

## URODYNAMICS INFORMATION SHEET

If your symptoms have improved or you feel that you no longer wish to have this test please could you inform the secretaries as soon as possible.

### WHAT ARE URODYNAMICS?

Urodynamics or bladder pressure studies are investigations designed to show what is happening to the pressures inside your bladder whilst it is filling up and emptying.

### PREPARATION FOR THE TEST

- Please complete the enclosed chart and bring with you to your appointment. Please try to complete at least 4 days.
- You may eat and drink as normal before the test
- It is important that you arrive for the test with a full bladder. We appreciate that this may be difficult, so if you prefer please arrive early to fill your bladder in the department. There will be water available. However, if you have a catheter in place or perform intermittent self-catheterisation you do not need to arrive with a full bladder.
- It is probable that you will be in the department for up to 1 hour, although the investigation itself should last for no longer than ½ an hour.

### DURING THE TEST

- You will be asked to pass urine into a funnel, which will measure the rate at which you pass urine.
- A fine tube called a catheter will be passed into your bladder which will be used to measure the pressure inside it during the test.
- A very fine tube will be passed just inside your rectum, which will be used to measure the abdominal pressure, or the pressure surrounding the bladder during the test.
- These catheters will be connected to a chart recorder, which will record what is going on inside your bladder, whilst we are filling your bladder up.
- When you feel full you will be asked to pass urine again and the catheters, which are in place, will measure the pressures at which you pass urine.

### FOLLOWING THE TEST

- A follow up appointment may be made for you to discuss the results of your test and this appointment will be sent to you in the post.
- You will be able to resume normal activities immediately following the test.
- There is a small risk of urine infection as a result of this procedure. After the test if you experience any of the following symptoms please see your local GP:
  1. Temperature
  2. Offensive smelling urine, which may be cloudy or bloodstained
  3. Burning when you pass urine

## OTHER INFORMATION

- Please inform medical staff if you have any of the following conditions:
  1. Artificial heart valve
  2. Heart murmur, normally, requiring antibiotic precautions.
- For most people the test is not painful, just a little uncomfortable.
- Please bring a list of any current medication, which you are taking, as well as your completed volume chart.
- Please be punctual and allow plenty of time for parking.
- If you are not able to make this appointment, please contact the office on 01256 377664, as soon as possible.

### URODYNAMICS RECORD SHEET

Please measure and record ALL urine you pass for the next 4 days. Any measuring jug will do, but please record the volume in ml.

If you are unable to record some of the volumes (when at work, or you are out) simply record the time alone. Daytime means when you are up; night time once you have gone to bed. If you leak, please mark with a \*.

Examples of how to record are below:

Day	Day time Time/volume (ml)	Night time Time/volume (ml)	Number of pads used in 24 hours.
<b>Monday</b>	7am/200mls 9.30am/125mls 2pm/350mls* 6pm/25mls 6.15pm/225mls 9pm/100mls 11.30pm/50mls	2am/400mls 4am/100mls 5.30am/100mls	1
<b>Tuesday</b>	8.15am/325mls 8.30am/50mls 10am/12mls* 4.15pm/350mls		

Day	Day time Time/volume (ml)	Night time Time/volume (ml)	Number of pads used in 24 hours.
DAY			
DAY			
DAY			
DAY			
DAY			
DAY			
DAY			

Average daily fluid intake (in cups or mugs) = \_\_\_\_\_