

PREPARING FOR YOUR URODYNAMIC TESTING

Your doctor has ordered a Urodynamics study for you. This test is designed to further evaluate your bladder symptoms. Please follow the instructions in order to obtain the best results. Our Nurse Practitioner will complete your testing.

1. Your bladder should be comfortably full when you reach the office. This may require that you do not empty your bladder for 1 to 4 hours prior to your scheduled appointment time.
2. Please fill out and bring with you the attached bladder diary. It is beneficial to use your bladder diary for at least 3 days prior to your appointment.
3. Stop any bladder medications at least 2 to 3 days before your study, unless otherwise instructed by your doctor. **DO NOT STOP ANY ANTIBIOTICS YOU ARE TAKING!**
4. Please contact our office if you have any questions.

Appointment Date:

Appointment Time:

Bladder Diary

You have been instructed to keep a bladder diary for the next 1 to 2 days depending upon your doctor or nurses advise. The following is a guide on how to use the bladder diary and how to measure your urine.

How to measure and record your urine output:

1. Record the **TIME** of day of all episodes of urination, leakage, and symptoms.
2. Always measure your urine with a measuring device marked in either milliliters (ml) or ounces (oz) and record the amount you urinated in the column labeled **OUTPUT**.
3. If you experience urinary leakage, describe the **ACTIVITY** you were performing at that time. This includes even minimal activities such as sitting, standing, or lying down.
4. How strong was the **URGE** to urinate prior to any leakage or attempt to empty your bladder?
 - 0 = no urge
 - 1 = minimal urge
 - 2 = moderate urge
 - 3 = strong urge
 - 4 = uncontrollable urge
5. Estimate the amount of **LEAKAGE**:
 - 1 = damp or only a few drops
 - 2 = wet pad or underwear
 - 3 = soaked or fully emptied bladder
6. Please record any additional **SYMPTOMS** you may have such as pain.
7. Record the amount and type of fluids you drink in the column labeled **INTAKE**.
8. If you have any questions, please call your doctor or nurse.

EXAMPLE

| TIME | OUTPUT | ACTIVITY | URGE | LEAKAGE | SYMPTOMS |
|---------|--------|----------|------|---------|----------|
| 6:45 am | 550ml | Woke up | 3 | No | None |
| 7:30 am | | Sneezed | 0 | Yes - 1 | None |

YOUR DIARY

[illegible]

[illegible]