



The British Association of Urological Surgeons

Urodynamic studies

Understanding your bladder test

This leaflet gives you simple, easy-to-read details. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- Urodynamic studies are tests to show how your bladder and urethra are working. Your urethra is the tube that carries pee out of your body.
- The doctor will gently fill your bladder with fluid.
- They will measure how your bladder reacts when it's full and empty.
- Sometimes they might use an X-ray to look closely. This helps them to see how your bladder moves.
- The test may not always explain why you have problems with peeing.
- The most common problem after the test is a pee infection.

Important

Stop taking bladder medicines 1 week before the test. These include:

- oxybutynin
- tolterodine
- solifenacin
- darifenacin
- fesoterodine
- trospium hydrochloride
- mirabegron
- vibegron

If you cannot stop them, tell the doctor or nurse when you arrive.

What are your other options?

There are no other tests quite like this one. The only other option is treating you without the information that this test might give.

What happens on the day of the test?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- Let the staff know if you have any allergies. It is important if you are allergic to latex or iodine.
- Tell them if you are pregnant.
- Come with a bladder that feels full.
 - This helps the doctor measure how fast you pee. You will pee into a special machine.
- The doctor will test your pee for infection using a dipstick.
 - If there is an infection, they may delay the test.
 - They will give you medicine to take home.

You might be asked to give a pee sample to your GP a week before the test. The result of this test can be sent to your bladder team before the urodynamic test.

What happens during the test?

The doctor will measure how your bladder and sphincter muscle respond when your bladder is full. Your sphincter muscle is the valve to the bladder outlet. They will also measure how well they work when you pee.

You only need this test if your medical team think it will help decide what care you need.

Sometimes, the bladder specialist may feel the test is not needed yet. Instead, you can use the appointment time to talk with the specialist about your bladder problems.

- A bladder doctor, nurse or technician will do the test. If they use X-rays, a radiographer may also be there.
- You will lie on a couch.
- They will gently pass a soft tube into your bladder. It goes in through your urethra. We call this tube a catheter. If you have a suprapubic catheter or a Mitrofanoff channel, they may use that instead.
- If they cannot pass the tube, you may need another test later. They will use a tiny camera to help guide the tube in. We call this flexible cystoscopy.
- They will put a second fine catheter into your rectum. We do this in men and for most women. In some women, we put it into their vagina. Your rectum is your back passage.
- If you have a bowel stoma, the second catheter may need to be put into your stoma. A stoma is an ileostomy or colostomy. You should bring a spare stoma bag with you.
- When the catheters are in place, the doctor will tape them to your leg.
- They will connect the catheters to a computer system that measures the pressures.
- You may lie down, sit or stand during the test.
- They will fill your bladder with salty water through the catheter. Sometimes we use iodine liquid instead of salt water.
- They will ask you to cough or push gently.
- You should tell them when you first feel like you need to pee.

- If one of your symptoms is leaking pee, they will try to make this happen during the test. We call leaking incontinence. Try not to be embarrassed about this. The clinical team will be as supportive as they can. They will respect your dignity throughout the process.
- They will ask you to hold on until your bladder feels very full.
- They will then ask you to pee into the special flow machine again.
- At the end, they will take out all the tubes.

Sometimes the doctor uses an X-ray video for the test. They will use a special dye instead of salty water. This means they can take X-ray pictures during the test.

What happens right after the test?

If a bladder doctor is with you, they will talk through the results. You can discuss your treatment options. We call the bladder doctor the urologist.

If the urologist is not there, your medical team will book a clinic appointment to discuss the results.

Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

Common problems. These happen to more than 1 out of every 10 people:

- You might see blood in your pee. It may also sting or burn when you pee. This usually gets better with time.

Occasional problems. These happen to about 1 out of every 50 people:

- You might get a pee infection. If so, you will need antibiotics.
- Sometimes the doctor cannot get the tube into your bladder. If this happens, they will stop the test. Your medical team will plan other checks to help find out what to do next.

Rare problems. These only happen to about 1 out of every 250 people:

- You might not be able to pee after the test. If this happens, the doctor may need to put in a catheter. This will drain your pee. It will only stay in for a few days.
- Sometimes the test does not show why you have problems with peeing. If that happens, the medical team may need to do the test again later.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

Before you go home

Your medical team will tell you how the test went. You should:

- ask questions. You should know what has been done

- ask the doctor if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- be told who to contact if you have problems

What to expect when you go home

- Drink a lot of fluids for the first 2 days. This will help to stop infections.
- Some people are given antibiotics to help stop infection. If you need this, the hospital will give you the tablets before you leave.
- You will get a copy of your hospital letter. The doctor will also send a copy to your GP.
- If your urologist did not see you on the day of the test, your medical team will book an appointment. You can talk about the results and what to do next then.

General information about your test

Before your test

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this test.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet. Scan the special picture (QR code).

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at **admin@baus.org.uk**



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