



**Procedure Information –
Uroflowmetry and bladder scan**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

Uroflowmetry and bladder scan is a simple non-invasive investigation for estimating the urine flow rate and the post-voided residual urine volume.

The Procedure

1. Drink fluid/water about 400-500 ml and wait until you feel the need to go to urinate.
2. Void into a flow meter for measuring the speed of urine flow and urine volume.
3. Nurse will measure your residual urine in bladder by using an ultrasound scanner.

Before the Procedure

1. Your doctor will explain to you the reason and procedure
2. Do not urinate and try to hold your bladder.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative Name

Signature

Relationship (if any)

Date