



CYSTOMETROGRAM (URODYNAMIC STUDIES)

Procedure Specific Information

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.



What does the procedure involve?

Filling of the bladder through a catheter and recording of the bladder response to filling

What are the alternatives to this procedure?

Observation, treatment without the information that this test might produce

What should I expect before the procedure?

You have been asked to attend for a cystometrogram, a test which measures bladder function.

We ask that you submit a urine test for infection to your GP surgery one week before this appointment because we cannot perform the study if you have active infection in your urine. Please bring the result of this urine test with you when you attend for your cystometrogram.

Please ensure that any medication for your bladder symptoms, e.g. Oxybutynin (Ditropan), Tolterodine (Detrusitol) or Solifenacin (Vesicare), is stopped a week before your test.

After checking for allergies, you will normally be given an antibiotic tablet before the test to prevent infection in your urine. You will also be asked to undergo swabbing of your nose & throat to ensure that you are not carrying MRSA.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator



- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

Fact File 1 • The NHS Constitution **Same-Sex Accommodation**

As a result of the new NHS constitution, the NHS is committed to providing same-sex accommodation in hospitals by April 2010. This is because feedback from patients has shown that being in mixed-sex accommodation can compromise their privacy. The NHS pledges that:

- sleeping and washing areas for men and women will be provided
- the facilities will be easy to get to and not too far from patients' beds

To help accomplish this, the Department of Health has announced specific measures designed to "all but eliminate mixed-sex accommodation" by 2010. These include:

- more money for improvements in hospital accommodation
- providing help and information to hospital staff, patients and the public
- sending improvement teams to hospitals that need extra support
- introducing measures so that the Department can see how hospitals are progressing

What happens during the procedure?

In adults, the procedure is normally performed with the aid of a small amount of local anaesthetic gel passed into the urethra (water pipe). You will also be given a single dose of antibiotic to reduce the risk of infection to a minimum.

The test will usually be performed by a Specialist Nurse and/or a Urologist. On arrival in the department, you will be asked to pass urine into a device called a flow-rate machine so, if you are able to pass urine, please ensure that you arrive with your bladder comfortably



full.

You will be positioned comfortably on a couch and two small tubes inserted, one into the urethra (water pipe) and the other into the anus (back passage). After the tubes have been inserted, your bladder may be emptied and the tubes connected to the measuring apparatus.

During the test, your bladder will be filled slowly with water at a measured rate. You will be asked to cough and strain at intervals and to tell us when you first feel the desire to pass urine. You will then be encouraged to hold on until your bladder feels quite full. If one of your symptoms is leakage of urine, we will try to reproduce this so that we can see what the bladder is doing when the leakage occurs. Patients often find this embarrassing but it is a necessary part of the information needed to treat your symptoms. Be reassured that it is an important part of the test and that we will do all we can to be as supportive as possible during this process.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next move

When the procedure has been completed, you will again be asked to pass urine into the flow rate machine. The tubes will then be removed and you will be able to dress while the results of your test are being analysed.

If the urologist is in the Clinic, your results will be discussed and it will be decided what action is needed to improve your symptoms. If the doctor is not in the clinic, you will be given an outpatient appointment to discuss the results and any further treatment.

When you go home, we would like you to drink plenty of fluids for the next 24-48 hours in order to flush your system through.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.



Common (greater than 1 in 10)

- Discomfort on passing urine
- Bloodstained urine

Occasional (between 1 in 10 and 1 in 50)

- Urine infection
- Inability to pass urine (retention of urine), requiring temporary insertion of a catheter
- Inability to pass the catheter into the bladder, requiring further investigation

Rare (less than 1 in 50)

- Failure to give a definitive diagnosis, sometimes requiring that the test be repeated

Hospital-acquired infection

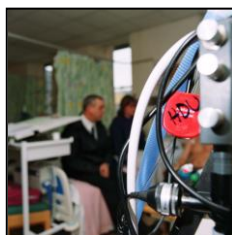
- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed



If you experience flu-like symptoms, shivering/shaking, any pain/burning when passing urine or a high temperature, you should contact your GP since you may require treatment with antibiotics.

If you are unable to pass urine after the test, you should contact your GP or the Specialist Nurses immediately

What else should I look out for?

A cystometrogram may not give a definitive diagnosis for your symptoms. Some patients need to have further studies combined with X-rays of the bladder as it is filled (videourodynamics) before a definitive diagnosis and treatment plan can be agreed.

Are there any other important points?

You will normally be given an outpatient follow-up appointment after the test to discuss any further treatment. Additional or alternative treatment may, however, be recommended at the time of the test by the doctor.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this area?



Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Who can I contact for more help or information?

For further information on the internet, here are some useful sites to explore:

[Best Health](#) (prepared by the British Medical Association)

[NHS Clinical Knowledge Summaries](#) (formerly known as Prodigy)

[NHS Direct](#)

[Patient UK](#)

[Royal College of Anaesthetists](#) (for information about anaesthetics)

[Royal College of Surgeons](#) (patient information section)

What should I do with this information?

Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.



The British Association of Urological Surgeons

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital record. You will, if you wish, be provided with a copy of this consent form.

I have read this publication and I accept the information it provides.

Signature..... Date.....



How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking increases the severity of some urological conditions and increases the risk of post-operative complications. For advice on quitting, contact your GP or the **NHS Smoking Helpline** free on **0800 169 0 169**

Disclaimer

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Fact File 2 • The NHS Constitution Patients' Rights & Responsibilities

The constitution, as a result of extensive discussions with staff and the public, sets out new rights for patients which will help improve their experience within the NHS. These new rights include:

- a right to choice and a right to information that will help them make that choice
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate
- a right to certain services such as an NHS dentist and access to recommended vaccinations
- the right that any official complaint will be properly and efficiently investigated, and that they be told the outcome of the investigations
- the right to compensation and an apology if they have been harmed by poor treatment

The constitution also lists patient responsibilities, including:

- providing accurate information about their health
- taking positive action to keep themselves and their family healthy
- trying to keep appointments
- treating NHS staff and other patients with respect
- following the course of treatment that they are given
- giving feedback, both positive and negative, after treatment