

Urodynamics

9 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

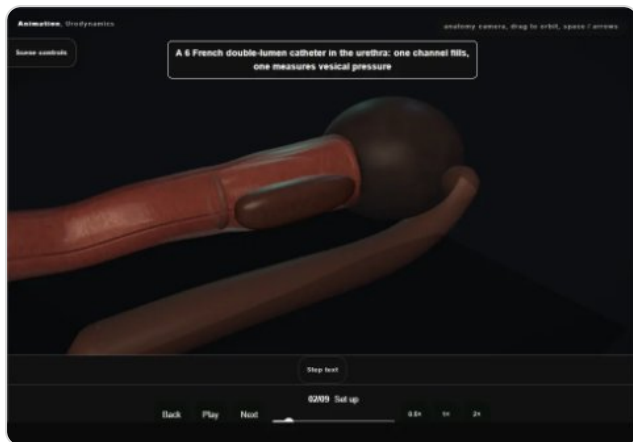
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01 The question



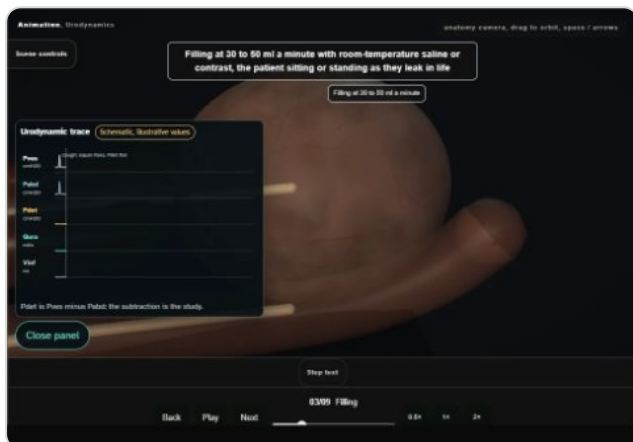
- Written before the catheter goes in: what would this study change?
- Surgery for stress leakage, botulinum toxin, an outlet operation, the diagnosis in a neuropathic bladder.
- **A study without a question is a trace nobody can act on.**

02 Set up



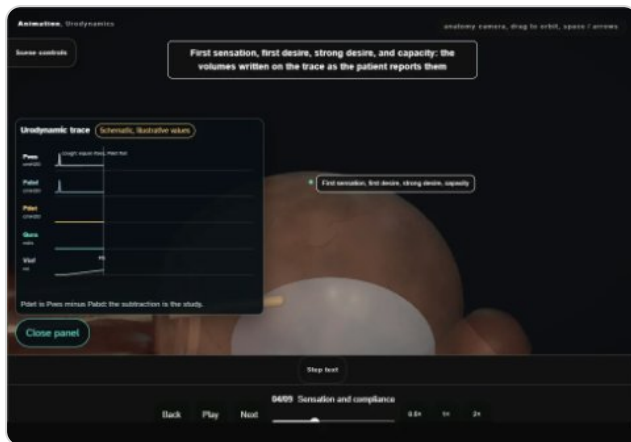
- A 6 French double-lumen urethral catheter that fills and measures, a rectal balloon line for abdominal pressure, detrusor pressure as the subtraction.
- Transducers zeroed to atmosphere at the symphysis; a cough shows equal rises and a flat detrusor.

03 Filling



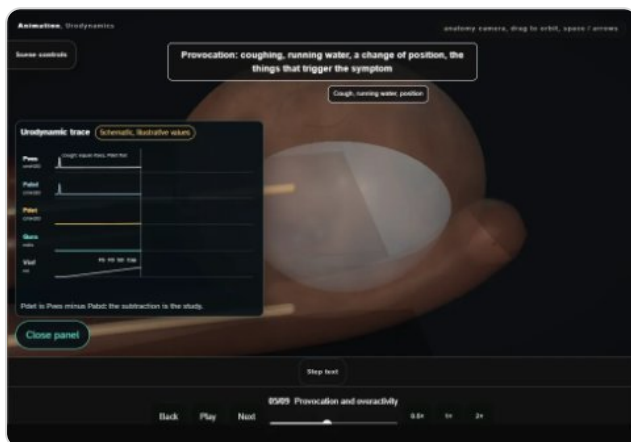
- At 30 to 50 ml a minute with room-temperature saline or contrast, sitting or standing as the patient leaks in life; slower for the neuropathic bladder.

04 Sensation and compliance



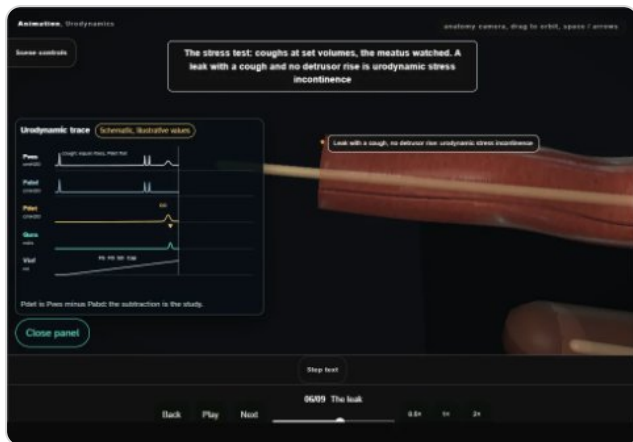
- First sensation, first desire, strong desire and capacity written on the trace.
- **Compliance** is volume over the rise in detrusor pressure; a pressure that climbs with filling is a stiff bladder and a kidney at risk.

05 Provocation and overactivity



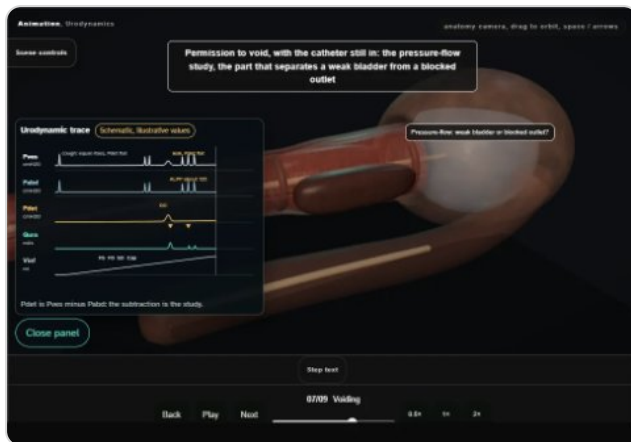
- Coughing, running water, position.
- Detrusor overactivity is a phasic rise in detrusor pressure during filling that the patient cannot suppress, with or without urgency or a leak.

06 The leak



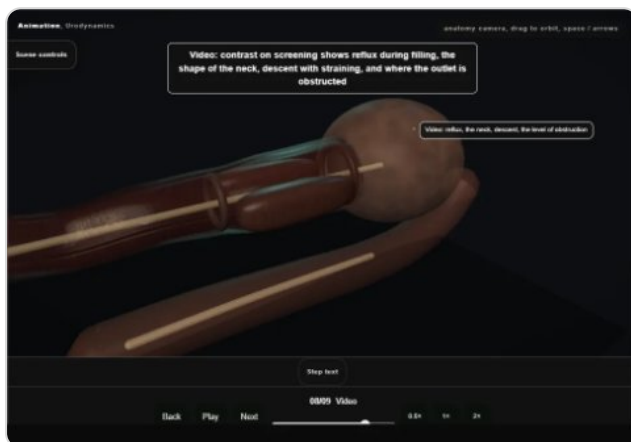
- Coughs at set volumes with the meatus watched: a leak with a cough and no detrusor rise is urodynamic stress incontinence.
- The abdominal leak point pressure, the lowest pressure that leaks, separates a weak sphincter from a mobile urethra.

07 Voiding



- Permission to void with the catheter in: the pressure-flow study.
- Qmax, detrusor pressure at Qmax, the **obstruction index** over 40 obstructed and under 20 not, and the residual after.

08 Video



- Contrast on screening: reflux during filling, the shape of the neck, descent with straining, and the level of an obstruction.

09 The report



- It answers the question in ICS terms: sensation, compliance, overactivity, leak and its mechanism, obstruction, contractility, residual.
- The trace is kept with it; the diagnosis is on the trace.

Derived from endoscopy/UrodynamicsScene.tsx at build time: every step title and caption above is the authored ProcedureDef text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 9 of 9 steps have a captured frame.

Text fingerprint 3159b75f5ad5e05a. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

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Debrief after it.

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