



UROLOGICAL ASSOCIATES OF SAVANNAH, P.C.

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Urodynamics

If you will be unable to keep your scheduled appointment, kindly provide three (3) days of notice as the next scheduled patient needs two (2) days to prepare for the test. You will be charged a fee of \$25.00 for cancellations or no-shows (Illness excluded). Please phone the office at (912) 790-4000 (Monday thru Friday) or the Urodynamics Nurse at (912) 790-4027 (Monday thru Thursday).

INSURANCE VERIFICATION

Our office will call your insurance company to verify eligibility and benefits.

WHAT IS URODYNAMICS?

Urodynamics is a series of tests that evaluate how well your bladder is working. The tests involve inserting a catheter into your bladder and rectum

GENERAL INFORMATION

- You do not need to have someone drive you. You may eat and drink before the test.
- Take all medication as usual. If you are taking Detrol, Ditropan, Sanctura, Enablex, Vesicare, Toviaz, Gelnique, Myrbetriq, or Oxytrol, please stop your medication three (3) days prior to your appointment.
- Please inform the nurse if you have allergies to latex. If you have symptoms of a urinary tract infection the day of the test, the test may need to be rescheduled to a later date.
- There are no needles involved in the test. Please wear something comfortable. You will only have to remove your clothes from the waist down. If you are cold-natured, bring a sweater and a pair of socks.

INSTRUCTIONS FOR URODYNAMICS

- Drink enough fluids thirty (3) minutes prior to your test so that you arrive with a full bladder. (Not over full to the point you are in pain or cannot hold your urine.)
- Please notify the Urodynamics Nurse if you have mitral valve prolapse or any prosthesis in order for our office to provide you with the proper antibiotics prior to the testing. If you take antibiotics before the dentist, or other tests, then you will need antibiotics before the urodynamics test. Please let your doctor's nurse know which antibiotic you usually take.

URODYNAMICS TEST

The test itself causes very little discomfort. You will be here about 1 ½ hours which includes the nurse going over your questionnaire with you and setting up your next appointment for a conference with your physician.

-Laurel Adkins, RN

Urodynamics Nurse (912) 790-4027

Patient's Name: _____ Date of Birth: _____

INCONTINENCE QUESTIONNAIRE:

1. What is your primary complaint?
 - a) Urinary leakage
 - b) Dribbling after urination
 - c) Frequent urination
 - d) Poor/Weak stream
 - e) Inability to postpone urination
 - f) Bladder infections

2. What is your secondary complaint? Please check all that apply.
 - a) Pain with urination
 - b) Inability to urinate
 - c) Can only pass small amounts of urine at one time
 - d) Night time urination
 - e) Other

3. Approximately how often do you urinate during the day?
 - a) Every half hour or less
 - b) Every hour
 - c) Every two (2) hours
 - d) Every three (3) or more hours

4. On average, what is the longest time you go without urinating during the day?
 - a) about an hour
 - b) about two (2) hours
 - c) about three (3) hours
 - d) about four (4) hours
 - e) more than four (4) hours

5. If you cannot postpone urination, please state why.
 - a) Pain
 - b) A fear of leaking
 - c) Pain and fear of leaking

6. On average, how often do you urinate at night?
 - a) never
 - b) once
 - c) 2-3 times
 - d) 4 or more times at night

7. On average, how often do you sleep at night?
- a) less than 4 hours
 - b) 4-6 hours
 - c) 6-8 hours
 - d) 8-10 hours
 - e) greater than 10 hours
8. When you urinate, how often is there a sense of urgency (you might lose control and wet yourself)?
- a) never
 - b) few times a month
 - c) a few times a week
 - d) on most days
9. How often does it happen during the day you lose urine accidentally?
- a) 1-2 times a day
 - b) 3-5 times a day
 - c) over 5 times a day
 - d) 1-2 times a week
 - e) 1-2 times a month
 - f) never
10. How often do you lose control of urination and wet yourself because you get a sudden urge to urinate (urge incontinence)?
- a) never or rarely
 - b) sometimes but not every day
 - c) on most days
 - d) 1-2 times a day
 - e) 3-4 times a day
 - f) 5-6 times a day
 - g) more than 6 episodes a day
11. How often do you find yourself or your pads wet without any awareness of how or when it happened?
- a) never or rarely
 - b) sometimes but not every day
 - c) on most days
 - d) 1-2 times a day
 - e) 3-4 times a day
 - f) 5-6 times a day
 - g) more than 6 times a day

12. Do you leak during any of the following activities? (Check all that apply).
- a) not applicable
 - b) lifting
 - c) jumping
 - d) sneezing
 - e) walking
 - f) running
 - g) coughing
 - h) laughing
 - i) sports
 - j) going from a sitting to a standing position
13. Do you wear pads for protection against accidental urine loss?
- a) yes
 - b) no
14. Please indicate number used on an average day and how wet the pads are when you change them?
- | How many: | How wet: |
|----------------------|-----------|
| a) 1-3 pads a day | a) Damp |
| b) 4-7 pads a day | b) Moist |
| c) More than 7 a day | c) Wet |
| | d) Soaked |
15. If you do not wear pads, how wet are you when you lose urine?
- a) Few drops
 - b) Would have to change underwear
 - c) Would have to change outerwear
 - d) Not applicable
16. How do you start your urinary stream?
- a) easily
 - b) have to push and strain
 - c) some delay before stream starts
 - d) cannot start stream at will
17. How would you describe your stream?
- a) Very weak
 - b) Intermittent (starts and stops)
 - c) Dribbling
 - d) Not as strong as it used to be
 - e) Strong

18. Approximately how long have you had your bladder or urinary problems?

- a) Days
- b) Weeks
- c) Months
- d) Years

19. After you urinate do you feel that you still have urine left in your bladder? Yes or No

20. Please list any other bladder problems:

Detrusor Instability Score

Please Circle

Item	Responses	Score
1. Feeling of urgency to urinate before urinary leakage (strong need to urinate hits you all at once)	No	0
	Mild	1
	Strong	2
2. Involuntary loss of urine during sudden physical exertion	Yes	0
	Also in other circumstances	2
3. Involuntary loss of urine after physical exertion	Immediately	0
	After a few seconds	2
4. Amount of urine escaped	Small	0
	Moderate	1
	Large	2
5. Ability to stop voiding (can you stop your stream once it has started?)	Yes	0
	No	2
6. Painful sensation during voiding	Yes	2
	No	0
7. Urgent need to void in haste; anxiety related to voiding	No	0
	Mild	1
	Strong	2
8. Frequency of daytime voiding	5 times or less	0
	6-7 times	1
	8 or more times	2
9. Frequency of nighttime voiding	0 - 1 times	0
	2-3 times	1
	4 times or more	2
10. Previous urinary tract infection requiring antibiotic treatment	0 - 1 times	0
	2 or more times	1
	Chronic UTI	2

* Score of 7 or higher indicate increased likelihood of detrusor instability.

NAME:

Time	Void in Toilet	Leak with Activity	Leak with Urge	Urgency No Leak	Other Cause for Leak	Fluid I drank	New Pad or Underwear Applied
Midnight-12:30am	cc					OZ	
12:30am-1:00am	cc					OZ	
1:00am-1:30am	cc					OZ	
1:30am-2:00am	cc					OZ	
2:00am-2:30am	cc					OZ	
2:30am-3:00am	cc					OZ	
3:00am-3:30am	cc					OZ	
3:30am-4:00am	cc					OZ	
4:00am-4:30am	cc					OZ	
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5:30am-6:00am	cc					OZ	
6:00am-6:30am	cc					OZ	
6:30am-7:00am	cc					OZ	
7:00am-7:30am	cc					OZ	
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10:00pm-10:30pm	cc					OZ	
10:30pm-11:00pm	cc					OZ	
11:00pm-11:30pm	cc					OZ	
11:30am-Midnight	cc					OZ	

Please keep a record of your urinary output for 24 hours. Make sure this is done during your regular schedule and normal intake of fluids. Mark the hours that you are sleeping. You may start the test anyday prior to your urodynamics test. Start the test anytime during the day and continue for the next 24 hours. Record all fluid intake and ALL LEAKS as well.

Name: _____

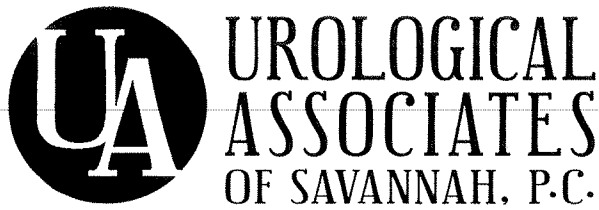
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URODYNAMIC TESTING CONSENT

DEFINITION

Urodynamic testing is a sophisticated office-based procedure used to help diagnose problems with urination and/or urinary incontinence. Although we may have a good understanding of the underlying problem following a complete history and physical examination, urodynamic testing helps increase the accuracy of our working diagnosis. In other instances, it may uncover a completely unexpected finding. The test is short, very minimally invasive, and typically yields very useful information.

PREPARATION

There is no particular preparation for a urodynamics test. In certain circumstances, we may request that you arrive with a full bladder so that we may do an initial 'uroflow'. The uroflow portion of the test is simply where you urinate into a special receptacle so that our equipment can calculate the pattern and force of your stream.

PROCEDURE

The actual procedure typically takes less than an hour. Once your bladder is empty, we will ask you to sit down on the examination chair. A very thin catheter is gently inserted through the urethra (the tube through which you urinate) and into your bladder. With the insertion, you may feel a very slight sting or pinch. Next, a similar catheter may be inserted into the rectum or the vagina. Once the catheters are secure in place, we will begin the test. The catheters are attached to computers so that we may gather data about how your bladder and urethra function. Your bladder is slowly filled with water until you tell us that you are 'full' and have a need to urinate or bladder pressures rise. Throughout the filling, we will be speaking with you so that you describe the sensations you are having as your bladder fills. You will notice that we are simultaneously watching the graphs and numbers on the computer. When you are full, we will ask you to urinate and empty your bladder into a special container. Once you finish voiding, the catheters are removed and the test is over.

POST PROCEDURE

After the procedure, you might have a little stinging in the urethra until the next time you urinate. In some patients, it may last a bit longer. If there was any resistance to the passage of the catheter, you may even see a tiny blood discoloration of your urine. You have no restrictions after the test and may return to work if you choose.

POSSIBLE COMPLICATIONS

Urinary Tract Infection or Urosepsis (bloodstream infection): Even from a minor procedure, it is possible for you to get an infection with bacteria that typically cause urinary tract infections. It may be a simple bladder infection that presents with symptoms of burning urination, urinary frequency and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, you may feel very ill. This type of infection often presents with the urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea and vomiting.

Blood in the Urine: In some patients, placing the catheters within the bladder will cause a very small amount (microscopic) of bleeding; even in fewer patients visible bleeding will be noticed in the urine. In almost all instances, the urine clears on its own over the next day or so.

Having read this form, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure described above.

PATIENT PRINTED NAME

PATIENT'S SIGNATURE

WITNESS

DATE SIGNED