

## Urodynamics

Your consultant has referred you for a Urodynamics test to investigate your bladder symptoms. This leaflet answers some of the most frequently asked questions regarding the urodynamics test. If you have any specific questions which are not covered by this leaflet, useful contact details are provided at the end.

### What is a urodynamics test?

Urodynamics is a bladder test which is a useful way of determining the cause of bladder symptoms such as urinary incontinence, frequency/urgency, recurrent bladder infections or problems with bladder emptying.

It is a test on your bladder to show what happens to your bladder when it fills up and then empties of urine. Urodynamics recreates bladder conditions that enable us to accurately diagnose the cause of your symptoms.

### Are there any other alternatives?

There is no other way for the medical team to gain the information that the test will provide.

### How can I prepare for a urodynamic test?

#### Medicines:

If you are taking any medication to control your bladder symptoms such as; **oxybutynin, solifenacin, tolterodine, darifenacin or mirabegron**, you should stop them at least five days prior to the test.

Failure to stop these medicines may mask the problem we are trying to identify. However, you should carry on with medications you take for other medical problems.

#### Bladder diary:

We have enclosed a bladder diary that should be completed over a three-day period. Please bring this when you come to the hospital for your urodynamics test as we need to know how much you are drinking and urinating. We appreciate it is sometimes difficult to do this, especially at work, but it is very important to make an accurate record as it will give us valuable information. If you have not received a bladder diary with this leaflet, please contact us on 01296 831552.

### Who will carry out the test? Where will the test take place?

The test will be carried out in the Cystoscopy suite. We have a very friendly, dedicated team. A consultant and two nurses will be present in the clinic during the test. Junior doctors, nursing and medical students sometimes attend the clinic. Your permission will be asked prior to their presence during the test.

### How long will the test take?

The test itself takes around 10—15 minutes but you can expect to be with us for approximately 30—45 minutes so that we can give you time to change and explain the results.

### **What to do before the test?**

- You can eat and drink normally on the day of the test. It is also important that you are not constipated when coming for the test as this could affect the result.
- Please bring a urine sample with you for testing. You can collect a specimen bottle from your GP surgery. Although we would prefer you bring a sample, please do not worry if you are unable to do so; we will check it during the test.
- We will not be able to perform the test if your urine sample shows signs of infection. If you have an infection we will give you a prescription for antibiotic tablets (one week course) and rebook the test.

Try to arrive at the Cystoscopy suite with a comfortably full bladder. The doctor performing the test will then explain what is going to happen and ask you about your current symptoms. You will be asked to change into a hospital gown.

### **What happens during the test?**

During the first part of the test you will need to empty your bladder into a special toilet called a Uroflowmeter. This measures how much urine you pass and the flow rate of the urine. If you have problems 'holding on' with a full bladder, we will understand. The doctor or nurse performing the test will leave the room when you pass urine so you have privacy.

During the second part of the test we will ask you to lie on a couch. After cleaning the genital area with mild antiseptic solution and using a local anaesthetic gel into the urethra., the nurse will pass a fine tube (called a catheter) into the bladder and another into the rectum (back passage). The tubes are then connected to the machine. A bag of sterile fluid is used to slowly fill your bladder at a controlled rate. The bladder tube allows us to fill your bladder with clear fluid and measure the pressure within your bladder. The tube in your back passage allows us to measure the pressure in your abdomen whilst the bladder is filling.

During the filling stage we will ask you to tell us how your bladder is feeling i.e. when you would normally want to go to toilet, strong desire to pass urine, urgency, etc. You will be asked to give a series of coughs both on lying and standing positions, at regular intervals during the filling stage. When the bladder feels full, we will ask you to pass urine again in our special toilet in private. This will show us what happens to your bladder when you empty it.

We appreciate that women may find it embarrassing but remember we are attempting to recreate what happens to your bladder and mimic the symptoms you experience, so if you leak during the test please don't worry or be embarrassed. It is a vital part of the procedure and helps us to make an accurate diagnosis.

### **Does the test cause any pain?**

You may feel a little discomfort or stinging when we insert the catheter into the bladder but this will pass in a few seconds. Most women tell us that the experience of undergoing urodynamics was not unpleasant and was better than they had anticipated.

### **What happens after the procedure?**

When the test is finished, we will remove the tubes and you can get changed. The doctor will then explain the test results. Treatment options may then be discussed or, alternatively, a follow up appointment will be arranged. You can return to work or go straight home after the test and it is quite safe to drive.

### **Are there any risks associated with Urodynamics?**

This test is commonly performed and generally safe. Following urodynamics a small number of patients may experience minor problems such as passing urine more often (frequency), traces of blood in the urine or a slight discomfort when passing urine. All these symptoms are temporary and should go away quite quickly. We advise you to drink plenty of fluids when you go home.

1 in 100 women develop a urinary tract infection after the test. This is caused by the insertion of the catheter. If this occurs, you will experience pain and discomfort when you pass urine and you may have a fever. You will need to see your GP for treatment.

### **Useful Contact Numbers**

#### **Stoke Mandeville Hospital**

Consultant Gynaecologists	01296 831552/831479
The Cystoscopy Suite	01296 315486

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

### **How can I help reduce healthcare associated infections?**

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

### **Patient Advice Sheet**

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email [bht.pals@nhs.net](mailto:bht.pals@nhs.net)

## **Division of Women, Children & Sexual Health Services**

#### *Approvals:*

*Gynae Guidelines Group: V1 Jan 2014 (Chair's action), V2 Apr 2018, V3 Nov 2022*

*SDU Lead/Divisional Board: Mar 2014, V2 Apr 2018 V3 6.12.22*

*Clinical Guidelines Subgroup: May 2014, V2 Aug 2018 V3 not required*

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*Patient Experience Group: V1 Aug 2014, V2 not required V3 not required*