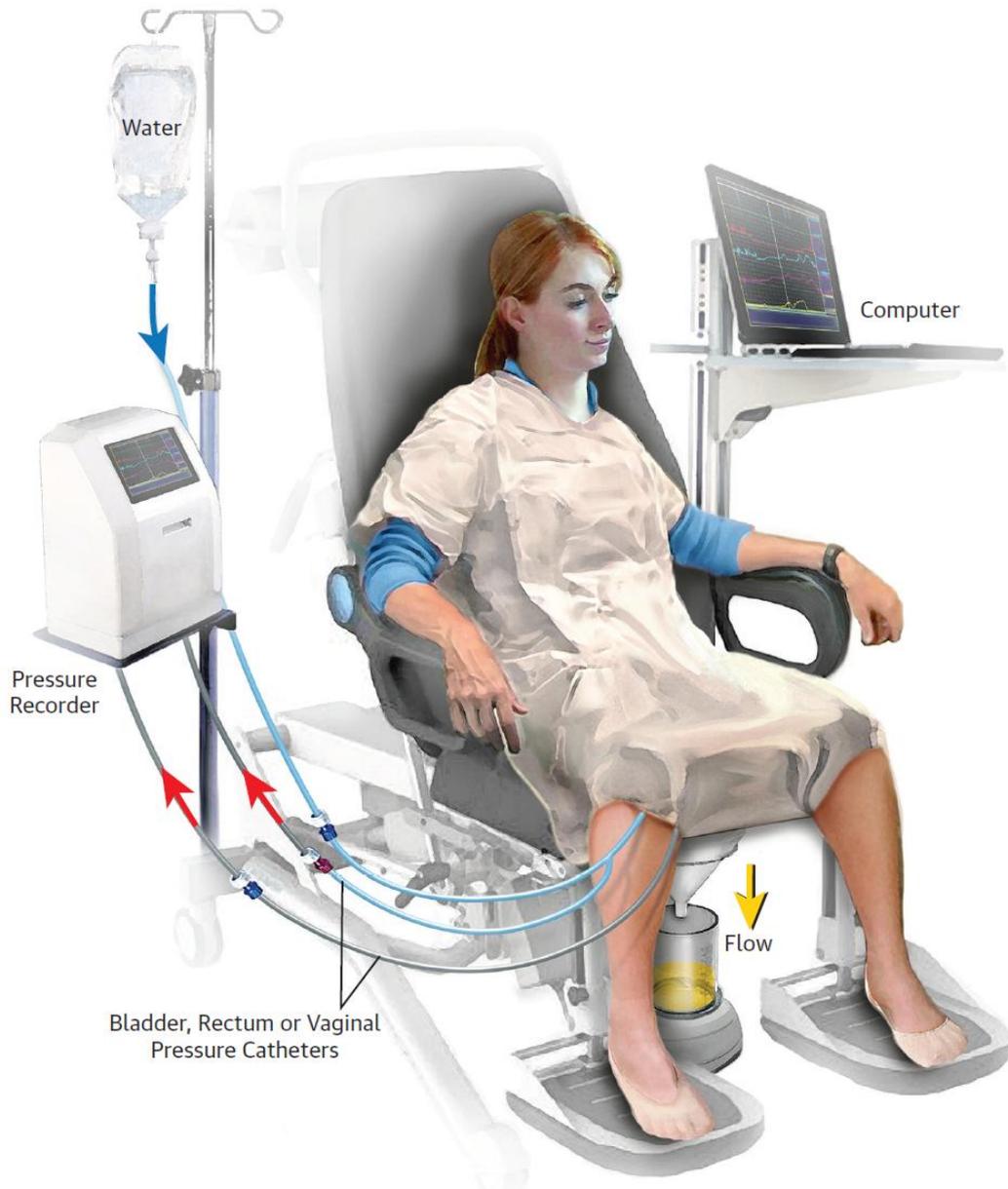




Urodynamics

Urodynamics is a test of bladder function. It is used to assess women who experience a range of bladder problems, such as urinary incontinence, difficulty emptying the bladder or recurring bladder infections. Your doctor has recommended this test as the findings often help to direct management of your bladder symptoms.



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Urodynamics involves 3 separate phases – an initial uroflow (a screening test for bladder emptying problems), cystometry (measuring bladder pressures during filling) and a pressure-flow study. These are discussed in detail below. The test is done with you fully awake (with the use of local anaesthetic gel in the urethra) either lying down, sitting or standing. It can take between 30 and 45 minutes, and your doctor will discuss the results of the test with you afterwards.

It is usually well-tolerated, with most women experiencing only mild discomfort during the test. There is a small risk of developing a bladder infection afterwards, so it is important to remain well hydrated. Taking Ural can often help with any mild burning/stinging you may have for the first 24 hours but if this persists see your local doctor for a urine test. Antibiotics will be prescribed if a bladder infection is confirmed.

The 3 phases of urodynamics

Uroflow

- You are required to attend with a comfortably full bladder. You don't need to drink any extra fluid before the test. You will be asked to initially empty your bladder on a special commode that will measure the amount you void as well as the flow rate. Afterwards a small in/out catheter will be inserted to empty your bladder completely – this allows assessment of how well you are able to empty your bladder.

Cystometry

- For this part of the test, a small catheter will be placed into your bladder and another catheter with balloon will be placed into your rectum. These 2 catheters will stay in for the remainder of the test and allow your doctor to measure the pressures inside your bladder. This phase of the test involves slowly filling the bladder usually up to a preset volume of 500ml or to your own bladder capacity if this is less than 500ml. Your doctor will ask you to let them know when you first experience sensation of bladder filling, when you would generally look to empty your bladder and finally when you don't feel as if you can hold any more fluid. At some point your doctor will also ask you to cough and bear down to assess for stress incontinence.

Pressure-flow study

- This part of the test involves voiding over the commode again with the catheters in place. This provides information about the bladder pressure required to empty your bladder.

After the test, the catheters are removed. Your gynaecologist will discuss the findings of the urodynamics with you and use this important information to tailor the management of your bladder symptoms.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).

Disclaimer: This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.