

# WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

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## PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

## URODYNAMIC TESTING (UDT)

### Definition

Urodynamic testing is a sophisticated office-based or ambulatory center procedure used to help diagnose problems with voiding (urination) and/or urinary incontinence (involuntary loss of urine). Although we may have a good understanding of the underlying problem following a complete history and physical examination, urodynamic testing helps increase the accuracy of our working diagnosis. In other instances, it may uncover a completely unexpected finding. The test is short, very minimally invasive, and typically yields very useful information. In certain circumstances, even more information can be obtained with the use of fluoroscopy (special real-time X-rays) during the test. This is referred to as a "video urodynamic test."

### Preparation

There is no particular preparation for a UDT. In certain circumstances, we may request that you arrive to the test with a full bladder so that we may do an initial "uroflow." The uroflow portion of the test is simply where you urinate into a special receptacle so that our equipment can calculate the pattern and force of your stream. If you do not recall being told to do so, please assume that we would like you to have a full bladder.

*\*For women of child-bearing age, it is important that we ensure that you are not pregnant (especially in cases where we use x-rays). Please let us know if there is any suspicion that you may be. We may check a urine test prior to the procedure. The safest thing to do is abstain from intercourse following your most recent menstrual cycle until the test is performed.*

### Procedure

To review the basics of what we discussed in the office: The actual procedure typically takes less than an hour. Once your bladder is empty, we will ask you to lie down on the examination table. Under sterile conditions, a very thin catheter is gently inserted through the urethra (the tube through which you urinate) and into your bladder. We may use numbing jelly to minimize the discomfort. With the insertion, you may feel a very slight sting or pinch. Next, a similar catheter (with a tiny balloon on the end) may be inserted into the rectum or the vagina (much like a thermometer) and the balloon is filled with a small amount of water. Once the catheters are secured in place with tape, we will begin the test. Depending on your circumstances, you may be standing or sitting for the test. In rare instances in which a patient can do neither, the test can be performed with a patient lying down. The catheters are attached to computers so that we may gather data about how your bladder and urethra function. Your bladder is slowly filled with water until you tell us that you are "full" and have a need to urinate. Throughout the filling, we will be speaking with you so that you may describe the sensations you are having as your bladder fills. You will notice that we are simultaneously watching the graphs and numbers on the computer. When you are full, we will ask you to urinate and empty your bladder into a special container. In certain instances, we will take x-rays of your bladder during the filling and voiding portions of the test. If we plan to do this, we will use a type of fluid (x-ray dye) to fill the bladder instead of water. You need not worry about possible allergies to the dye because the fluid is only in your bladder and not in your bloodstream. These pictures can give us vital information where it is needed. Once you finish voiding, the catheters are removed and the test is over.

### Post Procedure

After the procedure, you might have a little stinging in the urethra until the next time you urinate. In some patients, it may last a bit longer. If there were any resistance to the passage of the catheter, you may even see a tiny blood discoloration of your urine. You have no restrictions after the UDT and may even return to work if you choose.

### Expectations of Outcome

While we are performing the study, we may be able to tell you some of the findings. Other findings or interpretations of the test can be discussed with you as soon as we are finished or at a later date. It will be the results of the UDT combined with your full history and physical examination that will enable us to properly interpret your problem and make appropriate treatment recommendations. Treatments can be any one or a combination of observation, exercises/physical therapy, medication, a small procedure, or surgery

**Possible Complications of the Procedure**

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- J Urinary Tract Infection or Urosepsis (Bloodstream Infection): Even from a minor and sterile procedure, it is possible for you to get an infection with bacteria that typically cause urinary tract infections (UTIs). It may be a simple bladder infection that presents with symptoms of burning urination, urinary frequency and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, you may feel very ill. This type of infection often presents with the urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea, and vomiting. You may need a short hospitalization for intravenous antibiotics, fluids, and observation. This scenario is more common in diabetics, patients on long-term steroids, or patients with any disorder of the immune system.  
**If you have high temperatures or any symptoms of severe illness (fevers, shaking chills, weakness or dizziness, nausea and vomiting, confusion) let your doctor know immediately, and proceed to the nearest emergency room.**
  
- J Blood in the Urine: In some patients, placing the catheters within the bladder will cause a very small amount (microscopic) of bleeding; in even fewer patients visible bleeding will be noticed in the urine. In almost all instances, the urine clears on its own over the next day or so.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.