

TYPES OF INCONTINENCE (INVOLUNTARY LEAKAGE OF URINE)

Stress Urinary Incontinence:

Leakage due to physical exertion, coughing, sneezing.

Urge Incontinence:

Leakage with sudden acute desire to pass urine secondary to Overactive Detrusor (muscle in the bladder wall).

Mixed Incontinence:

Stress + Urge.

Over flow Incontinence:

Where patient has retention of urine, distended bladder. No stress no urge.

Obstruction

- Most common in elderly age group, it is enlargement of Prostate gland at the base of the bladder.
- Bladder neck obstruction.
- Stricture Urethra (narrowing anywhere along the urethra).
- Posterior urethral valves in children.

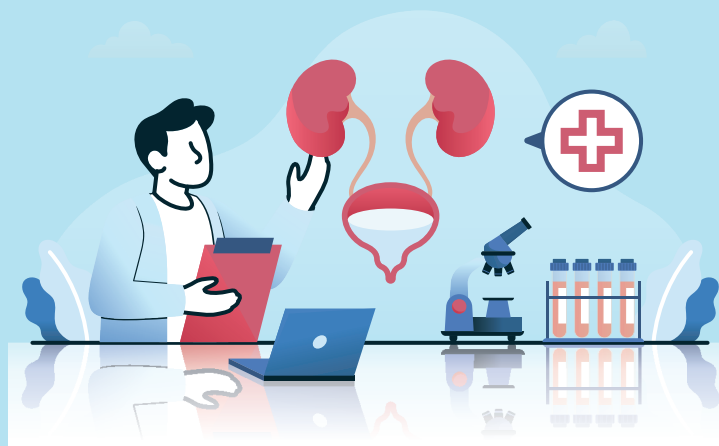


Lilavati Hospital and Research Centre

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Urodynamic Study



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URODYNAMIC TESTS

To assess the functions / dysfunctions of the Lower Urinary Tract. It is applicable to females, males and children who are having difficulty in passing urine or having leakage problem.

Function of Lower Urinary Tract (LUT)

- . Storage of urine
- . To maintain continence
- . Complete emptying of bladder under voluntary control

Dysfunction

A. Storage

- . Increased frequency (Day/Night)
- . Urgency
- . Incontinence

B. Emptying

- . Hesitancy or taking time to initiate voiding
- . Straining while passing urine
- . Poor flow of urine/diminished force of urine stream
- . Retention of urine (unable to pass urine)

C. Post Micturition

- . Sense of incomplete voiding
- . Post micturition dribble

COMPONENTS OF URODYNAMIC TESTS

- . Uroflowmetry
- . Cystometry
- . Urethral Pressure Profilometry
- . Electromyography of the Sphincter

Uroflowmetry

This is a non-invasive screening test performed with normal desire to pass urine in privacy. Flow rate can be normal or abnormal. It is measured in ml/sec. The cause of the abnormal flow rate needs to be further evaluated to find the exact cause.

It gives information on

- . Voided Volume
- . Maximum Flow Rate
- . Voiding Time
- . Average Flow Rate
- . Flow Time

Cystometry

Pressure in the bladder is recorded during filling and during emptying. Before filling the bladder post void residual volume is measured. Any abnormal pressure rise or leakage is documented.

Urethral Pressure Profilometry

Gives information on the continence/control mechanism of LUT.

Electromyography of the External Sphincter Muscles / Pelvic Floors Muscles

Gives information on coordination between bladder and the Sphincter muscles, during filling and during voiding phase.