

CYSTOMETROGRAM **(URODYNAMICS STUDIES)**

What evidence is this based on?

This leaflet includes advice from consensus panels, ICI and ICS, according to good urodynamics practice. You should read this leaflet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss 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's pressure response to filling. It is also possible to measure pressures generated when you pass urine during this test. There is a need for insertion of a second catheter into either the rectum (in men) or the vagina (in women).

What are the alternatives to this procedure?

Alternatives to this procedure include observation and treatment without the information that this test might produce.

What should I expect before the procedure?

You have been asked to attend for a cystometrogram, a test which measures bladder function.

A urine dipstick test is usually performed before the study to test for infection in your urine; we cannot do the urodynamic test safely if your urine is infected. If you are found to have an infection, your infection will be treated with antibiotics and the test performed a week or two later.

Please stop any medication for your bladder symptoms, e.g. oxybutynin, tolterodine or solifenacin, a week before your test.

After checking for allergies, you will normally be given an antibiotic tablet to prevent infection in your urine. You will also be asked to undergo swabbing of your nose & throat to ensure that you are not carrying MRSA.



Please tell your surgeon (before 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 regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

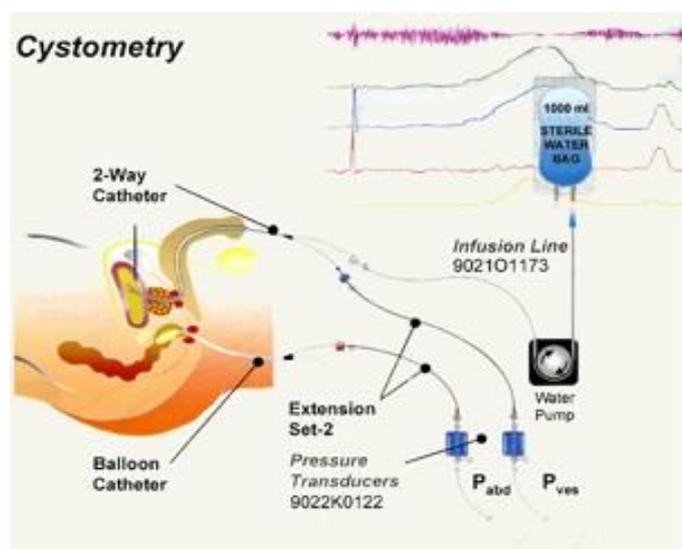
When you are admitted to hospital, you will be asked to sign the second operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

In adults, we normally carry out the procedure using a small amount of local anaesthetic gel passed into the urethra (water pipe).

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. Please ensure that you arrive with your bladder comfortably full.

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) or vagina. After the tubes have been inserted, your bladder can be emptied and the tubes connected to the measuring apparatus (pictured).

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 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 provides important information needed to treat your symptoms. 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 be asked once more to pass urine into the flow rate machine. All the catheters will then be removed and you will be able to get dressed whilst the results are being analyzed.

If your Consultant is available, we will discuss your results and decide what action is needed to help your symptoms. If there is no doctor 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 first 24 to 48 hours to flush your system through.

Are there any side effects?

Most procedures have possible side effects. But, although the complications listed below are well recognized, most patients do not suffer any problems.

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.





Department of Urology

Patient Information

Hospital acquired infection

- Colonisation with MRSA (0.9% 1 in 110).
- MRSA bloodstream infection (0.02% 1 in 5000).
- Clostridium difficile bowel infection (0.01% 1 in 10,000).

Please note: The rates for hospital acquired infection may be greater in “high risk” patients. This group includes, for example, patients with long term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

If you experience flu like symptoms, shivering, shaking, any pain or 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?

A cystometrogram 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.



Department of Urology Patient Information

How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

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