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**Nursing**

# CBUNA-CUA

*CBUNA Certified Urologic Associate*

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### **Question: 1**

Which of the following resources can be used to obtain clinical information on urogynecology?

- A. Textbooks
- B. Online tools and websites
- C. Radiology reports
- D. Laboratory test results

Answer: A, B

Explanation: Textbooks and online tools and websites are valuable resources for obtaining clinical information on urogynecology. Radiology reports and laboratory test results may provide additional information but are not specific to urogynecology.

### **Question: 2**

Which of the following conditions are considered as pathophysiological factors for stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), and pelvic organ prolapse (POP)?

- A. Weakness or damage to the pelvic floor muscles
- B. Hormonal imbalances
- C. Chronic constipation
- D. Excessive fluid intake

Answer: A

Explanation: Stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), and pelvic organ prolapse (POP) are primarily caused by weakness or damage to the pelvic floor muscles and

connective tissues. Hormonal imbalances, chronic constipation, and excessive fluid intake may contribute to bladder dysfunction but are not the primary pathophysiological factors for these conditions.

**Question: 3**

Which of the following findings related to pelvic floor symptoms would indicate the need for urgent referral?

- A. Unexplained weight loss
- B. Bleeding
- C. Acute pain
- D. Atypical findings

Answer: A, B, C

Explanation: Findings such as unexplained weight loss, bleeding, and acute pain related to pelvic floor symptoms may indicate serious underlying conditions and would warrant urgent referral for further evaluation. Atypical findings should also be considered for further assessment.

**Question: 4**

Which of the following assessments are included in a basic bladder function assessment?

- A. Uroflow interpretation
- B. Post void residual measurement
- C. Urinary infection testing
- D. Hematuria testing

Answer: A, B, C

Explanation: A basic bladder function assessment includes uroflow interpretation, post void residual measurement, and testing for urinary infection. Hematuria testing is not typically included in a basic bladder function assessment.

**Question: 5**

A patient presents with symptoms of urgency, frequency, and nocturia. Which of the following conditions is the most likely cause of these symptoms?

- A. Stress urinary incontinence
- B. Urge urinary incontinence
- C. Overflow urinary incontinence
- D. Functional urinary incontinence

Answer: B

Explanation: Symptoms of urgency, frequency, and nocturia are characteristic of urge urinary incontinence, which is caused by detrusor overactivity leading to involuntary contractions of the bladder muscle.

**Question: 6**

Which assessments should be included in a basic bladder function assessment?

- A. Uroflow interpretation
- B. Post void residual (straight catheter and ultrasound scanner)
- C. Testing for urinary infection and hematuria
- D. Evaluation of bladder capacity using cystometry

Answer: A, B, C

Explanation: A basic bladder function assessment should include the

interpretation of uroflow, which measures the rate and pattern of urine flow, the measurement of post void residual using either a straight catheter or an ultrasound scanner to assess how much urine remains in the bladder after voiding, and appropriate testing for urinary infection and hematuria to rule out underlying conditions. Evaluation of bladder capacity using cystometry is more advanced and may not be included in a basic assessment.

**Question: 7**

When obtaining a comprehensive urogynecology history from women who report pelvic floor symptoms, what should be assessed?

- A. Quality of life and symptom bother
- B. Family history of urogynecological conditions
- C. Previous surgical interventions
- D. Current sexual activity

Answer: A

Explanation: When obtaining a comprehensive urogynecology history from women who report pelvic floor symptoms, it is important to assess their quality of life and the degree to which their symptoms bother them. This helps in understanding the impact of the symptoms on their daily life and overall well-being. While family history, previous surgical interventions, and current sexual activity may also be relevant aspects to consider, assessing quality of life and symptom bother is crucial in evaluating the impact of pelvic floor symptoms on the individual.

**Question: 8**

Which components should be included in an advanced pelvic examination for evaluating pelvic floor conditions?

- A. Neurologic components
- B. POP-Q examination
- C. Pelvic muscle evaluation for function and pain
- D. Vaginal and/or rectal examination as appropriate

Answer: A, B, C, D

Explanation: An advanced pelvic examination for evaluating pelvic floor conditions should include neurologic components to assess the integrity of the nerve supply to the pelvic floor, a POP-Q (Pelvic Organ Prolapse Quantification) examination to assess the degree of pelvic organ prolapse, a pelvic muscle evaluation to assess muscle function and identify any pain or dysfunction, and a vaginal and/or rectal examination as appropriate to further evaluate specific pelvic floor structures.

**Question: 9**

A 65-year-old woman presents to her primary care provider for a checkup. Currently, she feels fine and does not have any complaints besides occasional wrist pain. She has a history of hypertension and gout. She takes lisinopril, amlodipine, and allopurinol and has been stable on them. The patient's diet mainly consists of fruits and vegetables. She eats fish on weekends, which her husband cooks for her. She has smoked one pack of cigarettes daily for the past 35 years but has been trying to cut down. She is to undergo a colonoscopy next week for routine colon cancer screening. One of her friends was recently diagnosed with bladder cancer, and she asks the provider if she could also be screened for bladder cancer. What is the most appropriate response to this query?

- A. Screening for bladder cancer is not recommended; offering a urinalysis might reassure the patient and reduce her anxiety.
- B. Screening, including cystoscopy, should be done now because of her smoking history.

- C. Screening should be done now because of her age and her request.
- D. Screening for bladder cancer is initiated at 70 years of age for patients with a significant smoking history.

Answer: A

Explanation: The most appropriate response in this case would be to inform the patient that screening for bladder cancer is not recommended as a routine measure. Bladder cancer screening is not currently recommended for the general population, including individuals with a significant smoking history. Offering a urinalysis might help to reassure the patient and address her concerns without subjecting her to unnecessary invasive procedures. It is important to provide accurate information and alleviate anxiety while adhering to evidence-based screening guidelines.

**Question: 10**

Which of the following management options can be considered for women with uncomplicated pelvic floor disorders?

- A. Behavioral therapies
- B. Physical therapies
- C. Devices
- D. Surgeries

Answer: A, B, C, D

Explanation: Women with uncomplicated pelvic floor disorders have a range of management options available to them, including behavioral therapies, physical therapies, devices, and surgeries. The specific management plan should be individualized based on the patient's preferences and values.

### **Question: 11**

In the management of pelvic floor disorders, when should an urgent referral be considered?

- A. Unexplained weight loss
- B. Bleeding
- C. Acute pain
- D. Atypical findings related to pelvic floor symptoms

Answer: A, B, C

Explanation: An urgent referral should be considered in the management of pelvic floor disorders when there are unexplained weight loss, bleeding, or acute pain. These symptoms may indicate underlying serious conditions that require immediate medical attention. Atypical findings related to pelvic floor symptoms may also warrant further evaluation, but they may not necessarily require an urgent referral.

### **Question: 12**

A 45-year-old female presents with complaints of involuntary urine leakage during activities such as laughing, sneezing, or exercising. The symptom is most likely due to:

- A. Stress urinary incontinence
- B. Urge urinary incontinence
- C. Overflow urinary incontinence
- D. Functional urinary incontinence

Answer: A

Explanation: Stress urinary incontinence is characterized by involuntary urine

leakage during physical activities or movements that put pressure on the bladder, such as laughing, sneezing, or exercising.

**Question: 13**

Which of the following is a risk factor for developing pelvic organ prolapse?

- A. Obesity
- B. Regular exercise
- C. Young age
- D. Low parity (number of children)

Answer: A, D

Explanation: Obesity and high parity (having a greater number of children) are known risk factors for pelvic organ prolapse. Regular exercise and young age are not typically associated with an increased risk of developing pelvic organ prolapse.

**Question: 14**

Which of the following describes the basic normal physiology and functional anatomy of the pelvic floor?

- A. The pelvic floor consists of muscles and connective tissues that support the pelvic organs and maintain continence.
- B. The pelvic floor is primarily composed of bone structures that provide stability to the pelvis.
- C. The pelvic floor is responsible for the production and regulation of hormones related to reproduction.
- D. The pelvic floor plays a major role in the digestion and elimination of waste products.

Answer: A

Explanation: The pelvic floor consists of muscles and connective tissues that provide support to the pelvic organs, including the bladder, uterus, and rectum. The muscles of the pelvic floor help maintain continence and contribute to sexual function. They also play a role in stabilizing the pelvis and supporting the spine.

**Question: 15**

Which of the following components should be included in an advanced pelvic examination for evaluating pelvic floor conditions?

- A. Neurologic components
- B. POP-Q examination
- C. Pelvic muscle evaluation
- D. Vaginal and/or rectal examination

Answer: A, B, C, D

Explanation: An advanced pelvic examination for evaluating pelvic floor conditions should include neurologic components, POP-Q examination, pelvic muscle evaluation, and vaginal and/or rectal examination as appropriate.

**Question: 16**

Which of the following risk factors are associated with stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), and pelvic organ prolapse (POP)?

- A. Advanced age
- B. Obesity
- C. Pregnancy and childbirth

## D. Sedentary lifestyle

Answer: A, B, C

Explanation: Advanced age, obesity, and pregnancy/childbirth are common risk factors associated with stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), and pelvic organ prolapse (POP). These factors can contribute to weakened pelvic floor muscles and increased intra-abdominal pressure. A sedentary lifestyle may indirectly contribute to these conditions but is not a direct risk factor.

### Question: 17

During a comprehensive urogynecology history, it is important to assess the quality of life and symptom bother of the patient. Which of the following assessment tools can be utilized for this purpose?

- A. Visual Analog Scale (VAS)
- B. Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ)
- C. International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF)
- D. Bristol Stool Scale

Answer: A, B, C

Explanation: The Visual Analog Scale (VAS), Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ), and International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) are commonly used assessment tools to evaluate the quality of life and symptom bother in patients with pelvic floor symptoms. The Bristol Stool Scale is not specific to urogynecology and is used to assess stool consistency.

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