

FEMALE URODYNAMIC STUDY

Patient: _____

Date of Procedure: _____

PRE-OP DIAGNOSIS: _____

POST-OP DIAGNOSIS: _____

PROCEDURE: Urinary Flow Studies, Cystometrogram

PROCEDURE: The patient comes to the urodynamic suite for a flow rate. She voided in the flow rate machine. Peak flow = _____ cc/second. Voided volume = _____ cc. PVR= _____ cc. Urinalysis was obtained to confirm that a clinically significant infection was not present.

Urodynamics:

After a sterile prep, a #14 Fr red-rubber catheter was introduced into the bladder and a true post void residual was obtained prior to placing the urodynamic catheters. This initial PVR was _____ cc. The urodynamic instrumentation were placed in the usual aseptic fashion. A 6-7 french dual lumen urodynamic catheter was placed into the bladder and taped into position. An abdominal balloon catheter was placed in the vagina and also taped into place.

A complex Cystometrogram was done in the sitting position to determine bladder function during filling phase with sterile solution. Various sensations, compliance and functional capacity were measured as indicated on the graphic records. Patient felt the first sensation of filling at _____ cc. Patient felt fullness at _____ cc. Total amount infused into the bladder was _____ cc.

On this CMG, Detrusor Instability (Over Active Bladder) was not noted _____ was noted during this filling study at _____ cmH2O and a volume of _____ cc. Urge incontinence (non-stress leakage) did not _____ did occur at _____ cc.

A Valsalva Leak Point Pressure was performed by having the patient bear-down to check the urethral closing pressures. Stress urinary leakage did not occur _____ did occur _____ with Valsalva pressures of _____ cmH2O and a volume of _____ cc. Conditions emulated that produced stress incontinence during testing: coughing _____ Valsalva _____ standing _____. The patient is asked to Valsalva and cough while being observed for urinary leakage.

Stress incontinence demonstrated: No _____ Yes (Valsava) _____ Yes (Cough) _____ Yes (Both) _____

Urethral hypermobility present: No _____ Mild _____ Moderate _____ Severe _____

IMPRESSION:

RECOMMENDATION:

_____ Patient verbalizes understanding of instructions given

Provider Signature: _____ Date: _____ Time: _____

Patient Name: _____

Date of Birth: _____