WHAT IS URODYNAMICS?
Urodynamics refers to a series of diagnostic tests that evaluate the function of the bladder and urethra. These tests may be recommended if you have urinary incontinence (leakage of urine), recurrent bladder infections, slow or weak urinary stream, incomplete bladder emptying, or frequent urination.

HOW TO PREPARE FOR URODYNAMICS
Prior to your appointment, you may be asked to complete a questionnaire or voiding diary. Please bring this with you to the appointment. At the beginning of the test you will be asked to provide a urine sample, so please arrive for the study with a relatively full bladder. You may eat or drink anything prior to the study. Take your medications as normally scheduled, unless otherwise directed by your doctor. The tests typically take about 60 minutes and are generally painless, so no anesthesia is necessary. Your friends and family are welcome to accompany you, but will be asked to remain in the waiting area. You will be able to resume all previous activities, including driving, at the completion of the urodynamic studies. A catheter (soft, hollow tube) or special sensor will be carefully placed in your urethra, and sometimes the rectum, to perform the study. Your physician will decide which of the following tests need to be performed to help diagnose and treat your condition.

UROFLOW
This test measures the speed and amount of urine you void. You should come to the test feeling as though you need to urinate. Try not to empty your bladder one hour before your test. You will be asked to urinate into a commode with a funnel attached to a computer that measures urine flow.

CYSTOMETROGRAM
This study evaluates how your bladder holds urine, measures your bladder capacity, and also determines how well you can control your bladder. Your bladder will be filled with fluid through a catheter. In order to reproduce your bladder symptoms, you should report any sensations you feel during the study. In addition, you may be asked to cough, bear down, stand or walk in place during the test. At the end of the study, you will be asked to urinate.

EMG
This test measures how well you can control your sphincter (outlet) muscles and determines if they are working in coordination with your bladder. Electrodes may be placed near the rectum to record muscle activity.

PRESSURE FLOW STUDY
This test determines if there is an obstruction. After your bladder is filled through a catheter, you will be asked to urinate as you normally would by sitting on a commode or standing. The study simultaneously records bladder pressure and urine flow rate.

VIDEOURODYNAMICS
This study combines one or more urodynamic tests with the addition of video pictures. If this study is prescribed, the doctor will be present to explain each step of the process. Your bladder will be filled with contrast fluid, and X-ray video pictures will be taken to see your bladder in motion during filling and emptying. After the procedure, the doctor will discuss the study results with you. A detailed report will be sent to your physician including a summary of results, diagnosis, and suggestions for treatment. After reviewing the report, your physician will speak with you about the findings and your options for treatment.

INSTRUCTIONS
• Your urodynamics appointment will take approximately 60 minutes. Please arrive 15 minutes before your appointment time to complete the necessary forms.
• Arrive with a comfortably full bladder.

PROCEDURE DETAILS
1. You will empty your bladder into a uroflowmeter that will automatically measure the amount of urine and flow rate.
2. The urodynamicist will then perform a post-void residual. This involves placement of a thin tube in your bladder to measure the amount of urine remaining.
3. The urodynamic study will then be performed. This study will evaluate: 1) how much your bladder can hold, 2) how much pressure builds up inside your bladder as it stores urine and 3) how full it is when you feel the urge to urinate.
4. Your physician will review the results with you at your next visit.
WHY CHOOSE CHESAPEAKE UROLOGY FOR URODYNAMICS SERVICES?

Chesapeake Urology’s urodynamicists work closely with a patient’s physician while guiding and supporting patients through the urodynamics studies. Our urodynamicists are highly-trained specialists who are dedicated to ensuring that each patient is comfortable both physically and psychologically. The urodynamicists at Chesapeake Urology play an important role in the patient care team.

CHESAPEAKE UROLOGY’S HIGHLY-TRAINED URODYNAMICISTS PERFORM THE FOLLOWING TESTS:

• **Uroflow**: This test measures the speed and amount of urine a patient voids

• **Cystometrogram**: This study evaluates how the bladder holds urine, measures the bladder capacity, and also determines how well a patient can control their bladder

• **EMG**: This test measures how well a patient can control the pelvic floor muscles and determines if they are working in coordination with the bladder

• **Pressure Flow Study**: This test determines if there is an obstruction in the bladder or urethra

• **Videourodynamics**: This study is a combination of the above tests with the addition of video pictures

URODYNAMICS AT-A-GLANCE

Urodynamics refers to a series of diagnostic tests that evaluate the function of the bladder and the urethra. These tests may be recommended for patients with urinary incontinence, recurrent bladder infections, slow or weak urinary stream, incomplete bladder emptying, or frequent urination.
The urodynamicist is an important member of the highly trained patient care team at Chesapeake Urology. Working closely with each patient’s urologist, our urodynamicists play an essential role, guiding and supporting patients through their urodynamics studies. Our urodynamicists are not only highly trained specialists who treat our patients with kindness, respect and sensitivity, they are dedicated to making sure that each patient is comfortable both physically and psychologically with their testing. They are equipped with knowledge about the testing process and will thoroughly educate patients in the procedures being performed.

Our urodynamicists will do whatever they can to make each patient’s study go as smoothly as possible.

Urodynamicist Betty Hall, CMA, is the manager of Chesapeake Urology’s Urodynamics program and works with patients with overactive bladder as a patient navigator. She is a certified medical assistant who is also certified in urodynamics and the interpretation of urodynamics.
TWELVE CONVENIENT LOCATIONS

Bel Air
201 Plumtree Road
Suite 210
Bel Air, MD 21015
410-803-0089

Brandywine
Brandywine Medical Center
7704 Matapeake Business Drive
Suite 310
Brandywine, MD 20613
301-868-0202 or 301-645-8838

Columbia/Maple Lawn
Midtown Medical Building
7625 Maple Lawn Blvd.
Suite 210
Fulton, MD 20759
301-725-0134

Franklin Square Hospital
6820 Hospital Drive
Suite 210
Baltimore, MD 21237
410-391-6131

Good Samaritan Hospital
5601 Loch Raven Blvd.
The Smyth Building
Suite 307
Baltimore, MD 21239
410-433-7303

Hanover, MD
7580 Buckingham Blvd.
Suite 100
Hanover, MD 21076
410-760-9400

Owings Mills
The Continence Center
21 Crossroads Drive
Suite 220
Owings Mills, MD 21117
410-581-8140

Silver Spring
3801 International Drive
Suite 205
Silver Spring, MD 20906
301-598-9717

St. Agnes Hospital
3407 Wilkens Avenue
Suite 200
Baltimore, MD 21229
410-644-0929

Towson
8322 Bellona Avenue
Suite 202
Towson, MD 21204
410-825-6310

Westminster
410 Malcolm Drive
Suite A
Westminster, MD 21157
410-876-1633

Woodholme/Pikesville
Woodholme Medical Center
1838 Greene Tree Road
Suite 450
Pikesville, MD 21208
410-581-1600
OVERACTIVE BLADDER TREATMENT PATHWAY

EVALUATION
Incontinence, Urgency, Frequency

Conservative Treatments
Bladder Diary, Kegels, Fluid Intake, Physical Therapy

Medication 1
(4 weeks)

Medication 2
(4 weeks)

RE-EVALUATION

CYSTOSCOPY

URODYNAMICS TESTING

Advanced Treatments

Percutaneous Tibial Nerve Stimulation (PTNS)/Urgent® PC Treatments
(12 week initial therapy)

BOTOX®
(Effective for 6-9 months)

Repeat BOTOX® Treatments
(Every 6-9 months)

Neuromodulation (Interstim® Therapy)
Evaluation
(5-10 days)

Neuromodulation (Interstim® Therapy)
(Replace 3-5 years)

If you have questions or would like more information, please call our physician liaison, Robyn Mauck at 410-299-5377.

BOTOX® is a registered trademark of Allergan, Inc. Interstim® is a registered trademark of Medtronic.
What Is a Bladder Diary?
A bladder diary is a 3-day recording of your liquid intake and urine output. The recorded information can be helpful to your healthcare provider to understand your fluid balance, urinary frequency, functional bladder capacity (how much your bladder holds in your own environment), and many other aspects important to bladder function. We ask that you bring your completed 3-day diary with you to your initial appointment with us to help evaluate your bladder and establish your baseline.

When is a Bladder Diary Used?
Your healthcare provider may request that you complete a diary to evaluate urinary frequency, urgency or incontinence. You may also choose to complete a diary before you see the healthcare provider about a bladder problem. A bladder diary can point to any dietary or behavioral factors that may be contributing to your bladder symptoms.

How to Complete the Diary:

1. Please collect 3 days of information; however, the days do not need to be consecutive. A one-day diary may not be representative of your bladder condition, which is why a 3-day diary is recommended.

2. Begin and end the diary at the same times each day. (Example: Begin when you wake up at 6:00 a.m. and end at 6:00 a.m. the following day.)

3. Record the time of urination (Example: 6:00 a.m.) and record the volume of urine output whenever possible.

4. Record the fluid intake to the nearest ounce. A very reasonable estimation (8 oz. cup of juice, 12 oz. coke, or 20 oz. water) is appropriate. You do not need to physically measure every fluid if you know the size of the bottle, can or cup from which you are drinking.

5. Estimate the urine output by small, medium and large amounts.

6. Be as accurate as possible! The diaries are most useful when every intake and output in a 24-hour period over the course of 3 days is recorded.
MY BLADDER DIARY - Day One

Bladder diaries help show the causes of bladder control problems. Please record fluid intake and output for a full 24 hour period.

Date: ______________________________

<table>
<thead>
<tr>
<th>TIME</th>
<th>FLUID INTAKE</th>
<th>URINE OUTPUT</th>
<th>ACCIDENTAL LEAKS</th>
<th>HOW STRONG WAS URGE TO URINATE?</th>
<th>WHAT WERE YOU DOING AT THE TIME?</th>
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<tr>
<td>6-7 AM</td>
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<td>Mild Mod Strong</td>
<td>(Sneezing, coughing, exercise, etc.)</td>
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MY BLADDER DIARY - Day Two

Bladder diaries help show the causes of bladder control problems. Please record fluid intake and output for a full 24 hour period.

Date: ________________________________

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<th>HOW STRONG WAS URGE TO URINATE?</th>
<th>WHAT WERE YOU DOING AT THE TIME?</th>
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MY BLADDER DIARY - Day Three

Bladder diaries help show the causes of bladder control problems. Please record fluid intake and output for a full 24 hour period.

Date: ________________________________

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<tr>
<th>TIME</th>
<th>FLUID INTAKE</th>
<th>URINE OUTPUT</th>
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<th>HOW STRONG WAS URGE TO URINATE?</th>
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<td>How Much?</td>
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<td>How Much? (circle one)</td>
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<td>11-12 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>12-1 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>1-2 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>2-3 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>3-4 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>4-5 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
<tr>
<td>5-6 AM</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Sm Med Lg</td>
<td>Mild Mod Strong</td>
<td></td>
</tr>
</tbody>
</table>
BLADDER HEALTH QUESTIONNAIRE (FOR MEN)

Name: ___________________________ Date: ___________________________

Which symptom(s) best describes you?

☐ Frequent urination – Circle one: Day Night Both
☐ Sudden or strong urge to urinate
☐ Leaking with urge or no warning
☐ Leaking with sneezing, coughing or exercising
☐ Difficulty starting to urinate or straining to urinate
☐ Pain with urination
☐ Unable to empty the bladder
☐ None of these describe me

How long have you had these symptoms? ___________________________

How frequently do you urinate during the daytime? _______ Times

How many times do you urinate at night (Nocturia)? _______ Times

Do you currently have any problems with bowel function?

☐ Constipation ☐ Fecal incontinence ☐ Other

When did your urinary difficulty begin?

☐ Following a prostate condition or treatment? Please explain. __________________________________________

____________________________________________________________________________________

☐ Other (Please explain) __________________________________________

____________________________________________________________________________________

Which aspect of your condition bothers you the most?

__________________________________________

What is your level of frustration with your bladder symptoms? Please circle the number that reflects the degree of frustration:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td>Not Frustrated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very Frustrated</td>
</tr>
</tbody>
</table>
Have you had any prior procedures for your symptoms? Circle one: Yes No

If Yes, what procedure(s) was done? ____________________________________________________________

______________________________________________________________

Do you currently catheterize? Circle one: Yes No

Have you had a catheter in the past? Circle one: Yes No

Do you wear pads? Circle one: Yes No

Please describe any behavior modifications you have tried (i.e., caffeine intake, lifestyle changes, physical therapy, bladder training, pelvic floor muscle training):

______________________________________________________________

Have you tried medications to help your symptoms? Circle one: Yes No

If Yes, Please check the medications that you have tried:

☐ DDAVP®  ☐ Mybetriq®
☐ Detrol® LA  ☐ Oxytrol®
☐ Ditropan XL® (Oxybutynin)®  ☐ Sanctura® (Trospium)
☐ Enablex®  ☐ Toviaz®
☐ Gelnique®  ☐ Vesicare®
☐ IC Medications (Elmiron®, Elavil®)  ☐ Other ______________________________

Did these medications help your symptoms? Circle one: Yes No

If Yes, please circle the number that reflects the degree to which they worked:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Relief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completely Cured</td>
</tr>
</tbody>
</table>

If you stopped taking your medication(s), please explain why:

☐ Did not help  ☐ Side effects  ☐ Too expensive  ☐ Other

Please describe any side effects caused by the medication(s): __________________________________________
BLADDER HEALTH QUESTIONNAIRE (FOR WOMEN)

Name: ________________________________ Date: __________________________

Which symptom(s) best describes you?

☐ Frequent urination – Circle one: Day Night Both
☐ Sudden or strong urge to urinate
☐ Leaking with urge or no warning
☐ Leaking with sneezing, coughing or exercising
☐ Difficulty starting to urinate or straining to urinate
☐ Pain with urination
☐ Unable to empty the bladder
☐ None of these describe me

How long have you had these symptoms? ________________________________

How frequently do you urinate during the daytime? _________ Times

How many times do you urinate at night (Nocturia)? _________ Times

Do you currently have any problems with bowel function?

☐ Constipation ☐ Fecal incontinence ☐ Other

When did your urinary difficulty begin? Did it start as a result of a major event such as surgery, trauma, a medical condition, etc.? Please explain ________________________________

Which aspect of your condition bothers you the most? ________________________________

What is your level of frustration with your bladder symptoms? Please circle the number that reflects the degree of frustration:

0 1 2 3 4 5 6 7 8 9 10

Not Frustrated Very Frustrated
Have you had any prior procedures for your symptoms?  Circle one: Yes  No

If Yes, what procedure(s) was done? ____________________________________________

Do you currently catheterize?  Circle one: Yes  No

Have you had a catheter in the past?  Circle one: Yes  No

Do you wear pads?  Circle one: Yes  No

Please describe any behavior modifications you have tried (i.e., caffeine intake, lifestyle changes, physical therapy, bladder training, pelvic floor muscle training):

Have you tried medications to help your symptoms?  Circle one: Yes  No

If Yes, Please check the medications that you have tried:

☐ DDAVP®  ☐ Mybetriq®
☐ Detrol® LA  ☐ Oxytrol®
☐ Ditropan XL® (Oxybutynin)®  ☐ Sanctura® (Trospium)
☐ Enablex®  ☐ Toviaz®
☐ Gelnique®  ☐ Vescicare®
☐ IC Medications (Elmiron®, Elavil®)  ☐ Other __________________________

Did these medications help your symptoms?  Circle one: Yes  No

If Yes, please circle the number that reflects the degree to which they worked:

0 1 2 3 4 5 6 7 8 9 10

No Relief  Completely Cured

If you stopped taking your medication(s), please explain why:

☐ Did not help  ☐ Side effects  ☐ Too expensive  ☐ Other

Please describe any side effects caused by the medication(s): ____________________________________________