Urodynamics (or pressure tests on the bladder): procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Filling of the bladder through a catheter and recording of the bladder response to filling and emptying

What are the alternatives to this procedure?

Observation, treatment without the information that this test might produce

What should I expect before the procedure?

You have been asked to attend for urodynamics, a test which measures and records bladder function.

We ask that you submit a urine test for infection to your GP surgery one week before this appointment because we cannot perform the study if you have active infection in your urine. Please bring the result of this urine test with you when you attend for your study.

Please ensure that any medication for your bladder symptoms, e.g. Oxybutynin (Ditropan), Tolterodine (Detrusitol), Solfenacin (Vesicare), Trospium (Regurin) or Mirabegron (Betmiga) is stopped a week before your test.
After checking for allergies, you will normally be given an antibiotic tablet before the test to prevent infection in your urine. You may also be asked to undergo swabbing of your nose & throat to ensure that you are not carrying MRSA. Sometimes this is done prior to your appointment.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- 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)

What happens during the procedure?

In adults, the procedure is normally performed with the aid of a small amount of local anaesthetic gel passed into the urethra (water pipe). You will also be given a single dose of antibiotic to reduce the risk of infection to a minimum.

The test will usually be performed by a Specialist Nurse and/or a Urologist. On arrival in the department, you will be asked to pass urine into a device called a flow-rate machine so, if you are able to pass urine, please ensure that you arrive with your bladder comfortably full.
Equipment used for urodynamics

You will be positioned comfortably on a couch and two small tubes inserted, one into the urethra (water pipe) and the other into the anus (back passage). After the tubes have been inserted, your bladder may be emptied and the tubes connected to the measuring apparatus.

During the test, your bladder will be filled slowly with water at a measured rate. You will be asked to cough and strain at intervals and to tell us when you first feel the desire to pass urine. You will then be encouraged to hold on until your bladder feels quite full. If one of your symptoms is leakage of urine, we will try to reproduce this so that we can see what the bladder is doing when the leakage occurs. Patients often find this embarrassing but it is a necessary part of the information needed to treat your symptoms. Be reassured that it is an important part of the test and that we will do all we can to be as supportive as possible during this process.

What happens immediately after the procedure?

When the procedure has been completed, you will again be asked to pass urine into the flow rate machine. The tubes will then be removed and you will be able to dress while the results of your test are being analysed.
If the urologist is in the Clinic, your results will be discussed and it will be decided what action is needed to improve your symptoms. If the doctor is not in the clinic, you will be given an outpatient appointment to discuss the results and any further treatment.

When you go home, we would like you to drink plenty of fluids for the next 24-48 hours in order to flush your system through.

**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction

**Common (greater than 1 in 10)**

- [ ] Discomfort on passing urine
- [ ] Bloodstained urine

**Occasional (between 1 in 10 and 1 in 50)**

- [ ] Urine infection
- [ ] Inability to pass urine (retention of urine), requiring temporary insertion of a catheter
- [ ] Inability to pass the catheter into the bladder, requiring further investigation

**Rare (less than 1 in 50)**

- [ ] Failure to give a definitive diagnosis, sometimes requiring that the test be repeated

**Hospital-acquired infection (overall risk for Addenbrooke’s)**

- [ ] Colonisation with MRSA (0.01%, 2 in 15,500)
- [ ] Clostridium difficile bowel infection (0.02%; 3 in 15,500)
- [ ] MRSA bloodstream infection (0.00%; 0 in 15,000)

*(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)*
What should I expect when I get home?

If you experience flu-like symptoms, shivering/shaking, any pain/burning when passing urine or a high temperature, you should contact your GP since you may require treatment with antibiotics.

If you are unable to pass urine after the test, you should contact your GP or the Specialist Nurses immediately.

What else should I look out for?
The urodynamic study may not give a definitive diagnosis for your symptoms. Some patients need to have further studies combined with X-rays of the bladder as it is filled (videourodynamics) before a definitive diagnosis and treatment plan can be agreed.

Are there any other important points?
You will normally be given an outpatient follow-up appointment after the test to discuss any further treatment. Additional or alternative treatment may, however, be recommended at the time of the test by the doctor.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is require.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References:
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)
Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

**Oncology Nurses**

Uro-Oncology Nurse Specialist  
01223 586748

- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)  
  01223 274608
- Prostate cancer Nurse Practitioner  
  01223 274608 or 216897 or bleep 154-548
- Surgical Care Practitioner  
  01223 348590 or 256157 or bleep 154-351

**Non-Oncology Nurses**

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)  
  01223 274608 or 586748 or bleep 157-237
- Urology Nurse Practitioner (stoma care)  
  01223 349800
- Urology Nurse Practitioner (stone disease)  
  01223 349800 or bleep 152 879

**Patient Advice & Liaison Centre (PALS)**

- Telephone: +44 (0)1223 216756 or 257257  
  +44 (0)1223 274432 or 274431
- PatientLine: *801 (from patient bedside telephones only)
- E mail: pals@addenbrookes.nhs.uk
- Mail: PALS, Box No 53  
  Addenbrooke's Hospital  
  Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and Multi-Faith Community**

- Telephone: +44 (0)1223 217769
- E mail: chaplaincy@addenbrookes.nhs.uk
- Mail: The Chaplaincy, Box No 105  
  Addenbrooke's Hospital  
  Hills Road, Cambridge, CB2 2QQ
MINICOM System ("type" system for the hard of hearing)
• Telephone: +44 (0)1223 217589

Access Office (travel, parking & security information)
• Telephone: +44 (0)1223 596060

What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to
sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future
reference, please let your Urologist or Specialist Nurse know. If you do,
however, decide to proceed with the scheduled procedure, you will be asked to
sign a separate consent form which will be filed in your hospital notes and you
will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature........................................Date...........................................

How can I get information in alternative formats?
Please ask if you require this information in other languages, large print or audio
format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk
Addenbrooke’s is a smoke-free site. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169.