

Better Women's Care, P.L.L.C.

Obstetrics and Gynecology

29425 Northwestern Highway, Suite 200
Southfield, MI 48034

Phone: (248) 948-6900 Fax: (248) 948-6904

www.betterwomenscare.com

Korial Atty, M.D.

Lisa Cardwell, M.D.

Bruce E. West, M.D.

Patient: _____

Doctor: _____

Your appointment is on: Thursday, []

Your doctor has requested you to have a test called Urodynamic Study (UDS). **This test does not hurt** but it will make you feel like you have to urinate. This appointment runs 20 to 30 minutes in length and will be performed in the office.

Some reasons for having a UDS are:

1. Incontinence
2. Urgency/Frequency
3. BPH/Nocturia (voiding at night)
4. Cystocele (the bladder falling out of place)
5. Recurrent urinary tract infection (UTI)
6. Inability to void to completion or at all
7. Baseline exam prior to surgery

*****IMPORTANT*****

It is your responsibility to call your insurance company to find out your out of pocket cost for this test. Also, please check with your insurance company prior to your appointment to see if you need a referral or prior authorization for this test. You may also want to find out if this test is subject to a pre-existing waiting period with your insurance.

The codes for this test are:

Procedure Codes: 51741, 51729, 51797

Diagnosis Code: 625.6

Please give all codes to your insurance or Primary Care Physician (PCP) to request a referral. Referrals from the PCP may take 5 days. Please call your PCP in enough time for them to have your referral complete.

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Urodynamic Testing

Urodynamic Testing is used to diagnose urinary incontinence. It is used to help determine specifically which type of incontinence a patient may be experiencing. It is performed before any type of treatment is implemented to the patient. This is a non-invasive test that evaluates bladder & urinary sphincter function during a filling & voiding process.

The sole purpose of the urodynamic testing is to check the function of the bladder and the only way to accurately do so is to fill the patient's bladder and see how it functions during the filling process. Urodynamic testing is also used to assess the capacity of the bladder, and whether or not it is emptying completely.

How is the testing done?

When you arrive to the office you will be asked to empty your bladder as best as possible so when the Technician starts to fill it she knows that you are starting with an empty bladder. A small infant size catheter is placed in the urethra to the bladder. A second catheter is placed into the vaginal area, and that is used to measure the pressure in the abdomen. During the filling portion you will be asked to cough several times to see if putting stress on the bladder causes any leaks. There will be a water tray underneath you in the event of a leak. When you are unable to hold any more water you will be able to void in a special commode that will measure your stream & flow and also lets the Doctor know whether or not you are completely emptying your bladder or not. The entire test from start to finish is approximately thirty minutes.

After the test is complete you will be seen by your Doctor to go over the results.

What types of treatment are there?

There are different types of urinary incontinence: stress incontinence and urge incontinence are some of them. Some of the treatment options are medication, pelvic floor exercises and sometimes surgery. Your Doctor will go over the treatment that is right for you.

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BLADDER QUESTIONNAIRE (FEMALE)

Name: Patient Name

DOB: Date of Birth

Doctor: Provider Name

How many times do you get up at night to go to the bathroom? _____

How many times do you urinate during the day? _____

Do you leak urine when you cough, laugh, or sneeze? Yes / No

Do you use any protection to stay dry? Yes / No

Are you on any medications for your bladder? Yes / No

If yes, the name: _____

Do you rush to get to the bathroom? Yes / No

Do you have trouble getting your stream started? Yes / No

Do you have to push or bend over to get the urine out of your bladder? Yes / No

Do you have to sit to empty your bladder or do you squat over the toilet? Yes / No

Do you have lower abdominal pain or pain between the area of your rectum and vagina? Yes / No

Have you seen blood in your urine? Yes / No

Have you had any surgeries for bladder or female related problems? Yes / No

Does your urgency, frequency, or pain worsen or flare with intercourse and/or just before your menstrual cycle? Yes / No

Patient Signature

Date

