

Cooke's Continenence Center & Urogynecology Urodynamic Testing

You are being scheduled for a procedure called Urodynamics or CMG. I ask that you come to this procedure with as full a bladder as you can tolerate, unless you are wearing a catheter. Included is a voiding diary which will assist me in evaluating you further. I ask that you complete the voiding diary for ANY 24hour period prior to urodynamic testing.

I generally run on time for this procedure and ask that you also be on time. If you are going to be later than 10 minutes past your appointment time, you WILL be rescheduled and charged a \$150 fee that will not be billed to your insurance.

If you are taking any of the following medications, I ask that you discontinue these medications **3 days prior to testing**. Medications include: **Ditropan (oxybutynin), Detrol (tolterodine), Vesicare (solifenacin), Enablex (darifenacin), Sanctura (trospium), Oxytrol, Toviaz (fesoterodine), Myrbetriq (mirabegron), Gemtesa, Flomax (tamsulosin), Bethanechol (urecholine).**

This testing cannot be performed during your menses (period) as it may give false results. Please call to reschedule as soon as possible if this happens to be the case.

As a courtesy, your benefits will be verified prior to this procedure and you will be notified of your out of pocket responsibility that will need to be paid at the time of the procedure.

*****A 48 hour cancellation notice is required for this testing.** Patients who fail to cancel your appointment with a 48 hour notice or you do not show for your testing appointment, you will be **CHARGED \$150.** It will be your responsibility to pay this charge as it will not be billed to your insurance company.

The following time has been set aside especially for you:

TESTING DATE: _____ **TIME:** _____ **am/pm**

CONSULT DATE: _____ **TIME:** _____ **am/pm**

Patient's Signature _____ **Date:** _____

Voiding Diary Instructions

(Back Page)

The voiding diary is a record of your voiding (urinating) and leakage (incontinence) of urine. Choose a 24 hour period of time to keep this record when you can conveniently measure each trip to the bathroom. Use an old measuring cup or purchase a measuring cup at the dollar store than you can dispose of after keeping the diary.

Begin your record with the first void upon rising in the morning.

1. Record time and all voids, leakage and intake of fluid/type
2. Measure all intake and output in ounces, cups or cc's
3. Describe any specific activity you were performing at the time of the leakage. If you were not actively doing anything, record whether you were sitting, standing or lying down.
4. Estimate the amount of leakage: 1= damp, few drops; 2= wet underwear or pad; 3= soaked
5. Record whether an urge to urinate accompanied the leakage of urine. Write 'YES' in urge column.

