

# WEBINAR PART 1

APRIL 15, 2020



# YOUR PATIENT AND YOUR PRACTICE

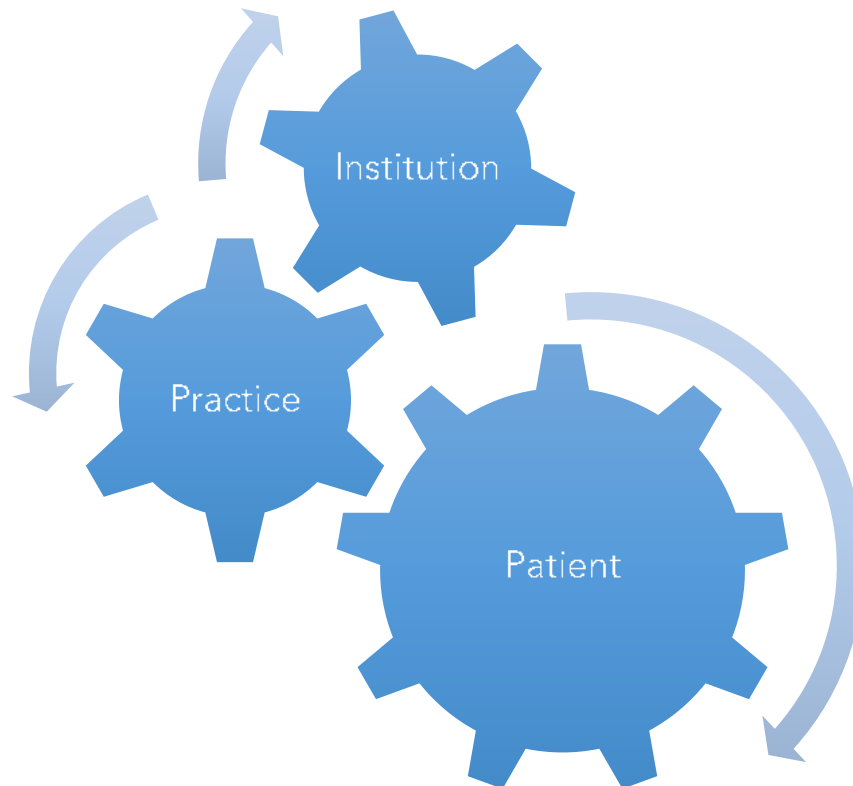
CAROLINE SMITH, RT (R ) ARRT

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# THINGS TO CONSIDER

- Review policies and procedures
- Conduct a refresher of your clinic's Urodynamics process

*This review process must be tailored; what is best for your practice?*



# THINGS TO CONSIDER (CONT'D)

How are appointments made and confirmed?

Will you have printed patient instructions?

Will you use bladder diaries?

How much time do you allot for each urodynamic test?

Do you want/need a signed, informed consent?

What will your patient flow be?

What should the front desk staff advise the patient?

What is the provider's role?

# THINGS TO CONSIDER (CONT'D)

Discontinue bladder medication prior to the UDS procedure? How long prior?

Urinalysis: Prior to UDS? Day of?

Take vital signs prior to beginning the test?

Reasons for cancelling UDS procedure? (infection, low/high blood pressure, menstruation)

Prophylactic antibiotics\*? When? Which one? Only under certain circumstances?

Cystoscopy during the same visit?

Prefer UDS first!

How will you handle difficult catheterizations?

\* Best practice policy statement on urodynamic antibiotic prophylaxis in the non-index patient - Cameron AP et al. *Neurourol Urodyn* 2017; 36(4): 915-26.

# PRIOR TO THE URODYNAMICS APPOINTMENT

## Prior To

Provide a bladder diary

Provide instructions prior to the visit, including:

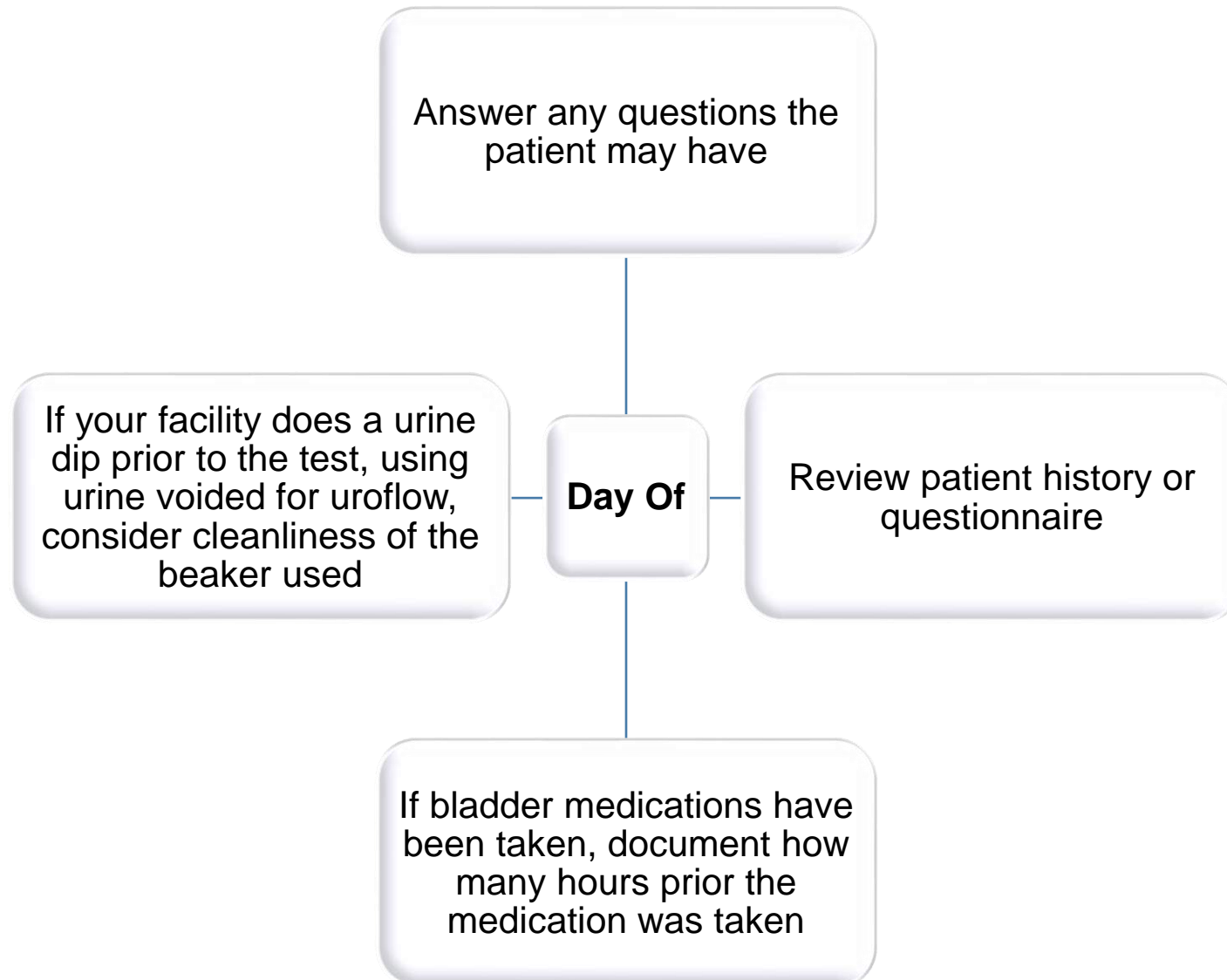
- ▶ *Appointment time*
- ▶ *Clothing required*
- ▶ *Need to urinate in test setting*

## Items to Bring







- ▶ *List of medications*
- ▶ *Bladder diary*
- ▶ *Extra socks*

**Ask the patient to arrive with a full bladder**

# DAY OF THE URODYNAMICS PROCEDURE

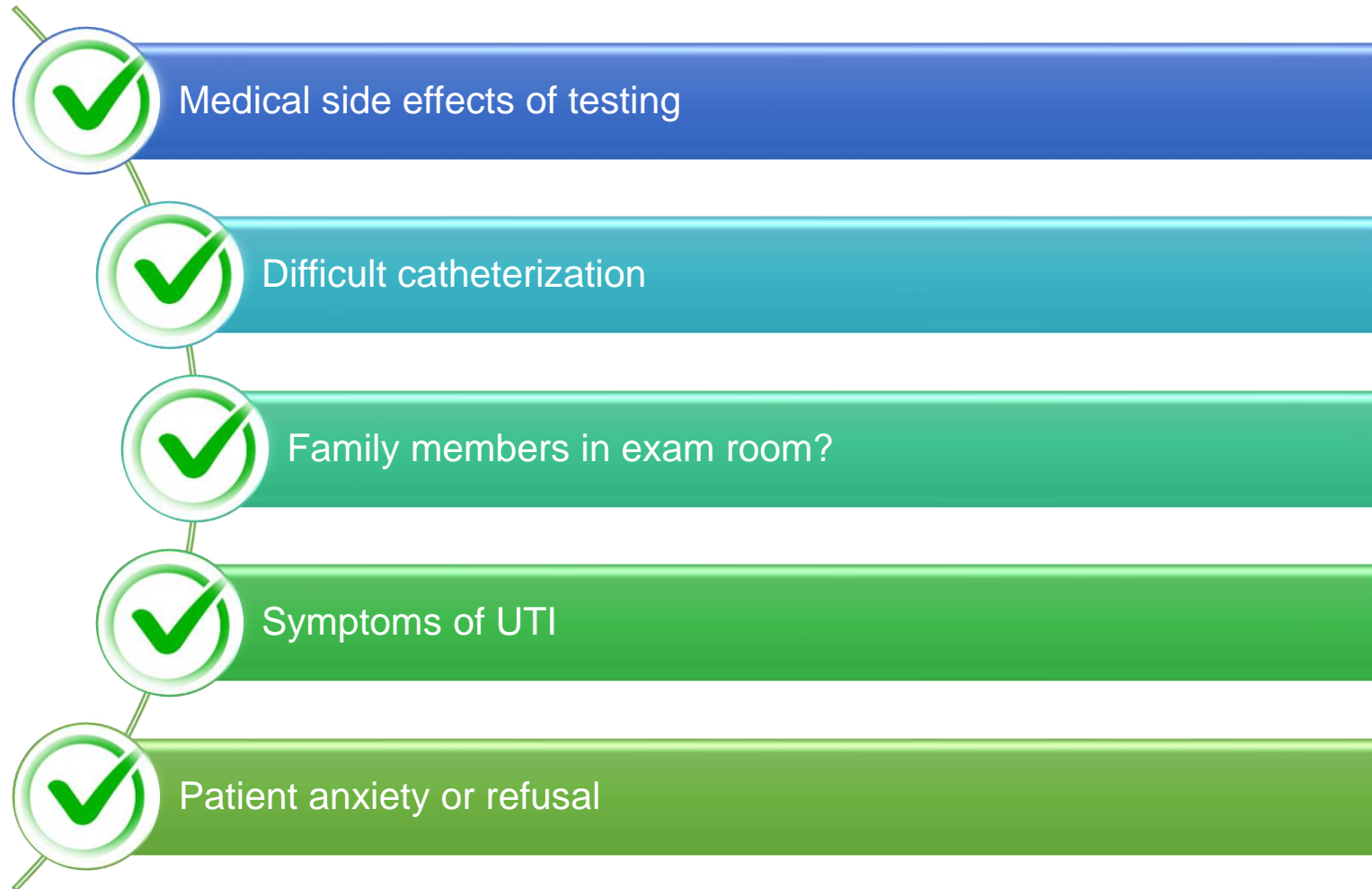


# YOUR CLINIC SETTING

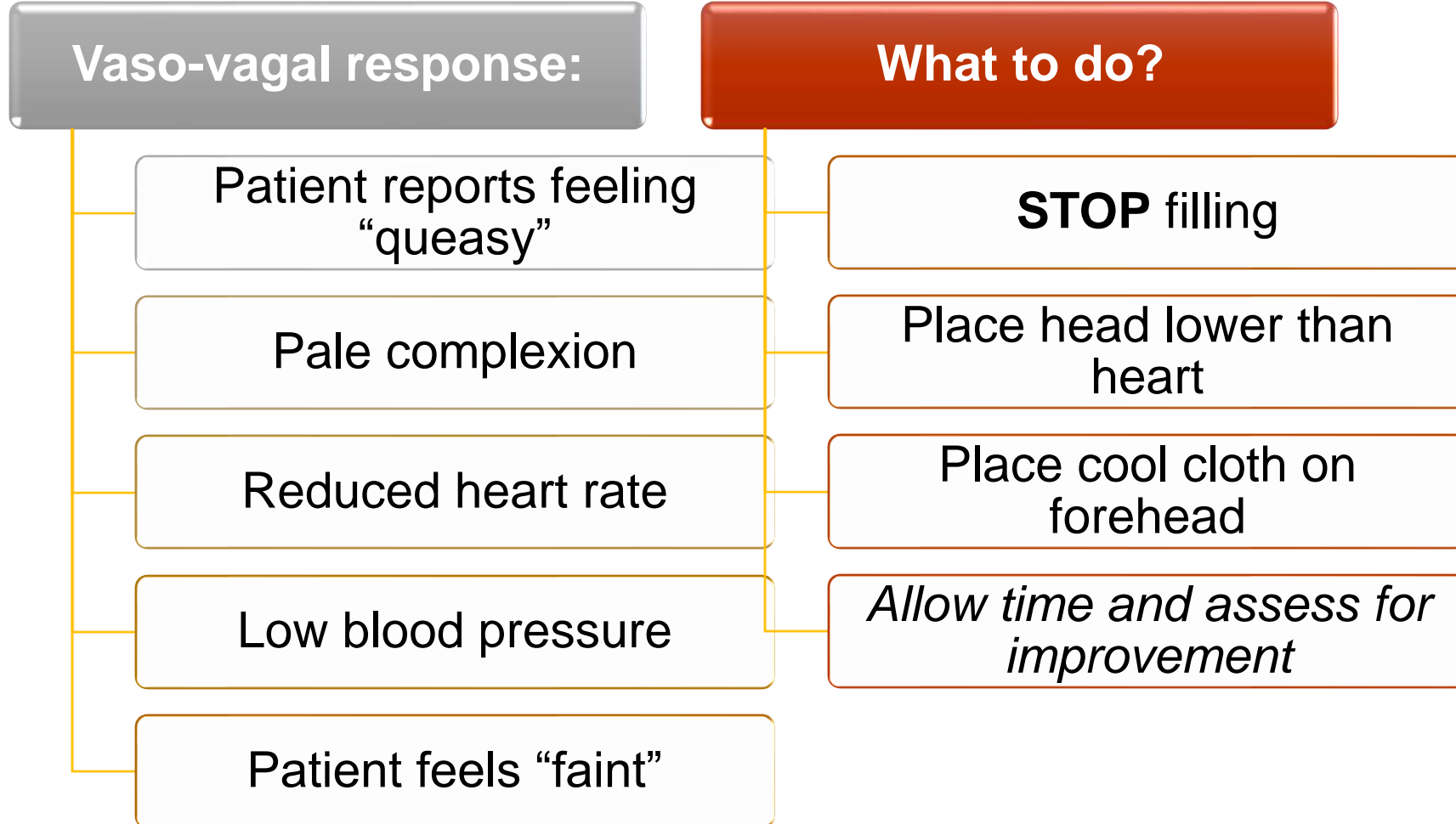
-  Ensure privacy
-  Music or soft sounds in the background
-  Pictures on the wall or ceiling
-  Specimen cups in the bathroom? Place them in a basket?
-  Have toilet paper in exam room
-  Have wipes available for post-test “freshening-up”

# BE ALERT FOR PROBLEMS

**Have a plan in place for handling any situation that arises**

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- ✓ Medical side effects of testing
  - ✓ Difficult catheterization
  - ✓ Family members in exam room?
  - ✓ Symptoms of UTI
  - ✓ Patient anxiety or refusal

# SERIOUS MEDICAL SIDE EFFECTS



# AUTONOMIC DYSREFLEXIA

**Bladder problems are the most common cause of autonomic dysreflexia**



Autonomic Dysreflexia (AD), also known as autonomic hyperreflexia, **is an emergency situation**



It is an abnormal response of the autonomic nervous system which occurs when your body is experiencing pain or discomfort below the level of the spinal cord injury (SCI)

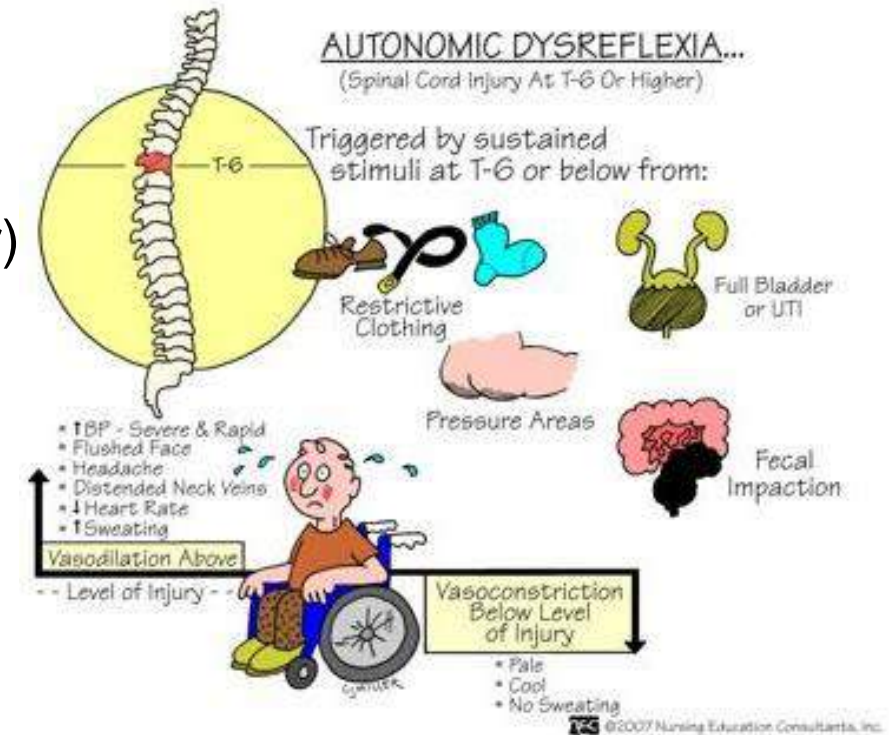
# AUTONOMIC DYSREFLEXIA

AD is a life-threatening situation; the patient's blood pressure will rise which is very dangerous!

- May occur in patients with spinal cord injury (T6 or higher)
- Patient reports sudden painful headache
- Profuse sweating, goose bumps
- Flushing above the level of injury

## Next Steps

- Stop filling
- Immediately remove rectal catheter
- Monitor blood pressure
- Empty bladder quickly and discontinue the test (make note of bladder volume that initiated this response)
- Follow your local protocol on how to continue treatment and monitoring, and if test should be continued or not



# INSTRUCTIONS AND REASSURANCE

## Prior to catheterization, explain:

No needles

May feel discomfort initially but rarely pain

You will stop any time should they make the request

## Prior to test, explain:

Report sensations

Provide examples

Delay voiding until instructed

# POST-PROCEDURE

Encourage extra fluids for the rest of the day; keeps urine more diluted and patient less uncomfortable



Teach your patient the signs and symptoms of urinary tract infection

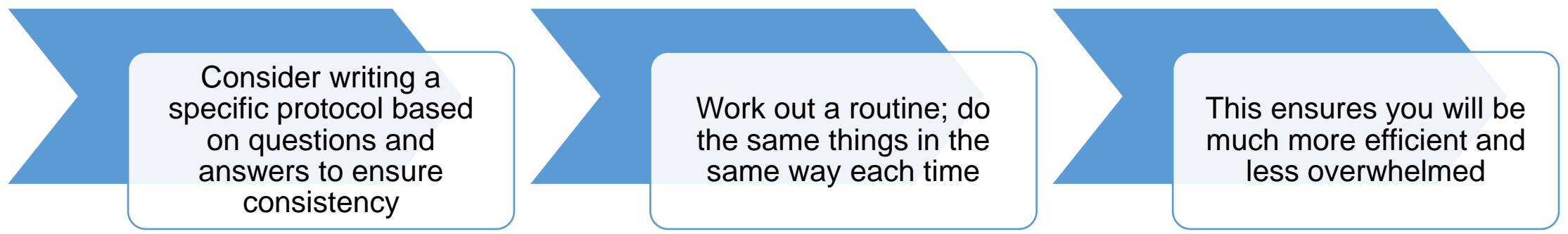


Provide instructions for follow-up appointment



Address any questions about resuming medications

# ADVICE FOR THE UDS CLINICIAN

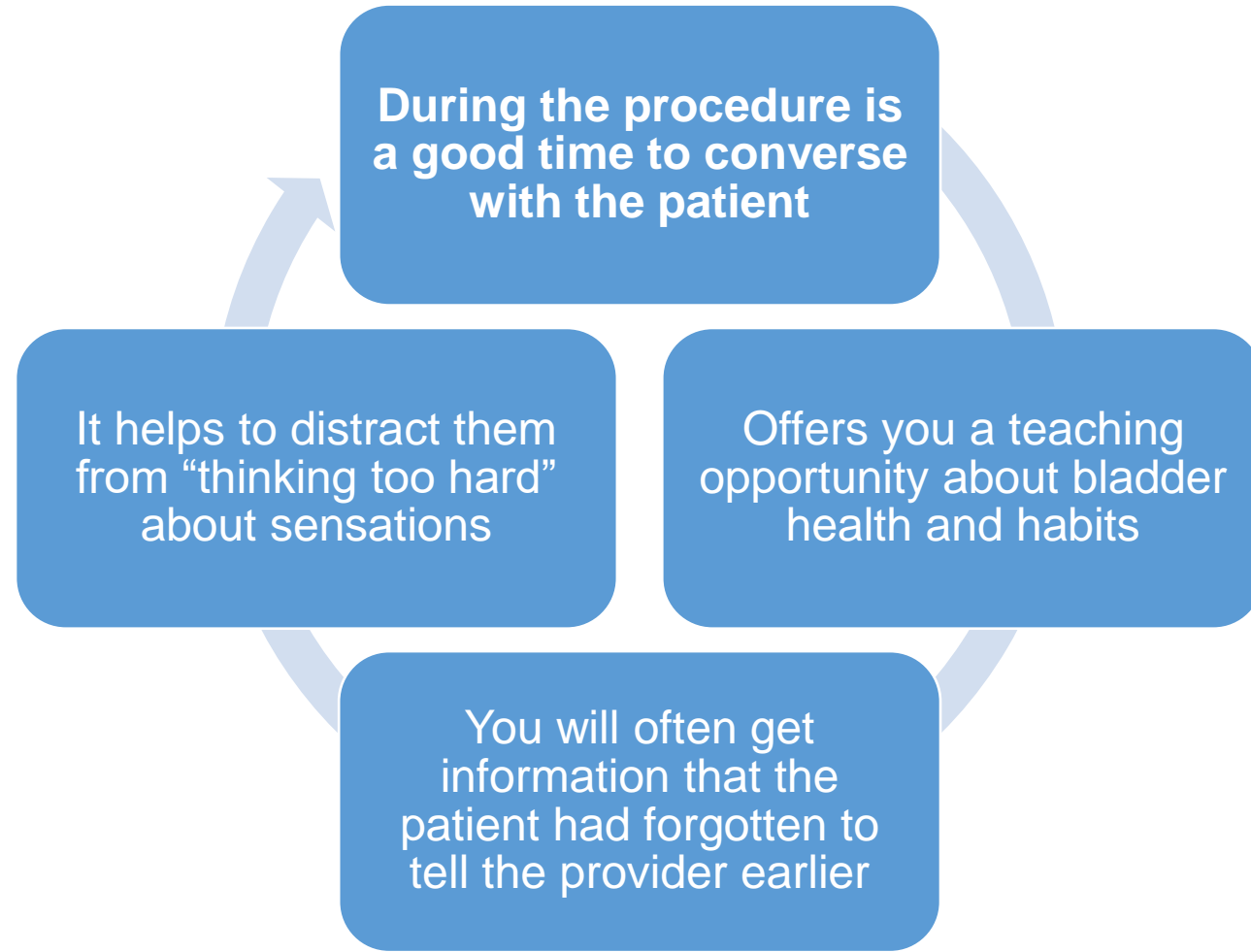
A horizontal flowchart with three steps. Each step is represented by a blue chevron pointing right, followed by a white rounded rectangle containing text. The steps are: 1. Consider writing a specific protocol based on questions and answers to ensure consistency. 2. Work out a routine; do the same things in the same way each time. 3. This ensures you will be much more efficient and less overwhelmed.

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# INTERACTION WITH THE PATIENT MAKES A DIFFERENCE



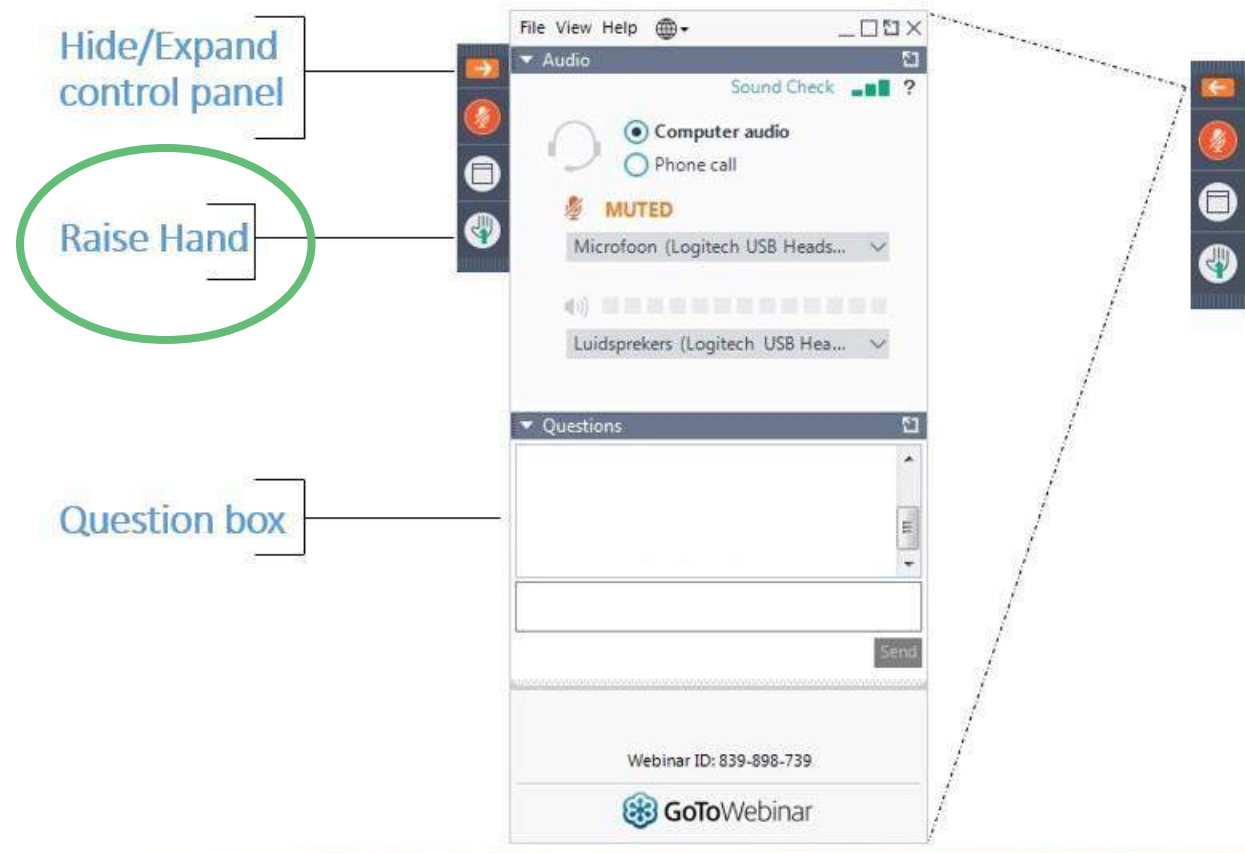
**The more comfortable your patient is, the better your test results will be.  
Remember, you are trying to reproduce a natural function in an unnatural setting!**

# PRACTICE BUILDS CONFIDENCE



# THANK YOU FOR JOINING

Q&A PERIOD – PLEASE RAISE YOUR HAND



# CONTACT INFO

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