

Urodynamic Studies

This leaflet explains more about urodynamics (pressure tests on the bladder), including the benefits, risks, any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What are pressure tests on the bladder?

During these tests your bladder will be filled through a catheter so that we can record how it behaves when it fills and empties.

Why should I have pressure tests on the bladder?

The test is just for investigation – it's a fact finding procedure so we can get enough evidence to decide if you need any treatment and what this should be.

What are the risks?

Pressure tests on the bladder do not cause problems in most patients.

As with all procedures, there are potential side-effects which will be discussed with you.

Common side effects, likely to happen to more than one in 10 patients, are:

- discomfort on passing urine
- blood in your urine.

Occasional side effects, likely to happen to between one in 10 and one in 50 patients, are:

- a urine infection
- not being able to pass urine (retention of urine), needing the temporary insertion of a catheter
- not being able to pass the catheter into the bladder, needing further investigation.

Rare side effects are:

- fainting attacks (caused by something called a vasovagal response)
- the test fails to give a definitive diagnosis and may need to be repeated or other investigations arranged.

Are there any alternatives?

Observation of your symptoms only.

How can I prepare for pressure tests on the bladder?

When you attend the clinic you will be asked to produce a urine specimen for the nurse to test for infection. We can't perform the test if you have an active infection in your urine, so we recommend that you have a urine test done by your GP two weeks before the test and then undergo any necessary treatment. Please bring the result of any urine tests with you.

Make sure any medication for your prostate or bladder symptoms is stopped three to five days before the test.

Examples of these medications include:

- Tamsulosin (Flomax, Flomaxtra, Contiflo)
- Oxybutynin (Ditropan)
- Tolterodine (Detrusitol)
- Solifenacin (Vesicare)
- Fesoterodine (Toviaz)
- Darifenacin
- Mirabegron (Betmiga).

Please make sure you inform your urologist before you come in for the tests if you have any of the following:

- a urinary artificial sphincter or implant
- an artificial joint
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone).

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during pressure tests on the bladder?

Please try to arrive for your test with your bladder reasonably full to provide a urine sample. We may also request a flow-rate test.

You will usually have a small amount of local anaesthetic gel passed into your urethra (the pipe carrying your urine out of your body).

You may also be given a single dose of antibiotic to reduce the risk of infection.

The test will usually be performed by a specialist nurse and/or a urologist.

You will be positioned comfortably on a couch and two small tubes will be put into place. One is put into your urethra and the other into your anus (back passage).

After the tubes have been inserted they will be connected to measuring equipment and your bladder may need to be emptied.

Your bladder will then be filled slowly with normal saline and you will be asked to cough at certain points, to tell us when you first feel a need to pass urine and when this feeling becomes more desperate. You will then be encouraged to hold on until your bladder feels quite full.

Near the end of the test you will be asked to pass urine into a device called a flow-rate machine.

If one of your symptoms is urine leakage, we will try to see this and check what your bladder is doing when it leaks. We understand this can be embarrassing, but please do not worry – we need to check this to get the information we need to treat your symptoms. We will do all we can to support you during this process.

Will I feel any pain?

You may find the procedure uncomfortable and you may experience a little pain during catheterisation.

What happens after pressure tests on the bladder?

When the test has finished, we will ask you to pass urine into the flow rate machine. The tubes will then be removed and you will be able to get dressed.

If the urologist is in the clinic, your results and possible treatment will be discussed straightaway. If the urologist is not in the clinic you will be contacted in due course to discuss the results and any further treatment.

What do I need to do after I go home?

You should drink plenty of fluids for the next 24-48 hours to flush your system through.

If you have:

- flu-like symptoms such as shivering or shaking
- pain or burning when passing urine
- a high temperature

then contact your GP immediately, as you may have a urine infection which needs to be treated with antibiotics.

If you cannot pass urine soon after performing the test, contact your GP or attend your local A&E department straightaway.

Will I have a follow-up appointment?

The urodynamic study may not be enough for us to get a full diagnosis of your symptoms.

You may then need to have a further test where X-rays are taken of your bladder as it is filled. This is called video-urodynamics.

Contact us

If you have any questions or concerns about pressure tests on the bladder (urodynamics), please contact Camelia Stirling Martin on 020 8487 6277/6402/6303 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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