

# PROCEDURE EDUCATION LITERATURE

## Urodynamics “Bladder Pressure Test”

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VUA literature is designed to educate and empower our patients to participate in their healthcare. We hope that you will read this set of information so that you can be more informed about the procedure that you are going to undergo. Please, if you still have any further questions or concerns, do not hesitate to contact the physician to ensure everything is thoroughly explained.

### INTRODUCTION

Urodynamics is an office-based procedure that uses a couple of pressure transducer catheters that are placed into the bladder via the urethra (the tube through which you urinate and the rectum to get an accurate sense of bladder function). Water will be instilled into the catheter going into the bladder at a steady rate while questions are asked such as when you can sense the bladder getting full, or when you have to go to the bathroom, etc.

This test allows us to get accurate bladder sensation, compliance (how well it stretches when it gets full), and any overactivity of the bladder. It is useful in delineating whether incontinence (leakage of urine) results from an overactive bladder or from stress (pressure placed above the bladder).

The last part of the test is the Uroflowmetry, in which you will void into a computerized device that can get good flow measurements, voiding pressures, and finally a bladder ultrasound to see how much is left in your bladder after you urinate. This will help us to determine if you have an obstruction, and if your bladder can squeeze properly to evacuate the urine.

### THE PROCEDURE

Diet	There is no need to fast or not eat. We recommend eating a light meal the morning of the procedure
Position	You will be lying on your back or in lithotomy position
Preparation	Your urethra will be cleansed using a chlorhexidine or iodine solution
Duration	It will take about 40 minutes or sometimes more if the catheters become displaced
Results	You will meet with your doctor at the next scheduled follow up
Pain	The initial feeling is discomfort from passage of the catheters inside your urethra (where you urinate) and inside the rectum. Then, there is a feeling of cold irrigation. The rest of the discomfort comes from having your bladder filled and the need to hold on before having the absolute need to urinate.
Catheter	If we determine during the test that you have an obstruction or your bladder cannot squeeze adequately to get the urine evacuated, you may need to go home with a urine catheter (a tube that drains your bladder). It is necessary to drain your bladder if you have a very high residual volume of urine after urination. We do this to prevent infection, retention (when you cannot go at all and it becomes painful), and to protect your kidneys. This is usually temporary but depending on the reason why you need this, you may need to keep the tube until a definitive treatment plan is created. Please consult your doctor at the next visit if this is done.

## **AFTER THE PROCEDURE**

Diet	Please drink a lot of fluids
Color of urine	Your urine may be cranberry clear or wine colored but will usually clear
Pain	You will feel burning during urination for a few voids, but will usually clear
Results	You will meet with your doctor at the next scheduled follow up
Complications	These problems can happen, although we try to prevent them. They are usually rare and include but are not limited to: severe infection requiring ICU monitoring, retention of urine or inability to urinate afterwards requiring a temporary catheter, bladder perforation requiring hospitalization and possible operations, scar formation (strictures) causing future obstruction and need for other procedures, and extremely rare but reportable minute, numerable risk of mortality.
At home	If you have any of these symptoms, go back to the ER: fever above 101F, inability to urinate, passing blood clots, severe nausea, vomiting, severe abdominal pain, flank pain, leg swelling, chest pain, shortness of breath.