

in this video we're going to talk about the urologic diagnostic procedure urodynamics many of our patients will show up for the procedure saying they couldn't sleep the night before because they were so worried and then at the end they say it wasn't as bad as they expected. So let's tell you what happens - how to prepare for the study and if you do have discomfort - how to manage that afterwards. Also, why do we do the test? What we're looking for.

Urologists gynecologists and their staff are used to getting people through urodynamics and they will be able to guide you as to how to be comfortable during the procedure.

If you've been booked for urodynamics this is usually a reason for optimism because you're about to find out what's causing your symptoms or to be reassured that something is not terribly wrong.

Urodynamic testing is basically an ekg of the bladder. It's a graphic representation of the pressures inside the bladder gathered from the little catheter. With these pressures we can see whether the bladder is weak, as in this tracing, or we can see if it's blocked - for example by a tight bladder neck, a prostate, or a stricture (which is a scar of the urethra). We can see if the bladder's circular muscle is overactive with contractions that shouldn't be there and we can also see if it's under active and weak explaining incomplete emptying of urine. Urodynamics are the most useful diagnostic tool we have for people with lower urinary tract complaints.

In the urodynamics room there will be a comfortable chair to sit on while the study is being conducted. There is a computer interpreting the pressures to a graph, and often a c-arm, which is an x-ray machine employing a light dose of x-ray in order to see what is happening in the bladder

During the study a professional technician or nurse will place a very small catheter into the urethra. In a female it's inserted approximately 10 centimeters and in a male due to the length of the urethra approximately 22 centimeters. The catheter is inserted using sterile technique.

When the catheter is passed if you take a nice deep breath this will relax the sphincter, making the procedure more comfortable. After the catheters are in, a drape will be placed over your lap so you feel comfortable during the test.

This is an example of a urodynamics tracing in which we can see that the bladder pressure is too high and the flow is slow. That tells us there is a blockage to urination like a blocked pipe and we need to work on whatever is causing this.

When we add a light dose of x-ray to the study we can see changes in the bladder in this bladder for example there are trabeculations of the muscle that develop from straining with high pressure contractions. Rather than having a smooth wall we see mickey mouse ears on the wall. This tells us that the muscle has been struggling over the years to get the urine out giving us clues as to what has been happening.

Risks of urodynamics are really low. Typically we worry about urinary tract infection, a little bleeding, urethral irritation, and not much more. The uncommon more serious risks, more important in people who've had spinal cord injury, will be discussed with you by your provider on the day of the procedure.

You can eat normally prior to the procedure. It's important to eat breakfast and to make sure that you don't get hungry if the doctor is running late, so bring a snack. If you haven't had enough to eat you might be more likely to feel light-headed at the visit. Also bring a list of medications to make sure your doctor understands what medications might be affecting the results of the test.

To make sure you're comfortable the day of the test, if you have any particular desires just let the team know. For example, if you really don't want them to show you what's going on, just tell them. If you've had a bad experience, for example with a prior procedure, communicating this will alert the team that you may be particularly sensitive and it will make you feel more in control. These are professionals who are trained to make you feel comfortable during sensitive procedures and it's not likely to be as bad as you think anyway.

Before the test, you can take Tylenol™. That medication won't affect bleeding. It also will take the edge off the discomfort. After the study if you're experiencing any discomfort you can take a medication called Azo™, which is Phenazopyridine. It's available over the counter. It should not be taken prior to the test as it can affect the diagnostic findings. It's a urinary anesthetic and it will turn the urine orange - so if you have incontinence, beware of staining as with any over-the-counter medication it's important to let your pharmacist know that you're going to be taking it.

If you have serious concern that you won't be able to tolerate the test that most people, even people with pelvic pain, are able to tolerate you could ask your primary care physician to provide a prescription for a benzodiazepine or another relaxing medication. It is important to arrange to arrive 30 minutes early and sign the consent for the procedure before taking this medication - and you cannot drive on it.

Sometimes patients will ask if they can be put under anesthesia for urologic testing. Unfortunately for urodynamics we need you to communicate what you are feeling during the test and therefore this is not possible. The vast majority of our patients - even those who have urologic pain - do okay with the measures we've talked about.

If you're really worried about having the procedure done you can talk to your primary care doctor or even a psychologist who's used to fears about medical issues in order to prepare for the procedure. We want to make sure that fear is not an obstacle for your receiving the care that you need.

We hope this video helps you get ready for your urodynamics remember this procedure can be the key to unlocking your symptoms finding important diagnoses and helping you improve your discomfort or pain.

If you have urologic pain there's more information at www.facingpelvicpain.org