Physician Dictation for The UroCuff® Test

(Content Steps and Sample Physician Note)

**Step One- Identify the Clinical Purpose of Performing The UroCuff Test:**

Provide the clinical background on why the test was ordered:

Patient presents with LUTS symptoms common to men suffering from benign prostate hyperplasia, including: (include all that apply)

* Nocturia \_\_\_X per night
* Urgency
* Frequency
* Urinary tract Infection
* Positive urinalysis (identify marker)
* Elevated post void residual

Patient has been on medication for LUTS symptoms for the past \_\_\_ months/years with diminishing success. Patient now complains of side effects from the medication and seeks to resolve his symptoms.

**Step Two- Describe The UroCuff Test:**

Provide a description of The UroCuff Test

The UroCuff Test is a Natural Fill Voiding Pressure Study performed on the CT3000 Complete Urodynamics instrument. The AUA BPH Clinical Practice Guidelines recommend that a Voiding Pressure Study should be considered when diagnostic uncertainty exists. The patient’s bladder was filled naturally and the test began when the patient reported a strong desire to void. The patient was fitted with a small, pneumatic penile cuff and sEMG electrodes are applied to the perineum and abdomen. The patient was instructed to void naturally onto a precise scale which measures urine flow rate and total voided volume. The urodynamics instrument applied a series of linear inflations and deflations to the pneumatic penile cuff and recorded the effects on urine flow rate. The penile cuff pressure required to interrupt flow represents the bladder pressure at the time of interruption. This inflation/deflation cycle was repeated until voiding was complete.

**Step Three- Describe The UroCuff Test Results:**

Provide a description of your interpretation of The UroCuff Test results

The diagnostic study provides a report indicating:

* Voided volume: [ \_\_\_ ] ml
* PcuffInt pressure: [ \_\_\_ ] cmH2O
* Maximum flow rate: [ \_\_\_ ] ml
* Desire to void: [ \_\_\_ ]
* sEMG (pelvic floor) base reading: [ \_\_\_ ] uV
* sEMG (pelvic floor) max reading: [ \_\_\_ ] uV
* sEMG (abdominal) base reading: [ \_\_\_ ] uV
* sEMG (abdominal) max reading: [ \_\_\_ ] uV

A review of the EMG, pressure and flow data indicates:

1) The patient (does / does not) indicate for Detrusor External Sphincter Dyssynergia

2) The patient (does / does not) indicate for Abdominal Straining during voiding

3) The patient has (normal / high / low) bladder contractility

4) The patient has (normal / high / low) urine flow rate

5) The pressure / flow data indicates (bladder outlet obstruction / no bladder outlet obstruction / low pressure, low flow / high pressure, high flow)

**Step Four- Describe the Clinical Pathway based on the results:**

Provide a description of the clinical pathway based on your evaluation

The UroCuff Test results indicate that the patient has compromised bladder function secondary to urethral obstruction. When considered with the elevated PVR, IPSS, laboratory results and medical history, BOO is indicated. Direct visualization of the obstruction is required, after which a complete diagnostic evaluation will clarify the appropriate therapeutic intervention.