

# What is a Urodynamic Test ?

Your appt. is:

Day/Date: \_\_\_\_\_

Time: \_\_\_\_\_

## 1. What is Urodynamics?

Your physician has ordered urodynamic testing for you. This test is designed to evaluate the ability of your bladder, urethra, and sphincter to store and to empty urine appropriately.

Your bladder is a "sack-like" organ surrounded by muscle. Its job is to store urine received by your kidneys, then to contract and empty completely when you voluntarily do so. The contraction to empty is similar to squeezing your hand into a fist.

The jobs of the urethra and sphincter are to maintain adequate pressure to keep you dry when your bladder is full, and to relax and open when the bladder squeezes to empty.

Urodynamics will give us the information we need to determine if all of these structures are working appropriately and in concert with one another to do their jobs.

## 2. How do I prepare for the test?

Please complete the voiding diary and Urologic History Questionnaire and bring it with you the day of the test. The test will take approximately 45 minutes. This time will include asking you some questions, changing into a gown, and placing some small catheters for the test.

You may eat and drink anything you like on the day of the test. **Please arrive at the office with a comfortably full bladder.** If you are constipated, have diarrhea, or are menstruating on the day of test, please advise the nurse prior to testing.

## 3. What is going to happen during the test?

After you have emptied your bladder into a special chair, you will be asked to change into a gown. A nurse will then place the small catheters and sticky patches necessary for the testing. The nurse will get you up and sitting on the potty chair and fill your bladder with sterile water through the catheter. As your bladder fills, the nurse will ask you some questions. Once your bladder is full, you will be asked to empty your bladder. The entire test will be recorded on a computer as the nurse monitors the progress. The nurse will explain everything to you throughout the test.

## 4. What happens after the test?

Once the test is completed, the catheters will be removed. You may experience some slight discomfort where the catheters were placed for 24-48 hours. It is important to drink plenty of water after the test (8-10 glasses/day).

You may continue your diet, medications and activities as normal unless otherwise instructed by your physician. You will need to call your physician's office to schedule a follow-up appointment to discuss your test results.

**\*\*If you do not show up for your appointment or you fail to cancel your appointment within 72 hours prior to the scheduled time, you will be subject to a fee.**

# Urodynamic Questionnaire

Please answer all of the following questions to the best of your ability. The information obtained from this form will aid the physician in diagnosing your problem. All of the information provided will be kept confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## UROLOGICAL HISTORY

Daytime voiding frequency: (check one) <input type="checkbox"/> 13 or more times per day <input type="checkbox"/> 9-12 times per day <input type="checkbox"/> 5-8 times per day <input type="checkbox"/> 1-4 times per day
Night time voiding: (check one) <input type="checkbox"/> awakened 4 or more times per night <input type="checkbox"/> 2-3 times per night <input type="checkbox"/> 1 time per night <input type="checkbox"/> not awakened at night to void
Do you become aware of your bladder being full? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> other (specify)
Can you postpone emptying your bladder easily? (circle one) Yes No If no then check reason below: <input type="checkbox"/> Because of pain <input type="checkbox"/> For fear of leaking <input type="checkbox"/> Other (specify)
Check the response below that describes how you start your urine flow: <input type="checkbox"/> Easy <input type="checkbox"/> Sometimes difficult <input type="checkbox"/> Wait less than one minute to start flow <input type="checkbox"/> Wait more than one minute to start flow <input type="checkbox"/> Have to push or strain <input type="checkbox"/> Impossible <input type="checkbox"/> Other (specify)
Urinary Stream: (check one) <input type="checkbox"/> Good (good force behind stream associated with adequate volume) <input type="checkbox"/> Poor (narrow stream; weak force) <input type="checkbox"/> Intermittent (broken stream) <input type="checkbox"/> Other (specify)
Is the <i>sensation</i> while voiding comfortable (circle one) Yes No If no, then check those which apply: <input type="checkbox"/> Sometimes uncomfortable <input type="checkbox"/> Always uncomfortable <input type="checkbox"/> Burning <input type="checkbox"/> Pain <input type="checkbox"/> Other (specify)
Check below the one which best describes you condition after voiding: <input type="checkbox"/> Always dry <input type="checkbox"/> Sometimes wet <input type="checkbox"/> Always wet <input type="checkbox"/> Other (specify)

After emptying your bladder, do you have the feeling that you have not finished? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had to be catheterized to pass your urine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of urinary infections in adult life: (check one) <input type="checkbox"/> No urinary infections <input type="checkbox"/> 1-5 <input type="checkbox"/> 5 or more
Type of urinary infection: (check one) <input type="checkbox"/> upper urinary tract or kidney infection (Pyelonephritis) <input type="checkbox"/> lower urinary tract or bladder infection (Cystitis) <input type="checkbox"/> unknown

### NATURE OF LEAK

Are you ever wet in the daytime? (circle one)    Yes    No If yes then check one: <input type="checkbox"/> most days <input type="checkbox"/> every week <input type="checkbox"/> every month <input type="checkbox"/> other (specify)
Describe the nature of the leak (circle those that apply) <input type="checkbox"/> Leak with stress (coughing, jumping, or straining) <input type="checkbox"/> Leak with urge (desire to void) <input type="checkbox"/> Leak without awareness <input type="checkbox"/> Leak with intercourse <input type="checkbox"/> Continuous leakage <input type="checkbox"/> Other (specify)
Volume of leaking: (check one) <input type="checkbox"/> Drops (pants wet) <input type="checkbox"/> Wet (more than drops but not soaked) <input type="checkbox"/> Soaked (saturates clothing)
Do you ever wet the bed at night? (circle one)    Yes    No If yes then check one: <input type="checkbox"/> Most nights <input type="checkbox"/> Every week <input type="checkbox"/> Every month <input type="checkbox"/> Other (specify)
Has this been a lifetime problem? (circle one)    Yes    No If no, then at what age did the problem start?

### BOWEL HABITS

Check those which apply: <input type="checkbox"/> Normal bowel movements <input type="checkbox"/> Sometimes constipated <input type="checkbox"/> Always constipated <input type="checkbox"/> Use laxatives on a regular basis (if yes, how often? _____) <input type="checkbox"/> Use suppositories on a regular basis (if yes, how often? _____) <input type="checkbox"/> Use enema or digital evacuation (if yes, how often? _____)
Fecal soiling: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?

## MEDICATIONS

Please list all of your current medications including those purchased over the counter:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary.

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Drinks		Trips to the Bathroom			Accidental Leaks			Did you feel a strong urge to go?		What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>
	<i>What kind?</i>	<i>How much?</i>	<i>How many times?</i>	<i>How much urine? (circle one)</i>		<i>How much? (circle one)</i>			<i>Circle one</i>		
Sample	Coffee	2 cups	✓✓	<input checked="" type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input checked="" type="radio"/> med	<input type="radio"/> lg	Yes <input checked="" type="radio"/> No	Running
6-7 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
7-8 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
8-9 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
9-10 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
10-11 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
11-12 noon				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
12-1 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
1-2 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
2-3 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
3-4 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
4-5 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
5-6 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
6-7 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	

Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

Time	Drinks		Trips to the Bathroom			Accidental Leaks			Did you feel a strong urge to go? Circle one	What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>	
	What kind?	How much?	How many times?	How much urine? (circle one)		How much? (circle one)					
Sample	Soda	2 cans	✓✓	<input checked="" type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input checked="" type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	Yes <input checked="" type="radio"/> No	Running
7-8 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
8-9 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
9-10 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
10-11 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
11-12 midnight				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
12-1 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
1-2 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
2-3 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
3-4 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
4-5 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
5-6 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	

I used \_\_\_\_\_ pads today. I used \_\_\_\_\_ diapers today (write number).

Questions to ask my health care team: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Let's Talk About Bladder Control for Women* is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary.

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Drinks		Trips to the Bathroom			Accidental Leaks			Did you feel a strong urge to go? <i>Circle one</i>	What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>	
	<i>What kind?</i>	<i>How much?</i>	<i>How many times?</i>	<i>How much urine? (circle one)</i>		<i>How much? (circle one)</i>					
<b>Sample</b>	<b>Coffee</b>	<b>2 cups</b>	<b>✓✓</b>	<input checked="" type="radio"/> sm	<input type="radio"/> med	<input type="radio"/> lg	<input type="radio"/> sm	<input checked="" type="radio"/> med	<input type="radio"/> lg	Yes <input checked="" type="radio"/> No	<b>Running</b>
6-7 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
7-8 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
8-9 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
9-10 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
10-11 a.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
11-12 noon				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
12-1 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
1-2 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
2-3 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
3-4 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
4-5 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
5-6 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	
6-7 p.m.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes No	

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