



## URODYNAMICS

You have been scheduled for testing to determine how your urethra and bladder function with the storage and release of urine. The study will explain how well your bladder and sphincter muscles work, and can explain symptoms such as incontinence, pain or difficulty with urinating, recurrent urinary tract infections, frequency/urgency, etc.

Please expect to be in the office for 30 to 60 minutes for the test. If you need to cancel or reschedule your appointment, please inform us at least 24 hours prior to the appointment. Our office policy is to bill patients directly who do not show up for any scheduled appointment, or who cancel less than 24 hours prior to the scheduled time.

Please arrive with a **comfortably full bladder**. Do not wear lotion on your skin on the day of the test. Surgical tape is placed near the vagina to hold the catheters in place. You may eat before your appointment, and take antibiotics as instructed. Please bring an extra pair of socks. If you are often constipated, please use a fleet enema to ensure an empty rectum.

The procedure will begin with your changing into a patient gown. You will empty your bladder on a special chair-commode. We will put a small catheter into your bladder and another catheter into the vagina. Tubes will be attached to the computer, and these will be used to start filling your bladder with sterile water. You will be asked about sensations you are having while your bladder is filling. At the end of the procedure, you will empty your bladder again.

The plan is to assess the following:

**Uroflowmetry**: Allows automatic measurements of the amount and flow of urine. You will be asked to urinate privately into a toilet containing a collecting device. This test helps to determine the volume and efficiency with which the bladder empties.

**Post-voidal residual urine**: A catheter will be inserted into the bladder to determine if there is still some residual urine in the bladder.

**Q-tip test**: A test to measure the mobility or movement of the urethra during straining.

**Cytometry**: The pressure catheter will be used to gradually fill your bladder while you will be asked to hold the fluid as long as you can. A vaginal catheter will be placed to record the pressure as well. You will be asked how your bladder feels, and when you feel the urge to urinate.

**Leak-Point Pressure**: If you have contractions of the bladder which squeeze some water out, the cystometer will record the pressure at which the leak is occurring. You may be asked to hold your breath and bear down, to apply abdominal pressure to the bladder, to demonstrate the leak. This determines the ability of the sphincter muscle to hold the urine in the bladder.

**Pressure-Flow Study**: After the cystometrics, you will be asked to empty the bladder so that the catheter can measure the pressures while you urinate.

**EMG (Electromyogram)**: This test measures the activity of the pelvic muscles, using sensors placed on the skin near the anus. After the tests, you may have mild discomfort for a few hours. Drinking two 8 ounce glasses of water each hour for two hours should help. Warm baths or holding a warm, damp washcloth over the urethral opening may help to soothe any irritation. Please call the office at 225-1580 or 671-6790 if you develop any sign of infection including fever, chills, or severe pain.