

THE CONRAD PEARSON CLINIC

UROLOGY CENTER OF THE SOUTH

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Urodynamics *By Robert S. Hollabaugh, Jr. MD*

Your doctor has ordered this test to measure your bladder's ability to store and empty urine. Quite a bit of information will be collected, and the interpretation of the study will assist your doctor in deciding how they wish to treat your problem. Urodynamics is the urologist's best way to determine the FUNCTION of your bladder. Other tests, such as cystoscopy or CT scan, can be used to assess the ANATOMY of the bladder. Both function and anatomy are important in determining the cause of various bladder problems.

Urodynamics attempts to recreate what happens when your bladder fills normally. If your problem is leakage of urine, the study aims to determine whether the leakage is from an overactive bladder or from a weak urethra.

If your study has been ordered because of difficulty with emptying, urodynamics can determine whether the problem is either (1) blockage, or (2) inability of the bladder muscle to contract. The remedy for each is very different, and only with accurate information can your physician make appropriate decisions regarding treatment.

On the Night Before...

There are no dietary restrictions or special considerations necessary prior to the test unless the doctor tells you otherwise.

On the Day of the Test...

Arrive with a full bladder. The first part of the test (Uroflow) involves urinating into a special container. The test will not be accurate unless you feel like you need to urinate,

so try to arrive with a full bladder and strong urge to urinate. After the Uroflow, the second portion of the test will be performed. A small catheter will be inserted into the bladder thru the urethra. In addition, a small, short catheter is inserted into the rectum. Both are soft and flexible. Each catheter has a small balloon within it that can measure pressures. With the catheters in place, we will fill your bladder slowly with water. During the filling, you will be asked to tell us when sensations of filling occur. We want to know when you get the first sensation of filling, when you get to the point of being ready to find a restroom to urinate, and when you get to the point of not being able to hold it back any longer. Also during the study, we will try to reproduce circumstances of leakage, such a coughing or

bearing down. Once the bladder is full and you reach a strong urge to urinate, you will be allowed to urinate into a container under the seat of the equipment. As the urine flows around the catheters, the pressure of the urine flow can be measured. After the procedure is complete, the catheters slide out easily. The whole study usually takes less than 20 minutes.

Frequently Asked Questions

WILL THE TEST BE PAINFUL?

While having the catheters placed into the urinary tract can be uncomfortable, there should be minimal pain involved. If pain is experienced during the procedure, the test will be stopped. The procedure is generally tolerated very well.

CAN THE PROCEDURE BE PERFORMED UNDER ANESTHESIA?

No. Important parts of the procedure require that the patient be awake to respond to various questions and commands.

WHAT IF I HAVE A CATHETER ALREADY IN PLACE?

If you have had a catheter placed previously, your doctor will instruct you what to do. Usually, it will be removed as the first step of the procedure. Rarely, the doctor may want it removed hours before the procedure so that we can see if you are able to urinate at all on your own.

WHAT HAPPENS AFTER THE STUDY IS COMPLETED?

A computer printout / report describes the results for your doctor and an interpretation is given. Your doctor will review this information and discuss it with you at your next visit.

REMEMBER...

- » Arrive with a full bladder
- » No dietary restrictions or additional preparation are needed unless instructed by your doctor.
- » You may drive yourself home.

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