

Urodynamics Tests

Introduction

Welcome to our urodynamics clinic. We hope this booklet will be helpful by giving an insight into the urodynamics procedure.

We also provide other information which you may find helpful.

Please find enclosed your appointment letter and a frequency/volume chart

Confirming your appointment

You may be contacted several days before your appointment to confirm if you are still attending.

What is the procedure that I am to have?

The term urodynamics refers to a procedure that is used to test how the bladder fills and empties itself.

Why do I need it?

You have been to see the doctor with incontinence (urinary problems).

What is incontinence?

Incontinence is an uncontrolled loss of urine at an inappropriate time or in an inappropriate place. It affects people from all walks of life, all age groups and both sexes.

Incontinence can have a drastic effect on day to day living, often making life a misery.

Help and advice is available from health care professionals, such as GPs, practice nurses, hospital doctors, continence advisors, physiotherapists, urodynamic nurses and support groups.

Please do not feel ashamed or embarrassed -- you will be treated very confidentially and hopefully given a new lease of life.

What benefits are there to having it?

The benefit of having the test done is that the doctor can then diagnose what is going wrong or can confirm a provisional diagnosis. The test can also help decide the type of surgery or treatment required

There are a large number of bladder problems that can be diagnosed using these tests. The most common are:

- 1 Overactive bladder** – where the bladder muscles contract irregularly during filling. This creates a strong desire to pass urine (known as urgency) which is very difficult to control and may mean very frequent visits to the toilet or even leakage (known as urge incontinence).
- 2 Stress incontinence** – where the muscles that support and close off the bladder (the pelvic floor muscles) become weak. This results in you being unable to stop your urine leaking when you exercise, run, jump, cough, sneeze or laugh.

Are there any alternatives?

There may be some medical or therapeutic treatments which may be tried. You could discuss this with your doctor

Can I still have the test done if I am menstruating (having a period)?

Yes the test can still be carried out if you wish to attend. If you do not wish to have the test whilst menstruating the appointment can be rearranged.

What risks are there?

There is a potential risk of infection. If you think you have a urine infection you may see your GP who can prescribe you some antibiotics.

What side effects might there be? You may feel some discomfort. To help relieve this it is important to drink plenty of fluids in the 24 hours following your test.

Do I need any preparation before I come for the procedure?

You will be asked to complete a frequency/volume chart. The frequency/volume chart gives us some idea of your average fluid intake, urine output and any leakage you may have.

It is important you bring this completed chart with you as it helps in the diagnosis of your condition. If you do not bring the completed chart with you we may have to rearrange your appointment.

When filling in the chart:

In the "In" column record how much you drink.

In the "Out" column record how much urine you pass, using a jug to measure the urine (mls if possible).

In the "Wet" column record whether you are wet or damp on arrival at the toilet or if you leak urine between visits to the toilet.

If you are taking medication for your bladder problems, please phone 01204 390390 ex 4861 and check with a member of the nursing staff as some medications need to be discontinued before urodynamics. This is to avoid interference with the tests results.

What sort of anaesthetic will I have?

A local anaesthetic gel is used before passing the catheters into the urethra. You may get the feeling of wanting to pass urine but this usually passes after a few seconds.

Lubricating gel is used when a catheter is placed in the rectum, to help ease any slight discomfort you may feel.

What will happen when I arrive for the procedure and who will I meet?

When you attend Women's Health Care for your appointment, you will report to reception. You will then be seen by the nurse who will be performing the urodynamics test.

Will I need to sign a consent form or give verbal consent?

You will be asked for verbal consent for the procedure.

What does the procedure involve? How long does it last? What does it feel like?

Before attending for your appointment you need to drink one pint of water. It is important that you do not pass urine until the nurse has advised you to do so. If,

while you are waiting to be seen, you have a strong urge to pass urine please tell the nurse.

Firstly, you will be asked to pass urine in a specially adapted toilet that is connected to a machine.

You will then be asked to undress from the waist down and given a gown to wear. You will be asked to lie on the examination couch and the nurse will pass two small sterile catheters (fine soft tubes) into your bladder via your urethra (the opening from which you pass urine). One is used to fill your bladder and one to measure the bladder pressure. A third catheter is passed into the rectum (back passage) this records abdominal pressure.

Your bladder is slowly filled, via the catheters, with sterile water. During this stage of the procedure you will be asked questions about the sensations you are feeling as your bladder is filling. You will be asked to cough at intervals to see if there is any leakage. When this part of the test is complete, the filling catheter is removed. You will then be asked to do some simple tests, such as heel bounces, coughs and listen to the sound of running water. This is to test how your bladder behaves when put under stress from the increases in pressure. You will then be asked to pass urine with the two remaining catheters in place so we can measure your urine flow. When you have passed urine the two remaining catheters are removed and you will be given privacy to attend to your personal hygiene and to get dressed.

The procedure takes approximately an hour.

What happens after the procedure?

(e.g. pain control, nursing checks, stitches)

You may see a doctor afterwards to discuss the results and any treatment options which may take 15 to 20 minutes or you may be given an appointment to return to see the doctor on another date.

How long will I need to stay in hospital?

You are seen as an outpatient and will not need to stay in hospital.

When I go home will I need someone with me or have any special equipment?

You will not need anyone with you after the procedure. You may return to work once the test has been completed.

Will I need any particular care at home? Do I need any follow-up care and/or to see my GP?

If you need any particular care or follow-up by your GP you will be informed during your consultation. A letter will also be sent to your GP or other health care professionals such as district nurses.

What can go wrong once I'm home? Are there any signs I should look for and what should I do?

As previously mentioned there is a risk of urine infection. If you experience symptoms such as burning or frequency on passing urine you should contact your GP or practice nurse.

When can I start my normal activities again?

(e.g. driving, sport, work, sex etc)?

You can continue normal activities after the procedure.

Who can I contact if I have more questions?

Women's Health Care

H1 unit

Royal Bolton Hospital

Tel:01204 390390 Ex 4861

Opening Hours 8.30a.m. till 5p.m.

Where can I find more information such as support groups and websites?

www.bladderandbowelfoundation.org

www.promocon.co.uk

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages. Please call 01204 390193 if we can help.

IPG1563 v2

Print number:

Review: 02/2019