

How is it done?

- You may first be asked to pass urine into a special toilet to measure how quickly your bladder is able to empty.
- You may have a bladder scan immediately after you have passed urine to assess how well your bladder has emptied.
- Following this, a small plastic tube called a catheter will be inserted into your bladder so it can be filled with fluid.
- It also has a fine sensor on the end which records the pressures in your bladder.
- A second catheter is placed in the vagina (women), rectum (men). These lines will record pressures measured in your abdomen.
- You will be asked do a series of exercises (cough, laugh, strain) with a full bladder to see how bad your leakage is. This is called a pad test.
- If no leaking has been observed, these tests may be repeated in the standing position
- Don't worry, you will not be expected to do anything which you are not normally able to do easily.
- Where a neurogenic bladder is suspected, the fluid placed in your bladder will contain radiological contrast medium, to exclude vesico-ureteric reflux and to anatomically define the bladder anatomy and posterior urethra.
- The information contained in this brochure is intended to be used to aid in obtaining a diagnosis and/or evaluate the effects of treatment
- During the procedure you will be asked questions about the sensations in your bladder.
- You will also be asked to do some of the things which might trigger the problem you have (e.g. cough, strain, jog, stand up, or listen to the sound of running water).
- Let the person doing the test know when your bladder feels full.
- Finally, you will be asked to empty your bladder again, with the two fine sensors still in place.
- The sensors are then removed.
- Post voided residual volumes are checked either with ultrasound measurement or by aspirating urine through the bladder catheter.
- The procedure is now complete, and you can get dressed
- Jo will discuss the findings with you and formulate management options specific to your problem



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**PATIENT
INFORMATION
BROCHURE**

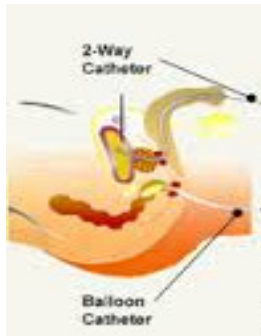
***URODYNAMIC
STUDIES***

Patient well-being is my first priority!

Urodynamic Studies

What are Urodynamics?

- Urodynamics is a collective name for a number of tests of bladder functions.
- The main test is called **Cystometry**, which measures your bladder's ability to store and pass urine.
- **Flow Rate** measures the top speed and average speed of your urine flow
- **Urethral Pressure studies** measures the closure pressure of the urethra. Although variable accent is placed on this (Gynae vs Urology) this can be useful for treating stress Incontinence



RISKS: Urinary Tract Infections

- No matter how carefully the test is performed urine infections can sometimes occur after it.
- You should drink more water than usual for a day or two to flush out any bacteria.
- You may be advised to take antibiotics for a short period of time after the test

Why is it done?

Urinary problems, especially incontinence, may affect women and men of any age.

Problems such as these usually increase with age, pregnancy, childbirth and the onset of menopause, history of spinal injury, onset of Diabetes, Parkinsons and history of Cerebro-Vascular Incidents.

Your symptoms may include:

- Loss of urine while coughing, sneezing, laughing or exercising
- Sudden and/or frequent urge to pass urine
- Getting up at night frequently to pass urine
- Difficulty in emptying your bladder
- Recurrent bladder infections

Results from urodynamic tests may demonstrate the reason why you have the symptoms you have, and allows an opportunity to offer you the best treatment for your problems.



Preparation?

- A comfortably full bladder, so if possible, please do not pass urine in the hour prior to your appointment.
- The procedure takes approximately 30 minutes and does not require any dieting or fasting.
- No anesthetic is required.
- On the day of the test, wear separates (i.e. a skirt or trousers and shirt), as you will need to remove your lower clothing and change into a gown.

