



Women's Health  
ON BUDERIM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Admission Date: \_\_\_\_\_

### **URODYNAMICS AND CYSTOSCOPY**

Urodynamics is a test on the bladder regarding urinary leakage (incontinence). This test helps to guide the best treatment options for your symptoms. The test takes about 60 minutes to complete. **PLEASE ARRIVE WITH A COMFORTABLY FULL BLADDER.**

During the test 2 tubes (catheters) will be inserted into your bladder and back passage to record pressure readings during bladder filling. Your bladder will be filled with sterile water and you will be asked to cough at various stages throughout the procedure. The aim of the test is to see when the urinary leakage occurs and while this is embarrassing, it gives important information for your treating doctor.

A small telescope (Cystoscopy) will also be passed into the bladder to look inside the bladder and check for any abnormalities. Local anaesthetic jelly will be used. Most women find this test uncomfortable but not painful.

#### **PATIENT INSTRUCTIONS:**

**Please arrive with a comfortably full bladder.** You do **not** need to drink lots of water beforehand.

You can eat and drink, travel and drive normally on the day of the test. You will be awake for the test and do not need to fast or stop any medications. The test can be performed if you have your period, please use a tampon if possible. Please bring this signed consent form with you to the test.

The doctor and nursing staff will help guide you through the test, please feel free to ask any questions.

#### **AFTER THE TEST:**

There is a small risk of urine infection after the test (less than 1%). Please increase your fluid intake for the next 24 hours and see your GP if you are concerned.

### **CONSENT FOR PROCEDURE**

I, \_\_\_\_\_ hereby consent to undergoing the procedure of urodynamics and cystoscopy, the nature and effects of which have been explained to me by

Dr \_\_\_\_\_ .

I also consent to such further or alternative operative procedures as may be found to be necessary during the course of such operation and to the administration of a local or other anaesthetic for the purpose of the same.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Patient/Parent/Guardian \_\_\_\_\_

Attending Doctor/Surgeon \_\_\_\_\_ Signature \_\_\_\_\_