

Urodynamics

Your physician has scheduled you for a test called URODYNAMICS. This test is a series of different measurements of bladder function and can be used to determine the cause of a variety of bladder conditions. This test is somewhat uncomfortable but not painful and is performed in the office.

First, you will be asked to completely empty your bladder. Once emptied, a urinary catheter will be inserted into your bladder. The urine volume is measured, called post-void residual, and sent for microscopy and culture to check for infection after which the series of test are conducted.

Next, the nurse will insert a small flexible plastic catheter tube into the opening of your bladder and a second small tube will be inserted into your vagina. These tubes are very sophisticated, micro-measuring devices. Together with a computer monitor, they give the doctor much useful information about the function of your bladder, your urethra (the tube that urine passes through when you urinate), and the muscles of your pelvis.

During the test, your bladder will gradually be filled with sterile fluid. As the bladder fills, a special monitor will measure the pressure in your bladder. At this time you may be asked to cough or bear down. If you have a bladder control problem, you may leak during this test. You should not be worried or embarrassed if that happens, since one purpose of the test is to determine the cause(s) of leakage problems.

Once your bladder is filled, you will be asked to tell the nurse when you (a) feel full or (b) your full enough that you would interrupt your activities to urinate. After your bladder is completely full, a series of measurements will be made. Finally, the nurse will ask you to urinate and additional measurements will be made as you empty your bladder.

This test rarely causes any complications or problems. Less than 5% of women will develop a bladder infection after. Some patients may experience temporary irritation after the examination, resulting in a feeling of burning with urination, this usually only lasts a few hours and goes away without any treatment. If you feel irritated after the procedure is over, your doctor can recommend a medication to help alleviate those symptoms.

Pelvic Floor Assessment

Pelvic Floor Assessment is a test used to assess pelvic floor muscle strength and to assist in teaching patients to perform an effective pelvic floor muscle contraction; also known as a kegel. Bladder, bowel and vaginal health will be discussed.

Cystoscopy

Cystoscopy is a test that allows your doctor to look at the inside of the bladder and the urethra using a thin lighted instrument called a cystoscope. Cystoscopy allows your doctor to look at areas of the bladder and urethra that usually do not show up well on x-rays.

Voiding Diary

The voiding diary is a record of your voiding (urination and incontinence [leaking]) of urine. The urine voiding diary gives your health care provider a picture of your bladder function. Please keep your voiding diary for 3 days. Be sure to pick days that are different. Example: one day may be a work day, another day you might be running errands, etc. It will help determine the exact nature and severity of your bladder control problem. It is important to record every urination and all liquid intake for the 24-hour period.

- Begin recording upon rising in the morning and continue for a full 24 hours.
- Record all voids as small, medium or large.
- Urge- Check the box if you have a sudden uncontrollable urge to urinate.
- Leak- Estimate leakage according to the following scale:
 - I = damp, few drops only
 - 2 = wet underwear or pad
 - 3 = soaked or emptied bladder
- Intake- Please mark your daily fluid intake in ounces. Also, mark what kind of liquid i.e. coffee, milk, mineral water, etc.

Sample Diary:

Time	Urination	Urge	Leaked (1, 2, 3)	Reason for Leak	Changed Pad	Type of Liquid Intake	Amount of Liquid Intake
6 am	Small					Glass of Water	8oz
7 am							
8 am			3	Coughed	x	Milk	6oz
9 am	Large	x	2	Rushing to Bathroom			
10 am						Diet Pepsi	12oz

Name:

Time	Urination	Urge	Leaked	Reason for Leak	Changed Pad	Type of Liquid Intake	Amount of Liquid Intake
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
12 am							
1 am							
2 am							
3 am							
4 am							
5 am							

My Women's Center Pelvic Floor Questionnaire

Patient: _____ Date: _____

Primary Problem: _____ Duration: _____

Secondary Problem: _____ Duration: _____

Bladder Section: Questions 1-14

<p style="text-align: center;">Urinary Frequency</p> <p>How many times do you pass urine in the day?</p> <p>0) up to 7 1) between 8-10 2) between 11-15 3) more than 15</p>	<p style="text-align: center;">Nocturia</p> <p>How many times do you get up at night to pass urine?</p> <p>0) 0-1 1) 2 2) 3 3) 3 more than 3 times</p>	<p style="text-align: center;">Nocturnal Enuresis</p> <p>Do you wet the bed before you wake up?</p> <p>0) never 1) occasionally / less than 1 x week 2) frequently/ 1 or more a week 3) daily</p>
<p style="text-align: center;">Urgency</p> <p>Do you need to rush/hurry to pass urine when you get the urge?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>	<p style="text-align: center;">Urge Incontinence</p> <p>Does urine leak when your rush/hurry to the toilet/ can you make it in time?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/more than 1 x week 3) daily</p>	<p style="text-align: center;">Stress Incontinence</p> <p>Do you leak with coughing, sneezing, laughing, exercise?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>
<p style="text-align: center;">Weak Stream</p> <p>Is your urinary stream/flow, weak, prolonged or slow?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1x week 3) daily</p>	<p style="text-align: center;">Incomplete Bladder Emptying</p> <p>Do you have a feeling of incomplete bladder emptying?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>	<p style="text-align: center;">Strain to Empty</p> <p>Do you need to strain to empty your bladder?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>
<p style="text-align: center;">Pad Usage</p> <p>Do you have to wear pads?</p> <p>0) no 1) as a precaution 2) with exercise / during a cold 3) daily</p>	<p style="text-align: center;">Reduced Fluid Intake</p> <p>Do you limit your fluid intake to leakage?</p> <p>0) never 1) before going out socially 2) moderately 3) daily</p>	<p style="text-align: center;">Recurrent UTI</p> <p>Do you have frequent bladder infections?</p> <p>0) no 1) 1-3 per year 2) 4-12 per year 3) more than 1 a month</p>
<p style="text-align: center;">Dysuria</p> <p>Do you have pain in your bladder or urethra when you empty your bladder?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1x week 3) daily</p>	<p style="text-align: center;">Impact on Social Life</p> <p>Does urine leakage affect your routine activities?</p> <p>0) not at all 1) slightly 2) moderately 3) greatly</p>	<p>How much of a bother is your bladder problem to you?</p> <p>0) no problem 1) slightly 2) moderately 3) greatly</p>

Other symptoms: hematuria, pain, etc

<p>Defecation Frequency How often do you usually empty your bowels?</p> <p>2) less than once a week 1) less than every 3 days 0) more than 3 x's a week or daily 0) more than once a day</p>	<p>Consistency of Bowel Movement How is the consistency of your usual stool?</p> <p>0) soft 1) hard/ pebbles 2) watery 1) variable</p>	<p>Defecation Straining Do you have to strain a lot to empty stool?</p> <p>0) never 1) occasionally/less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>
<p>Laxative Use Do you use laxatives to empty your bowels?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1x week 3)daily</p>	<p>Do you feel constipated?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1x week 3)daily</p>	<p>Flatus Incontinence When you get flatus/gas, can you control it or does it leak?</p> <p>0) never 1) occasionally/ less than I x week 2) frequently/ more than I x week 3) daily</p>
<p>Fecal Urgency Do you get an overwhelming sense of urgency to empty your bowels?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>	<p>Fecal Incontinence w/ Diarrhea Do you leak watery stool when you don 't mean to?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>	<p>Fecal Incontinence w/normal stool Do you leak normal stool when you don't mean to?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>
<p>Incomplete Bowel Evacuation Do you have the feeling incomplete bowel emptying?</p> <p>0) never 1) occasionally/ less than1 x week 2) frequently/ more than 1x week 3) daily</p>	<p>Obstructed Defecation Do you use finger pressure to help empty your bowels?</p> <p>0) never 1) occasionally/ less than 1 x week 2) frequently/ more than1I x week 3) daily</p>	<p>How much of a bother is your bowel problem to you?</p> <p>0) never 1) slightly 2) moderately 3) daily</p>
<p>Other Symptoms: (Pain, mucous, discharge, rectal prolapsed, etc...)</p>		

Prolapse Section: Questions 27-31

Score: ____/42= ____

<p>Prolapse Sensation Do you get a sensation of tissue protrusion in your vagina? 0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1 x week 3) daily</p>	<p>Vaginal Pressure or Heaviness Do you experience vaginal pressure/heaviness/dragging sensation? 0) never 1) occasionally/ less than I x week 2) frequently/ more than I x week 3) daily</p>	<p>Prolapse Reduction to Void Do you have to push back your prolapse in order to void? 0) never 1) occasionally/ less than II x week 2) frequently/ more than II x week 3) daily</p>
<p>Prolapse Reduction to Defecate Do you have to push back your prolapse to empty your bowels? 0) never 1) occasionally/ less than 1 x week 2) frequently/ more than 1x week 3) daily</p>	<p>How much of a bother is the prolapsed to you? O) no problem 1) slightly 2) moderately</p>	
<p>Other Symptoms: (problems with sitting, walking, pain, vaginal bleeding, etc.)</p>		

Sexual Function Section: Questions 32-42

Score: ____/42= ____

<p>Sexually Active Are you sexually active? Less than once a week More than once a week Most daily</p>	<p>If NOT why not? No partner Partner unable Vaginal Dryness Too Painful Embarrassment</p>	<p>Sufficient Lubrication Do you have sufficient lubrication during intercourse? 1) no 0) yes</p>
<p>During Intercourse Vaginal Sensation is: 3) none 3) painful 1) minimal 0) normal/pleasant</p>	<p>Vaginal Laxity Do you ever feel that your vagina is too loose or lax? 0) never 1) occasionally 2) frequently 3) always</p>	<p>Vaginal tightness/Vaginismus Do you feel that your vagina is too tight? O) never 1) occasionally 2) frequently 3)always</p>
<p>Dyspareunia Do you experience pain with intercourse? 0) never 1) occasionally 2) frequently 3) always</p>	<p>Dyspareunia Where Where does the pain occur? No pain At the entrance of vagina Deep inside/ in the pelvis Both</p>	<p>Coital Incontinence Do you leak urine during sex? 0) never 1) occasionally 2) frequently 3) always</p>
<p>How much of a bother are these sexual issues to you? Not Applicable 0) no problem 1) slight problem 2) moderate problem 3) great problem</p>	<p>Other Symptoms: (coital flatus, fecal incontinence, vaginismus, etc...)</p>	