

奇美醫學中心 婦產部 婦女尿流動力學檢查報告單

Name: _____ Age: __ y/o Date: _____(MM/DD/YY)
Chart No.: _____; Parity: NSD/VED/CS; menopause: Y/N; HRT: Y/N
UDS No.: _____ Requested by Dr. _____

CC:

Uroflowmetry (UFR): (Normal/ Low/ High) maximal flow rate with (normal/ prolonged) voiding time. The flow patten was normal (strained with intermittent/ interrupted) type. Voided volume (VV) & postvoidal residual (PVR) were _____ml and _____ml, respectively.

Cystometry (CMG) + Electromyography (EMG): Stable detrusor with coordinate urethral sphincter EMG. (A tonic increase in Pdet at the end filling with coordinate urethral sphincter EMG). Urine leakage (+ / -) on Valsaval's maneuver and cough provocation. The first desire volume (FDV) was _____ml. The maximal cystometric capacity (MCC) was (within/ below/ above) normal range.

Pressure flow study (PFS): Voiding Pdet was (normal/ low/ high) and able to sustain until the end of flow. The urethral sphincter EMG was (coordinated, reactive) during voiding. The detrusor reserve was (normal, poor, subnormal). (She could not void on the UDS exam table).

Urethral pressure profile (UPP) & stress UPP: The bladder capacity was _____ ml. (Negative/ Positive/ Equalized) pressure transmission ration (with/ without) urine leakage during cough provocative test. The intrinsic sphincter mechanism was (normal/ abnormal/ subnormal). Valsava's leak point pressure (VLPP) was _____ cmH₂O.

Pad test: ____ gm/ _____ ml (VV)

Impression: Urodynamic stress incontinence (USI)

- Detrusor overactivity with/ without incontinence
- Mixed urinary incontinence (USI + DO)
- Normal/ Increased/ Decreased/ bladder sensation
- Low compliant bladder
- (Normal/ Underactive/ Acontractile) detrusor
- Bladder outlet obstruction
- Detrusor sphincter dyssynergia (DSD)

- Suggestions:**
1. Bladder reeducation
 2. Biofeedback or electro-stimulation or both
 3. Oral medication
 4. Operation: Bladder neck suspension (e.g. Burch) or midurethral tension free vaginal tape (TVT or TVT-O or TOT).
 5. Pyridium 2# st.

Signed by _____ Ming-Ping Wu, M.D.