



SOUTH COAST UROGYNECOLOGY
THE WOMEN'S CENTER
Laguna Institute for Aesthetic Vaginal Surgery

URODYNAMICS WORK SHEET

Date: _____

Patient Name _____
Age _____ Date of Birth _____

Medical Record # _____

VITALS: Weight _____ BP _____ Pulse _____

STRESS TEST:	Upright	Negative	Positive
	Standing	Negative	Positive
Empty Bladder Stress Test		Negative	Positive
Pessary Challenge Test		Negative	Positive
Q-Tip Test		Negative	Positive _____ Degrees

Spontaneous Cough Stain Volume + ++ +++

Residual Bladder Scan: #1 _____ #2 _____

1st Urge _____
2nd Urge _____
3rd Urge _____
CMG Capacity _____
VLPP _____
UPP _____

Uroflow:	Max Flow Rate _____	Ave Flow Rate _____
	Flow Time _____	Voided Volume _____
	Pattern Normal	Hesitant Obstructive _____

Bladder: Stable _____ Unstable _____ Contraction: Sustained _____ Unsustained _____

EMG: Normal _____ Abnormal _____ Describe: _____

Cystoscopy Normal _____ Abnormal _____ Describe: _____

Other Findings:



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IMPRESSION:

SUI (Stress Incontinence)
 ISD (Intrinsic Sphincter Defficiency)
 DO (Detrussor Over Activity)
 OAB Wet Dry
 Overflow Incontinence
 Mixed Incontinence
 Cystocele Grade 0 1 2 3 4
 Rectocele Grade 0 1 2 3 4
 Enterocele Grade 0 1 2 3 4
 Uterine Prolapse Grade 0 1 2 3 4
 Vaginal Prolapse Grade 0 1 2 3 4
 Labial Enlargement/Asymmetry
 Vaginal Laxity
 IC
 CPP Endometriosis/Adenomyosis Adhesions Infection
 AUB Polyps Fibroids

OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____

PLAN & RECOMMENDATIONS:

SLING/CYST ENT REP UTER SUSP LABIA MINORA PLASTY FES/PEL FLOOR
 ANT REP SSLS VAG PLASTY LABIA MAJORA PLASTY RENESSA
 POST REP PIVS PERI PLASTY CLITORAL HOOD REDUC BLAD BOTOX
 MESH USE BIOLOGIC SITE SPECIFIC

CONSULTATIONS SCHEDULED:

Pre-Op With _____
 Anesthesia _____
 Other _____

FOLLOW UP ___ Days ___ Weeks ___ Months ___ Year/s

SIGNATURE _____

DATE _____

Dictated _____