

## Information for patients, parents or carers

# Video Urodynamics- what does it mean and what to expect (children and young people)

### Introduction

We have written this leaflet to tell you about your child's video urodynamic study, explain what the study involves, the risks and benefits of having video urodynamics and what you can expect when you come into hospital for the appointment.

This leaflet should answer any questions you may have about the study. If you require any further information, please contact the secretaries 0191 2825289.

### What is a urodynamic test/study?

A video urodynamics study is a specialised type of test carried out at the Great North Children's Hospital (GNCH) within the X-ray department. The test is designed to investigate the bladder function and measure the pressure inside your child's bladder. The aim of the test is to reproduce your child's voiding patterns and identify if there is an underlying problem.

It measures the pressures inside your child's bladder whilst it is being filled and sometimes whilst the child is passing urine.

### Why do you need a urodynamic test/study?

If your child has bladder problems, such as wetting accidents, frequent urinary infections or have a condition where the nerves to the bladder do not function properly. Urodynamics can help the team to understand what is happening in the bladder when it is filling up and emptying. This information can help the team to come up with treatment options of how to improve the symptoms that your child is having.

There are currently no alternative tests which provide us with the information which we can get from urodynamics.

### What does the test/study involve?

#### The Catheter

In preparation for the test, it will be necessary for a catheter to be passed into the child's bladder, the catheter is a fine tube and will be passed through the opening which urine is passed (the urethra). The catheter is lubricated with jelly so that it can slide in easily without causing too much discomfort, any discomfort felt should ease off quickly.

Sometimes children who cannot tolerate the procedure above need to have the catheter inserted under a general anaesthetic and will be admitted to ward 8 on the morning of the procedure to have this done. When done this way the catheters are inserted into the bladder through a small incision made in the skin. Your Doctor will explain the operation in more detail; discuss any worries you may have and ask for you/your child's permission to do this by asking you to sign consent. An anaesthetist will visit you on the ward beforehand to explain the anaesthetic in more detail. After this procedure your child will return to the ward to recover from the anaesthetic, before being transported to the x-ray department to have the urodynamics test/study performed.

### **The rectal Probe**

Before the test a very fine tube (like the catheter) will also be passed into your child's rectum (bottom). The rectal probe is very fine, lubricated with jelly and is not painful, it may feel a little strange or uncomfortable, but this too will ease off quickly. This probe is used so that the pressures in your child's abdomen can be measured during the test at the same time as measuring the pressures in the bladder.

### **The urodynamics test/study**

Once in place the catheters will be secured using tapes to prevent them from falling out. We will ask your child to sit on a special toilet before connecting both ends of the catheters to the computer system. If your child is not able to sit on the toilet they can lay on the bed.

The bladder is then filled up slowly with fluid through the catheter; this fluid is warm and can be seen on x-ray. This may take up to 45 minutes, and you will be asked to try and keep your child still. X-ray pictures will be taken at different points throughout the test, this will show us how the bladder looks, if there is any backflow of urine to the kidneys and if there is any leakage. You/your child will be asked a series of questions throughout the test such as when they would normally pass urine, and when they feel desperate. It is important for your child to tell the team if they feel any discomfort or urgency to pass urine. We know how much fluid their bladder should hold based on their age so will not over fill them with fluid. Your child will be asked to cough at some points during the procedure, this helps the team to identify the pressures in the bladder as well as any strain on the bladder neck which may cause urinary leakage.

Once the bladder is full the child will be asked to pass urine, and this can be done on the toilet they are sat on or with the aid of a catheter if this is how they pass urine usually. Afterwards we may do another x-ray to see if all of the fluid has been emptied out. Once the test/study is complete we will remove the catheters.

If your child has had an anaesthetic they will need to return to the ward until they have fully recovered.

The team will discuss with you on the day the findings of the study and make any necessary changes.

### **Are there any risks associated with urodynamics?**

There is a very small risk that your child will develop a Urinary Tract Infection (UTI) after the test. To try and minimise this risk we ask that your child drinks plenty of fluid after the test/study. If you think your child is unwell, has a temperature or smelly/cloudy urine then you should seek medical advice from your doctor.

There is a very small chance of bleeding after the test, you may notice a small amount of blood in your child's urine, for the next few times they go to the toilet/ pass a catheter, this is normal. However, if it is very heavy or does not stop within 24 hours you should contact your GP for advice.

## **What do I need to do before the test?**

If your child requires an anaesthetic to have the catheters put in then please follow the separate advice regarding nil by mouth times.

If your child does not require an anaesthetic, then they can eat and drink as normal before the test. We will ask your child to empty their bladder prior to the test starting, this can be done the way they usually empty their bladder.

It is extremely useful if the bowels are empty before the test, this can be done the way they usually open their bowels the evening or morning before the test. Please bring a recent bladder diary on the day of the test so we have an idea about the usual bladder capacities either on voiding or on catheters.

## **For further information**

### **Contact details**

Paediatric surgical secretaries 01912825289 Monday to Friday 8am to 4pm  
Paediatric stoma/urology nurses 01912824890 [nuth.stomaurology@nhs.net](mailto:nuth.stomaurology@nhs.net)  
Monday to Friday 8am to 4pm

PALS (Patient Advice and Liaison Service) for help, advice and information about NHS services. You can contact them on freephone 0800 032 02 02, email [pals@nhct.nhs.uk](mailto:pals@nhct.nhs.uk).

<https://www.northumbria.nhs.uk/patients-and-visitors/share-your-feedback/patient-and-advice-liaison-service-pals#9882d87e>

### **Useful websites**

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS website at [www.nhs.uk](http://www.nhs.uk)

If you would like to find accessibility information for our hospitals, please visit [www.accessable.co.uk](http://www.accessable.co.uk)

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