



Urodynamics Consent Form

Urodynamics is the study of the function of the urinary tract. Urodynamics is the only way of understanding why people are continent or incontinent (urinary leakage). This study helps to guide the best treatment options for your symptoms. The procedure will take between 45 to 60 minutes.

I understand the reason for my being referred for a Urodynamics Study and acknowledge that:

- 1) I will need to empty my bladder in a special chair (commode) to assess urine flow & bladder/urethral function.
- 2) At various times during the study I will have a bladder scan or ultrasound to determine the amount of urine left in my bladder (post-void residual).
- 3) I may require an in-out catheter (inserted under sterile conditions) to completely empty my bladder.
- 4) Two small tubes (catheters) will be inserted into the body:
 - a. A bladder catheter – this will be used to fill the bladder with sterile water (saline), as well as measure pressure in the bladder;
 - b. A rectal or vaginal catheter. This catheter will measure the pressure in the abdomen.
- 5) There may be some slight discomfort experienced during the catheter insertion, which should go away within a few minutes.
- 6) If I suffer from a prolapse, this may need to be manually reduced (pushed back in) during the study in order to give valid results.
- 7) The aim of the study is to replicate my symptoms, which may require provocation tests, such as coughing, valsalva, standing, jumping, squatting, running water, or whatever else is required.
- 8) There is a small risk of Urinary tract infection after the test (<1%). I can reduce this risk by increasing my fluid intake over the next 24-48 hours. If symptoms continue or are worsening, I will need to see my doctor.
- 9) I have advised of the following ALLERGIES:.....

CONSENT FOR PROCEDURE

I, hereby confirm that I have read the 'What to expect during the Urodynamic Study' information sheet and hereby consent to undergoing the procedure of Urodynamics, the nature and effects of which have been explained to me by:

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DATE: / / 20

Signature of Patient

Signature of Doctor