

COME WITH A FULL BLADDER!

Go to Building B, across the street, 1810 Glen Meade Road

STOP TAKING THE FOLLOWING MEDICATIONS:

Vesicare, Detrol, Ditropan, Santura, Enablex or Oxitrol, 5 days prior to testing

If you have had hip or knee replacement surgery within the past 2 years, have a Mitral valve, or have had open heart surgery, you will need an antibiotic prior to testing. Please call your Glen Meade physician to obtain an antibiotic prescription.

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PROCESS: The bladder catheter is withdrawn slowly from the bladder and special equipment generates a urethral pressure curve.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

You will return to your doctor's office in a few days to discuss 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 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

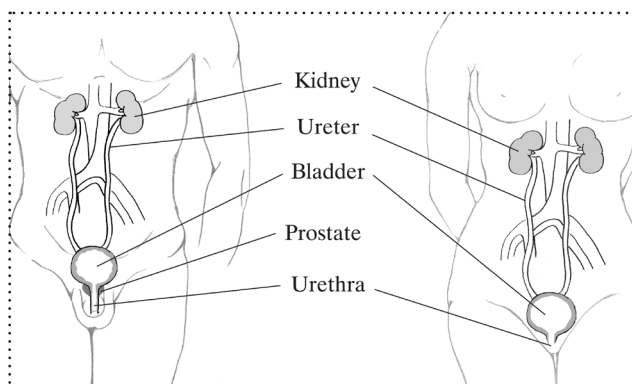
Reasons that your physician is offering you this test may include the following common problems:

- 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 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.

HISTORY FORM Urological Questionnaire

Please answer all questions to the best of your ability. This information will aid the physician in diagnosing your problem and will be kept confidential.

NAME _____

DATE _____

1 LIST BELOW ALL PRESCRIPTION MEDICATIONS YOU CURRENTLY TAKE:
(Including birth control pills, insulin, etc.)

NAME OF DRUG	DOSE	WHEN TAKEN	WHY TAKEN

2 LIST BELOW ALL OVER THE COUNTER MEDICATIONS YOU CURRENTLY TAKE:
(Cough and cold medication, Tylenol, etc.)

NAME OF DRUG	DOSE	WHEN TAKEN	WHY TAKEN

3 HAVE YOU EVER HAD A BACK INJURY? YES NO *If yes, explain below:*

4 LIST ANY SURGERIES YOU HAVE HAD AND THE YEAR THEY WERE DONE:

SURGERY	DATE	SURGERY	DATE

1 DAYTIME VOIDING FREQUENCY

- 13 or more times/day
- 9 - 12 times/day
- 5 - 8 times/day
- 1 - 4 times/day

2 HOW MANY GLASSES OF FLUID DO YOU DRINK DURING A DAY?

3 HOW MANY GLASSES OF FLUID DO YOU DRINK AFTER 5PM?

4 NIGHT TIME VOIDING

- awake 4 or more times per night to void
- awake 2 or 3 times per night to void
- awake 1 time per night to void
- do not wake at night

5 DO YOU BECOME AWARE OF YOUR BLADDER BEING FULL?

- yes
- no
- other (explain)

6 CAN YOU POSTPONE EMPTYING YOUR BLADDER EASILY?

- yes
- no
- other (explain)

7 WHICH RESPONSE BELOW BEST DESCRIBES HOW YOU START YOUR URINARY FLOW?

- easy
- sometimes difficult
- wait less than 1 minute to start flow
- wait more than 1 minute to start flow
- have to push or strain
- impossible
- other (explain)

8 URINARY STREAM:

- good force
- poor force
- intermittent (broken stream)
- other (explain)

9 IS THE SENSATION WHILE VOIDING COMFORTABLE?

- yes
- no

If your answer is no, check those that apply:

- sometimes uncomfortable
- always uncomfortable
- burning
- pain
- other

10 WHICH WORDS BEST DESCRIBE YOUR CONDITION AFTER VOIDING?

- always dry
- sometimes wet
- always wet
- other (explain)

11 AFTER EMPTYING YOUR BLADDER, DO YOU HAVE THE FEELING THAT YOU ARE NOT FINISHED?
 yes no

12 HAVE YOU EVER HAD TO BE CATHETERIZED IN ORDER TO PASS YOUR URINE?
 yes no

13 NUMBER OF URINARY TRACT INFECTIONS IN YOUR ADULT LIFE?
 none 1 - 5 5 or more

14 DATE OF LAST URINARY TRACT INFECTION:

15 TYPE OF URINARY TRACT INFECTIONS YOU HAVE HAD
 kidney
 bladder
 unknown

16 HAVE YOU EVER HAD ANY BLOOD IN YOUR URINE?
 yes no

If yes, explain:

17 HAVE YOU EVER HAD A KIDNEY STONE?
 yes no

If yes, explain:

18 DO OTHER FAMILY MEMBERS HAVE URINARY OR KIDNEY PROBLEMS?
 yes no

If yes, state who and what kind of problem:

19 HAVE YOU EVER HAD ANY PREVIOUS BLADDER SURGERY OR SURGERIES FOR KIDNEY OR URINARY PROBLEMS?
 yes no

If yes, explain:

20 HAVE YOU EVER HAD ANY RADIATION TREATMENTS TO YOUR BLADDER OR FEMALE ORGANS?
 yes no

If yes, explain:

1 ARE YOU EVER WET IN THE DAYTIME?

- yes no

If yes, how often?

- most days every week
 every month other (explain)

2 DESCRIBE THE NATURE OF THE LEAK:

- leak with stress
 (coughing, jumping, straining)
 leak with urge or desire to void
 leak without any awareness
 leak with intercourse
 continuous leak other (explain)

3 VOLUME OF LEAKING:

- drops (pants wet)
 intermediate drops (more than drops but less than flood)
 "flood" (wet to the floor)

4 DO YOU WET THE BED IN THE EVENING?

- yes no

If yes, how often?

- most days every week
 every month other (explain)

5 NUMBER OF PADS USED PER DAY:

- 0
 1 - 4
 5 - 9
 10 or more

6 TYPE OF PROTECTION USED:

- tissue
 maxi-pads
 mini-pads
 diaper (Depends)
 other (explain)

7 HAS THIS BEEN A LIFETIME PROBLEM FOR YOU?

- yes no

If no, at what age did the problem start?

8 HOW LONG CAN YOU GO WITHOUT WETTING THE BED?

- not a problem
 1-6 nights
 1 week to 1 month
 more than 1 month but less than 3 months
 3 months or more

1 CHECK ALL THAT APPLY:

- normal bowel habits
- sometimes constipated
- always constipated
- frequent diarrhea
- occasional diarrhea

2 LAXATIVE USE:

- use daily
- use weekly
- use monthly
- do not use

3 SUPPOSITORY USE:

- use daily
- use weekly
- use monthly
- do not use

4 ENEMA USE:

- use daily
- use weekly
- use monthly
- do not use

5 HAVE YOU EVER PASSED STOOL WHEN YOU THOUGHT IT MAY ONLY BE GAS?

- yes
- no

6 FECAL SOILING:

- never
- once per day
- once or more per week
- once or more per month
- other (explain)

VOIDING DIARY Instructions

In order to aid in your treatment, a voiding history is very important. This chart is a record of your voiding (urinating) and leaking (incontinence) of urine.

Begin this diary with the first voiding of the day. Please chart every void and measure the amount at the time of each void in ounces or milliliters (as close as possible) for two days straight.

In addition, if you have any leaking or dribbling, record this as well in the spaces provided below. You should keep a record of all voiding until your testing.

All information will be kept confidential and used only for clinical purposes.

If you have any questions, please contact: _____

EXAMPLE:

DAY	TIME ^①	AMT. VOIDED ^②	ACTIVITY ^③	LEAK VOL. ^④	URGE PRESENT ^⑤	INTAKE AMT. & TYPE ^⑥
Monday	6:45 AM	550 cc	waking		yes	
	7:00 AM		shower	2	yes	
	9:00 AM	150 cc	sitting			6 oz. tea

- ① Please write the time of all voiding, leakage, and intake of liquid.
- ② Measure all urine in cc. or oz.
- ③ Describe the activity you were performing at the time. If you were not active, write down whether you were standing, sitting or lying down.
- ④ Estimate the amount of leakage according to the following scale:
 - 1 = damp, few drops only
 - 2 = wet underwear or bed
 - 3 = soaked or empty bladder; flood
- ⑤ If the urge to urinate accompanied (or preceded) the urine leakage, write YES. If you felt no urge when the leakage occurred, write NO.
- ⑥ Record the amount and type of all liquid intake in either cc. or oz. (1 cup = 8 oz. or 240 cc.)

