The Certification Board for Urologic Nurses and Associates (CBUNA) encourages certification for all providers of urologic health care. Initial certification is achieved through successful testing by written examination. These examinations are designed to assess comprehensive knowledge of general urology. The examination is offered in three categories: (a) Associate, (b) RN, and (c) Advanced Practice. CBUNA offers a study guide and preferred-reading list to facilitate preparation for the examinations. The following are samples of questions that would be encountered on the Advanced Practice examination.

**Scenario**

Ms. Case, a 70-year-old woman, presents with complaints of frequency and urgency accompanied by urinary leakage. She voids every 20 to 30 minutes to “avoid accidents,” changes the saturated pad and her underwear each time leakage occurs, and reports using 8 to 10 extra-absorbent pads each day. Ms. Case states that she wakes up four to six times each night to make trips to the bathroom; two falls have occurred within the past month during nighttime bathroom excursions.

1. Based on the presenting information provided by Ms. Case, which of the following differential diagnoses could be eliminated by the Advanced Practice Nurse as not requiring additional assessment and/or testing?
   a. Atrophic vulvovaginitis
   b. Acute cystitis
   c. Detrusor instability
   d. Genuine stress urinary incontinence

c. Obtain additional history and conduct physical examination.
d. Send catheterized urine specimen for urinalysis and culture/sensitivity.

Additional findings during this visit include:
- A history of left modified-radical mastectomy at age 65 for stage 3 ductal CA with subsequent tamoxifen medication daily for 5 years.
- Co-morbid chronic obstructive pulmonary disease (COPD) requiring nighttime oxygen.
- Urinalysis negative for RBC, WBC, but microscopic positive for 7 HPF (high power field) neutrophils.
- Pelvic examination indicates smooth, shiny vaginal mucosa and Stage III anterior vaginal prolapse.
- Reported history of symptoms of stress urinary incontinence more than 3 years ago that subsided as the patient began noticing “something dropping” in her vagina.
- 200 ml post-void residual urine measurement.

3. Which of the following indicate that the practitioner has properly interpreted the findings and considered the patient’s history and co-morbid conditions?
   a. Conducted a simple cystometry during the visit.
   b. Prescribed topical estrogen therapy.
   c. Scheduled the patient for another appointment to undergo cystoproctography.
   d. Treated the patient for asymptomatic urinary tract infection.

4. Discussion of treatment options with Ms. Case would include all of the following except:
   a. Vaginal closure (obliteration) surgery.
   b. Continue management of leakage with pads.
   c. Pessary placement.
   d. Use of a bedside commode.

**Answers**

1. **D** – Atrophic vulvovaginitis, acute cystitis, and detrusor instability could be attributed to one or more of the presenting symptoms and age of the patient. Genuine stress urinary incontinence is...
characterized by leakage of small amounts of urine in response to increases in intra-abdominal pressure and precipitated by a strong urge to void (Gray, 1992).

2. C – Answer A might be indicated, but only if additional history, physical and preliminary testing document the need for more complex (and expensive) studies. Although Ms. Case reports a history of falls, the fact that these occurred en route to the bathroom and at night may indicate the need for secondary intervention measures such as additional lighting, bedside commode use, and patient education about fall prevention prior to assuming that the falls are due to neurologic changes. However, answer B would be appropriate as a “referral” to neurology should additional history and physical findings (positive neurologic assessment) support the decision. Answer D is premature prior to obtaining information regarding length of time the symptoms have been present (UA), and would result in unnecessary expense if the urinalysis results were negative (culture/sensitivity).

3. A – The simple cystometry can provide information about bladder filling, emptying, sensation as well as evaluate for urinary retention and overflow. This test is minimally invasive and can be performed in the office, thus the necessity for the patient to return for additional testing appointments is avoided. Answer B is incorrect due to the history of ductal breast cancer which was hormone dependent (evident by history of tamoxifen therapy). Answer C is not the correct answer because cystoproctography and MRI, although used diagnostically for prolapse in women, would not be ordered prior to simple cystometry and are “not routinely recommended for clinical care” (Weber, 2004a, p. 222; Weber, 2004b). Answer D is incorrect because the UA was negative for both RBCs and WBCs; the finding of neutrophil on microscopic examination is within normal limits and not indicative of UTI.

4. A – Answer A would not be correct due to availability of significantly less-drastic alternative surgical options and the co-morbid conditions of this patient to undergo any surgery, particularly a procedure this extensive. All other answer options would be appropriate interventions given the patient’s symptoms, history, and co-morbid conditions. Although estrogen therapy is preferable in conjunction with pessary use, it is not essential. The pessary can be placed by the practitioner and the patient scheduled for followup to remove the pessary, assess for problems, and evaluate continued use of this therapy. In women with advanced vaginal prolapse (Stage 3-4), a previous history of symptoms of stress incontinence, subsiding as the prolapse increased, is not uncommon. Ms. Case is not a good surgical risk, and this option should be avoided if possible (O’Dell & Jacelon, 2005).

References
Getting Ready for Certification: Voiding and Voiding Dysfunction. Encyclopedia browser ? â–². intrinsic. intrinsic asthma. intrinsic color index. intrinsic conductivity. Semantic Scholar extracted view of "Getting ready for certification: voiding dysfunction." by Karen M. Graf. @article{Graf1998GettingRF, title={Getting ready for certification: voiding dysfunction.}, author={Karen M. Graf}, journal={Urologic nursing}, year={1998}, volume={18 3}, pages={207-8} }. Karen M. Graf. Getting ready for certification: voiding dysfunction. Save to Library. by Mikel Gray. A discussion about the current industrial practices, limitations and state of the art related to certification evidences is drafted, and ideas concerning how can evidences be improved in terms of completeness, coherency, correctness, coverage, etc, as well as how can a quantitative analysis of the certification process be derived, are introduced for discussion and feedback.