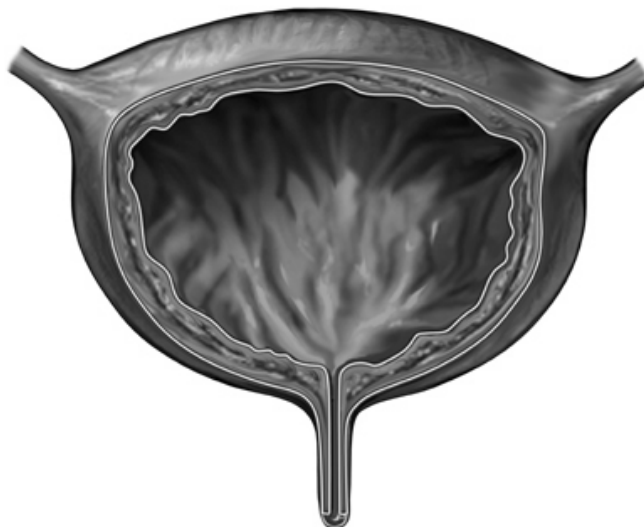
THE DAY BEFORE OR THE DAY OF

Follow these instructions regarding meals (there are no restrictions on fluids):

- If your appointment is between 7am and 10am – eat a light dinner the night before and a light breakfast the morning of
- If your appointment is between 11am and 1pm – eat a light breakfast
- If your appointment is after lunch – eat a light breakfast and a light lunch

WHEN YOU COME IN

- Come in with a full bladder
- Arrive ten (10) minutes early
- Bring an extra pair of socks
- Wear loose fitting clothing
- Please do not lotion your skin below the waist



THE PROCEDURE

Patients are asked to arrive at the office with a full bladder to expedite the testing procedures. In all cases, a urinalysis will be done to check for any evidence of bacterial infection. At the beginning of the test, you may be asked to urinate into a receptacle. The time and effort needed to start the flow, the continuity of the urine stream, and the presence of dribbling after finishing will be noted.

Then, you will be asked to lie on your back on an examining table. The opening of the urethra will be thoroughly cleansed. A well-lubricated, thin, flexible tube (catheter) will be gently inserted into the urethra and slowly advanced into the bladder. Any urine remaining in your bladder (residual volume) will be measured.

A measured volume of sterile water is then instilled through the catheter into your bladder. The catheter is attached to a device, which measures the pressure in the bladder during the installation.

The process may be repeated. Each time the bladder is filled, you will be asked to report your first urge to urinate. When your bladder reaches its full capacity, you will be asked to void.

To test for stress incontinence, you may be required to stand while the bladder is full and you may be asked to cough, bend over, and/ or lift a heavy object. With stress incontinence, these actions may cause leakage of urine.

AFTER THE PROCEDURE

You may have some mild discomfort for a few hours after these tests. A little irritation when you empty your bladder in the next 24 hours is normal.

1. Drinking two 8-ounce glasses of water each hour for 2 hours should help. Continue to drink at least 8-10 glasses of water for the next 48 hours.
2. Ask your doctor whether you can take a warm bath. If not, you may be able to hold a warm, damp washcloth over the urethral opening to relieve the discomfort. If the pain intensifies or lasts longer, please call **(512) 231-1444**.
3. Your doctor may give you an antibiotic to take for 1 or 2 days to prevent an infection. If you have signs of infection (including pain, chills, or a fever of 100°F or more) call your doctor at once. Nights and weekends, call **(512) 231-1444**.
4. You may pass a few drops of blood when you empty your bladder. If you pass clots or the amount of blood increases, please call **(512) 231-1444**.

GENERAL QUESTIONNAIRE: FEMALE

DATE: _____

Patient Name: _____ **Date of Birth:** _____

Primary Reason for Visit: _____

Allergies: Latex Y N Iodine: Y N Other: _____

Other urologists you have seen before The Urology Team: _____

Do you have chronic UTIs? Y N **How many per year?** _____

Have you ever tried Kegel Exercises or Bio-Feedback? Y N

Ever had bladder instillations? Y N **If yes, please describe:** _____

Ever received diagnosis related to your urinary problems? _____

Indicate how often you experience the following:	Never	Rarely	Sometimes	Often
Do the following tasks cause you to lose urine:				
- Coughing gently?				
- Coughing hard?				
- Sneezing?				
- Lifting things?				
- Bending?				
- Laughing?				
- Walking briskly or jogging?				
- Straining, if constipated?				
- Changing positions from sitting to standing?				
- Washing your hands?				
- Cold weather?				
- Drinking cold beverages?				
- Seeing, hearing or feeling running water?				
Do you lose urine when you don't even know it?				
Some women receive very little warning and suddenly that they are losing, or are about to lose, urine beyond their control. How often does this happen to you?				

How often do you urinate during your waking hours? _____

Do you wake up to urinate? Y N **If yes, how many times per night?** _____

Do you ever wake up wet? Y N **If yes, how many time per week?** _____

Are there any activities that make you lose urine? Y N **If yes, please list:** _____

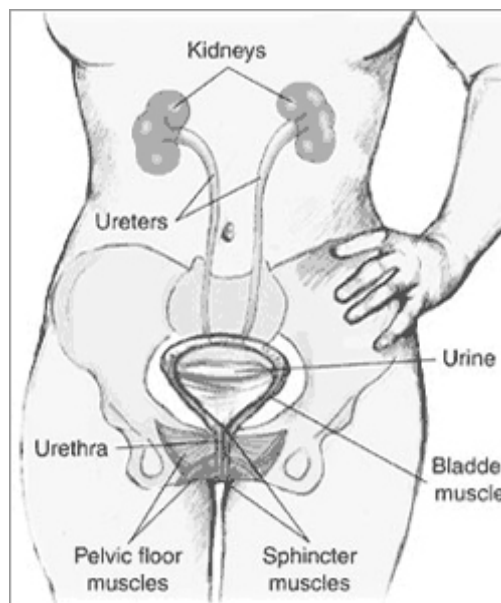
Do you use protection for urinary leakage? Y N
If yes, please indicate how many daily:

Toilet Paper _____ Underwear _____ Panty liners _____
Incontinence briefs _____ Shield-type pads _____

Please indicate the following:

1. **Number of pregnancies:** _____
2. **Date(s) of any back surgeries:** _____
3. **Date of hysterectomy (if applicable):** _____
4. **Date(s) of any car accidents:** _____
5. **Date(s) of any spinal cord injuries:** _____
6. **Date(s) of any hemorrhoid surgeries:** _____
7. **Have you ever had a device implanted? Y N** **If yes, which one:** _____
8. **Please list any injuries to the pelvic floor:** _____

A nurse will call you prior to your visit to review questions.



GENERAL QUESTIONNAIRE: MALE

DATE: _____

Patient Name: _____ **Date of Birth:** _____

Primary Reason for Visit: _____

Allergies: Latex Y N Iodine: Y N Other: _____

Other urologists you have seen before The Urology Team: _____

Do you have chronic UTIs? Y N **How many per year?** _____

Have you ever tried Kegel Exercises or Bio-Feedback? Y N

Ever had bladder instillations? Y N **If yes, please describe:** _____

Ever received diagnosis related to your urinary problems? _____

Please check the appropriate answers during the last month:	Never	One Time	Two Times	Three Times	Four times	Five + Times
How often have you had the <u>sensation of not emptying</u> your bladder completely after you have finished urinating?						
How often have you had to <u>urinate again</u> less than 2 hours after you finished urinating?						
How often have you found you <u>stopped and started</u> again several times when you urinated?						
How often have you found it <u>difficult to postpone</u> urination?						
How often have you had to <u>push or strain</u> to begin urination?						
How many times did you typically get up to urinate from the time you went to bed at night until the time you got up in the morning?						

How often do you urinate during your waking hours? _____

Do you wake up to urinate? Y N **If yes, how many times per night?** _____

Do you ever wake up wet? Y N **If yes, how many time per week?** _____

Are there any activities that make you lose urine? Y N **If yes, please list:** _____

Do you use protection for urinary leakage? Y N
If yes, please indicate how many daily:

Toilet Paper _____ Underwear _____

Incontinence briefs _____ Shield-type pads _____

Please indicate the following:

1. **Date(s) of any back surgeries:** _____
2. **Date(s) of any car accidents:** _____
3. **Date(s) of any spinal cord injuries:** _____
4. **Date(s) of any hemorrhoid surgeries:** _____
5. **Have you ever had a device implanted? Y N** **If yes, which one:** _____

A nurse will call you prior to your visit to review questions.

PAD WEIGHT TEST FOR SLINGS OR SPHINCTERS

1. First weigh one of the pads you use to see what it weighs dr.
2. Next collect all of the pads you use in 24 hours and keep them in a ziplock or plastic bag so the urine does not evaporate.
3. Next weigh all of the wet pads to see the total weight of pads plus urine.
4. Last, subtract the dry weight for the number of pads used in 24 hours.
5. Keep track of urine loss for 7-10 days to get a good idea of light days and heavy days.

An example is:

Dry pad weight (one pad) =	2 ounces
Wet pad weight (24 hours) =	+ 16 ounces
Number of pads used x dry weight (3 pads x 2 oz)	- <u>6 ounces</u>
Total urine loss in 24 hours =	10 ounces

BLADDER DIARY INSTRUCTIONS

Please keep the diary for a minimum of two days (three preferred). It can be any 2-3 day period, but they must be consecutive to determine a pattern. The top line of the first page guides your documentation.

The day that you begin the diary, please start with the first urination of the morning. Write the time and amount each time you go to the bathroom.

If you wear a pad for urinary leakage, then please record the date and time of when you change your pad. Please indicate if the pad was damp, wet or soaked.

