



TEXAS UROLOGY

DIAGNOSTIC EVALUATION INCONTINENCE

The workup of the incontinent patient can include any of the diagnostic tests/procedures listed below. The purpose of these tests are determined by:

- The extent of leakage
- Cause of leakage
- Existing damage to either the bladder or kidneys

All tests can be performed either in the office, or as an outpatient at a hospital or surgery center. They are all relatively painless, and one can resume normal activity immediately following the procedures.

CYSTOSCOPY – A small telescope is passed into the bladder, and the inside of the bladder is examined. The patient is placed in the same position as for pelvic examination. Following a small iodine solution being used to cleanse the area, a local anesthetic is inserted into the urethra (the tube that drains the urine from the bladder). The examination then takes approximately 5 minutes to perform. In addition to evaluating the bladder lining and muscular wall, the movement of the bladder opening can be evaluated while coughing or straining. Typically, a pelvic examination is performed at the end of the procedure. After the procedure, there may be some bleeding or mild burning with urination.

CYSTOMETROGRAM – (CMG) A procedure in which a small catheter (a plastic tube smaller than a pencil) is passed into the bladder. The catheter is used to deliver fluid into the bladder. A second very fine tube measures pressure within the bladder with filling. The first urge to void, strong urge to void, uncontrolled urge to void, and maximum amount of urine that can be held are important diagnostic points. This procedure takes about 10-15 minutes to perform. By voiding prior to the CMG, the amount of urine left in the bladder can also be measured.

Following completion of the CMG, the catheter is removed, and patients may be asked to void, or strain while the very fine tube remains in place. This helps determine the extent of leakage, and whether or not certain types of treatment options will be beneficial. Following the procedure there may be some burning or passage of air with urination.

VOIDING PATTERN – A daily diary where a patient records the amount and time of day of urination. Times when leakage occurs are also noted. The amount of urination should be in ounces. Diary pages will be provided.

RENAL SONOGRAM – An examination of the kidneys using sound waves. This is a totally painless procedure in which sound waves are transmitted through a handheld device and bounced back off of the kidney. This very simple test can determine if there is any kidney damage.

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IVP – An X-ray procedure in which iodine is injected into the vein and pictures are taken of the kidney at various intervals. This determines not only the appearance, but extent of damage to the kidneys. There can be some nausea, bad taste in the mouth, or light headedness with the procedure. Prior to the procedure, the radiologist requests that laxatives be taken.

VCUG – An X-ray procedure in which a patient is catheterized, and the bladder is filled with dye. The catheter is removed, and pictures are then taken of the patient voiding.

Not all diagnostic tests may be done on each individual.