



# Urodynamic Testing

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The following is an outline of pelvic floor assessments which to test specific areas of looseness in the vagina and supporting ligaments which may cause either prolapse, urinary incontinence or both. These tests allow us to identify specific anatomical defects and to correct them with pelvic floor rehabilitation techniques or minimally invasive surgery. The purpose of this information is to give you some information as to what to expect. Some or all of the following investigations will be carried out to determine the cause of your problem, so that recommendations for treatment can be made.

## PRELIMINARY ASSESSMENT

**Questionnaire** - A questionnaire will be sent to you to fill in. Please complete all questions, particularly the one where you are asked to describe your symptoms and how they affect you.

**24 Hour Diary** - This is a record of the time and amount of your voiding (urination) and leakage (incontinence) of urine. Choose a 24 hour period when you can conveniently measure every voiding and begin with the first on arising. You are asked to record the time of your voiding and leakage and describe the activity when this happens. Measure all volumes in mls. You will need to obtain a plastic measuring jug. Estimate the amount of uncontrolled leakage according to the following scale.

- ? 1 = damp, a few drops only
- ? 2 = wet underwear or pad
- ? 3 = soaked pads or urine ran down leg

Bring the chart with you for your appointment.

24 Hour Pad Test - This gives us an accurate measurement of how much urine leaks without you being able to control it. It is therefore critical that you wear a pad at all times for twenty four hours before your appointment.

1. Start the 24 hour pad test in the morning before your appointment. It is best to start when you wake up.
2. Place the pads inside the large snap-lock resealable bag when they become wet. You must then continue this over the next 24 hour period, counting the number of pads used.
3. Please bring one dry pad for weight comparison.
4. You must of course remove the pad before passing urine. It is only there to catch uncontrolled urine loss due to effort (stress incontinence) or inability to control your bladder before you reach the toilet (urge incontinence). We appreciate that some ladies do not normally wear pads, but this test is necessary to give information as to the extent of your problem.

## **URODYNAMIC TESTING**

The following is a brief description of the Urodynamic Test. It must be emphasised that although the test may be uncomfortable, there is no pain involved. The object is to reproduce the problem, while being monitored by the computer, so that the cause can be determined. Please drink two to four medium sized glasses of water or soft drink slowly over an hour before your scheduled appointment. Do not go to the toilet, as it is important to attend with a comfortably full bladder. If you have difficulty holding on to your urine, please arrive at least one hour prior to your appointment, so that we can give you water to drink to fill your bladder at the surgery.

Some or all of the following tests are performed.

### Flow Study

You are asked to empty your bladder on a special commode. This measures the amount and rate of flow. The residual urine is measured to make sure that you are fully emptying your bladder and a sample is taken to determine if there is any infection present.

### Cystometry

This may be performed with the bladder naturally filled or by placing a 2mm soft catheter into the bladder and filling the bladder at a known rate. Pressures are measured in the bladder to determine if there are any bladder contractions (instability). You may be asked to cough and wash your hands while wearing a pad, to measure involuntary urine loss.

### Urethral Pressure Profile

The catheter is withdrawn at a fixed speed to measure the length of, and pressures in, the urethra. This is repeated while you cough, to measure the changes in pressures and whether leakage occurs.

## Ultrasound Examination

The ultrasound probe is placed at the entrance to the vagina. This assesses the bladder closure mechanism and the descent of the urethra with coughing. One can also see if the urethra opens and funnels out. Virtual operations can be performed by supporting the appropriate weakened ligaments.

## Cystourethroscopy

A small telescope is inserted into the urethra and bladder. This enables us to determine if there are changes or abnormalities in the bladder. The strength of the closure muscles of the urethra can be assessed, while you are trying to close it off.

## Pelvic Examination

The pelvis is examined to determine whether there are any abnormalities of the pelvic organs or prolapse present. Stress incontinence can be demonstrated by asking you to cough, and if present, a virtual operation can be performed by supporting the urethra to see if the leakage can be controlled.

urodynamic testing

## **AFTER-EFFECTS OF URODYNAMIC TESTING**

There may be some discomfort passing urine. You should drink plenty of fluids to minimise any discomfort on voiding. If necessary, you can use a urinary alkalisng agent, such as Ural. A warm salt (a cup of cooking salt) bath often helps. Most people however do not experience discomfort. If there is any burning or scalding of urine, please contact the Surgery for advice, as occasionally a urinary infection may occur.

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