Urodynamic investigation
Information and advice for patients

Urology

What is urodynamic investigation?
Urodynamic investigation is a test to find out how your bladder is working. It involves measuring the pressure of the bladder and the flow of urine through the urethra by inserting very fine catheters (hollow tubes) into the front (urethra) and back (rectum) passages and filling the bladder with water.

What are the benefits of urodynamic investigation?
The benefit of this investigation is that it can help your doctor/specialist nurse to diagnose the cause of your problems so they can advise on appropriate treatment.

What are the risks of urodynamic investigation?
There is a small risk of developing a urinary tract infection after the test; this happens in 1 out of 100 people who have the test.

Are there any alternative tests?
There are no alternative tests that will give your doctor/specialist nurse the information they need.

What are the risks of not having urodynamic investigation?
If you choose not to have this investigation we may not be able to properly diagnose the cause of your symptoms and advise on appropriate treatment. This means your symptoms could become worse.

Preparing for the test
STOP TAKING the following tablets for 7-10 days before the test:

<table>
<thead>
<tr>
<th>Alphablocker medicines</th>
<th>Anticholinergic medicines</th>
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</thead>
<tbody>
<tr>
<td>Indoramin</td>
<td>Regurin (Trospium)</td>
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<tr>
<td>Flomax</td>
<td>Vesicare (solifenacin)</td>
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<tr>
<td>Flomaxtra</td>
<td>Oxybutynin (Ditropan or Cystrin)</td>
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<tr>
<td>Xatral</td>
<td>Detrusitol (Tolterodine)</td>
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<tr>
<td>Alfuzosin</td>
<td>Detrunorm (Propiverine)</td>
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<tr>
<td>Tamsulosin</td>
<td>Fesoterodine (Troviaz)</td>
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<tr>
<td>Hytrin</td>
<td>Propantherine Bromide</td>
</tr>
<tr>
<td>Terazosin</td>
<td>Kentera patches</td>
</tr>
<tr>
<td>Prazosin</td>
<td>Desmopressin</td>
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<tr>
<td></td>
<td>Imipramine</td>
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</table>
**Urology**

DO NOT STOP TAKING:
Finasteride (Proscar)
Dutasteride (Avodart)

- If you take any other medications please contact us before your appointment.
- Please bring all medication you are taking with you.
- If you use urinary appliances such as catheters, other incontinence devices or stomas and a colostomy bag please bring a change of appliance with you.
- If you are unable to speak English please bring a friend or relative who can or contact us at least 2 weeks before your appointment if you need an interpreter.
- If you are unable to attend please contact us as soon as possible so that we can offer the appointment to another patient.
- Come with a full bladder; it is advisable to drink 1 litre of fluid before your appointment.
- If you are able please try to empty your bowels before coming for the test.

**During the test**
Your appointment will be held in the Birmingham Treatment Centre Outpatients 3. Please arrive on time for your appointment as it may not be possible to carry out the test if you are late.

The test usually takes about 1 hour but may take longer. This is what happens:

1. The urology clinical nurse specialist will ask you about your symptoms and any medications you are currently taking. (If you need to pass urine urgently please let the nurse know as this discussion can be done afterwards.)
2. The nurse will then explain the test to you and ask for your verbal consent.
3. You will be asked to remove your clothes and underwear and put a gown on.
4. You will then need to pass urine into a specially adapted toilet that records the amount of urine you pass and how fast you are urinating.
5. A fine tube, called a catheter, will be inserted into your back passage (rectum), and another will be inserted into your front passage (urethra) after the area has been cleaned and a local anaesthetic gel has been inserted. You may feel a burning sensation and a feeling of wanting to pass urine as the catheter is inserted into your bladder.
6. These catheters will measure the pressures within your abdomen (tummy) and bladder, and are connected to a computerised urodynamics machine.
7. Your bladder will be gradually filled with sterile salt water through the catheter.
8. You will be asked to cough several times to see if any urine escapes involuntarily.

9. The catheters will then be removed and you will be able to get dressed.

**After the test**
You will be able to leave the hospital as soon as you are ready after the test. You may experience some discomfort and need to pass urine more often and with more urgency for about 24 – 48 hours after the test. Drinking 2 – 3 litres (4 – 5 pints) over the rest of the day after the test and again the next day will improve these symptoms and reduce your risk of getting a urine infection.

**When will I get the results?**
The specialist nurse will explain the results to you at the end of the test and will talk to you about any future treatment or care you may need. You will also be sent an appointment to see your urology consultant who will discuss the results with you further (this may be up to 3 months after the test).

**Symptoms to report**
If you experience any of the following symptoms after the test please see your GP who may test a sample of your urine for infection:

- A temperature of 38°C or above.
- Pain when passing urine that does not improve within 48 hours.
- Passing urine more frequently or with more urgency that does not improve within 48 hours.

**Contact details**
If you have any questions or concerns about this test please contact:

**Urology Clinical Nurse Specialist**
0121 554 3801, then hold and ask for bleep 5915

If you need to change or cancel your appointment please contact:

**Urology Clerk for Urodynamics**
0121 507 5324
Wednesday & Thursday, 11am – 3.30pm
Urology

Further information
For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet
- The British Association of Urological Surgeons, ‘Joint statement on minimum standards for urodynamic practice in the UK’, April 2009