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design by Medical Illustration

## Information for patients Scheduled Admission for Urodynamic Studies



## Midland Centre for Spinal Injuries



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## Scheduled Admission for Urodynamic Studies

It has been recommended by your consultant or a member of the team to undergo Urodynamic studies. This is filling of the bladder through a catheter to record the bladder's pressure response to filling. This procedure is carried out in the X-ray department. On receipt of your letter to attend for the procedure, you should also be requested to complete an MRSA screen to facilitate your admission. Without this a postponement or cancellation may occur. You may also be asked to record the volumes of urine that you pass. A diary will be provided for you to record this a few days prior to your appointment for the procedure.

## What should I expect?

Routinely you will be admitted to the Spinal Injuries Centre on the morning of the procedure. Prior to the procedure there are no restrictions with diet and fluids. On admission you will undergo baseline investigations such as blood and urine screening and assess your general fitness and urological function, if not already carried out at a clinic appointment. You will be seen by your allocated nurse and pharmacist as well as a member of the spinal team. If at any point during your stay you have any concerns or questions please feel free to discuss with your consultant or nurse.

**Please advise the nurse if you have previously experienced Autonomic dysreflexia relating to your bladder function and of any allergies you may have. Please inform the nurse if you are receiving any treatment for diabetes.**

A complete empty bladder is required in order to obtain accurate readings. Your allocated nurse may need to pass a catheter if you do not currently manage your bladder this way. Prior to the investigation your designated nurse will administer a dose of antibiotics usually intravenously through a cannula inserted on arrival. This is a single dose given routinely as a precaution. Checks will also be made to ensure you are fit for the procedure.

## What happens during the procedure?

On your arrival you will meet your allocated nurse, radiographer and doctor who will be carrying out the procedure. You will be transferred onto an x-ray table and the nurse will remove the catheter previously inserted. Alternatively, if you routinely carry out intermittent catheters you will be asked to do this immediately before the investigation start. If your bladder is managed with a clamped catheter either via the urethra or a suprapubic, this will be released.

At the beginning of the procedure a fine catheter is inserted into the bladder along with a fine tube called a transducer, another transducer is also placed in the back passage. These are connected to the urodynamic machine. At the start an x-ray will be taken to confirm accurate locations of the transducers and that the bladder is empty. During the procedure the bladder is slowly filled with a special dye that shows on x-ray called Urograffin. If you have any allergies to contrasts used in x-rays, please inform the nurse in advance. At intervals your doctor may ask you to cough and report any sensations of filling. Any desire to pass urine please alert the doctor, you will be encouraged to hold until you feel quite full. Should you feel any autonomic symptoms please alert the doctor.

If one of your symptoms is leakage, it will be attempted to reproduce this so the doctor can see what the bladder is doing at the point of leaking. Patients may find this embarrassing, but it does provide vital information needed to treat those symptoms. All staff will endeavour to be as supportive as possible at all times.

## What happens immediately after the procedure?

At the end of the procedure your bladder will be emptied, if you are able to pass urine this will be advised or the nurse may gently tap your abdomen to stimulate the bladder. Otherwise urine will be removed by attaching a syringe to the catheter. A final x-ray will be taken to ensure the bladder is empty prior to the catheter and the transducers being removed.

## Following the procedure

On return to the ward routine observations will be carried out and monitored to rule out any Autonomic symptoms such as headache and urinary retention. You will be encouraged to eat and drink plenty to ensure your bladder management returns to its pre-investigation state.

Routinely you would be discharged shortly after the procedure if bladder management has returned with clear urine and you are able to safely mobilise as on admission.

Please make sure you arrange any care you may need at home as well as your transport home in advance of your appointment. We regret that we are unable to obtain transport on short notice or to offer overnight accommodation unless there is a clinical need.

## What are the side effects?

### 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), requiring temporary catheterisation
- Inability to pass a catheter into the bladder, requiring further investigation.

### Rare (less than 1 in 50)

- Failure to provide a definitive diagnosis

Guidelines provided by British Association of Urological Surgeons (2016)  
Suprapubic catheter insertion: Information for patients. Leaflet No: 16/035

## What happens next?

Following Urodynamic studies if any change to your bladder routine has been advised by your doctor, your nurse will support you with these changes before discharge. On discharge you will be given a discharge letter detailing how to seek medical advice should you need to. A copy will also be sent to your GP for their records. If there are any recommendations for further treatment or follow up then an appointment will be requested on discharge.

Once discharged should you have any concerns regarding your bladder routine or have any symptoms of feeling unwell, a new onset of blood in urine or urine flow please seek medical advice from your GP or local A&E department. It is recommended that you drink plenty of clear fluids for 24-48 hours afterwards.