

Urodynamics Patient Information

Urodynamic testing is a group of tests that help to evaluate the way your bladder functions. These tests are a standard part of looking at urinary incontinence (uncontrollable urine leakage) and symptoms of difficulty storing (frequency, urgency and getting up at night) and passing (flow symptoms) urine. Sometimes they are used when you have few or almost no symptoms in females who have pelvic organ prolapse.

The testing will help diagnose the type of urinary incontinence and work out the functioning of your lower urinary tract. This is similar to some of the tests you might have for a heart condition – working out flow and how the heart works as a pump and the pressures that occur is fairly standard and similar measurements of bladder function can also be taken using specialised equipment.

It will help determine if the bladder is actually contracting when you feel the urgent desire to pass urine, how stretchy the bladder is, how much urine it can store with reasonable comfort and what happens when you need to pass urine, which is the flow study. Flow can be reduced by a poor “pump” or bladder or a blocked “pipe” so it is important to try and make the distinction between the two to have the best treatment advice.

Before the test

You will be asked to complete a bladder diary for two days, have a mid stream urine test and in some cases other tests. There is no need to fast or change your normal routine of medications. You will be sitting in a reclined chair with the catheter in your bladder most of the time. You will be asked to come to the test with a “full bladder”. For most, this is best accomplished by drinking a glass of water 30 to 60 minutes prior to the test time. The water will have time to process through your body and be in the bladder for the beginning of test. If you drink while sitting in the waiting room, that water will make its way to your bladder in the middle of the testing, and make it difficult to obtain accurate results. Avoid coming desperately full.

What is actually involved

The testing takes about 30 minutes. You will be given a gown to change in to, you may leave the top parts of your clothing on. The first part of the test is a flow test where you literally pass urine into a specially fashioned toilet that measures the speed and volume of the flow over time. Then you will be placed on the urodynamics chair. At this point many patients will have a small lighted telescope passed into their bladder to check the inside of the bladder. This is detailed on the sheet “cystoscopy”. After this a catheter (small tube) will be placed into your urethra (passage from your bladder where urine comes out). In order to make accurate measurements a fine balloon catheter is also placed into the rectum to measure the pressure inside your abdomen (tummy).

The amount of urine left in the bladder after you have urinated (post void residual) is measured. Then sterile water will be placed in your bladder through the fine filling catheter. Measurements will be made of how much fluid your bladder can hold (capacity) and how your

bladder behaves at different levels of “fullness”. You will be asked to tell the staff when you have the first urge to urinate (pass water), when you have a **strong** urge to urinate, and when your bladder feels **really full** and you would stop whatever you were doing to rush to the bathroom. Measurements will be taken at all of these points.

You will also be asked to cough or bear down, again to see how your bladder functions and if this activity causes you to leak urine. Do not be embarrassed if you leak urine, or even stool, during this procedure. You might compare it to taking your car in for repairs and having the car make just the sound you want fixed. If you are leaking urine at home, we want you to leak during the testing so we can document the conditions under which your bladder leaks. There are no ‘CORRECT’ answers, don’t anticipate what we might be wanting to hear just answer how you are feeling at the time. You will then be asked to stand and move to the toilet to pass urine, still with the pressure measuring catheters in the bladder. They are very fine and the urine will flow around them. The catheters are then all removed.

Imaging in Urodynamics

In some cases radiology is used to get pictures during the test of the bladder and urethra. This is either done with ultrasound where a probe will be placed on the skin or the perineum (area of skin in front of the anus) or using with the saline fluid that is filling the bladder, “contrast” liquid that then shows up black on the screen when a conventional X-ray is made during the study. This X-ray should not be done if you are pregnant. In some cases a contrast allergy occurs, this is rare and more common if you are allergic to shellfish, please let me know if this is the case.

Are there any risks?

Most patients find the testing a little embarrassing or mildly uncomfortable, but not painful. Some patients experience a little burning or urinary frequency (having to urinate more often) for the rest of the day from having a catheter in the urethra, but this usually resolves by itself. If the symptoms persist, just give us a call and we will advise you what to do next, rarely a urinary tract infection may occur requiring antibiotics (about one in 100 cases).

After the procedure

I will have a brief chat with you about the results and what I would advise next. If you wish, feel free to bring a family member with you. If a follow up visit is required we will organise it for you at the end of the urodynamic testing.

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