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SUPRAPUBIC CATHETER POST-OPERATIVE VOIDING RECORD

Short or long term bladder drainage is required in a variety of situations. Adequate post-operative bladder drainage is important because overdistension may lead to post-operative infection and difficulty in resuming normal voiding. The following are directions for post-operative voiding.

In the morning, plug or clamp your catheter. You should then attempt to void into the measuring hat when you feel the urge or every 3-4 hours at a minimum. Record the time and the amount you voided. After you void, open your catheter, let it drain 5-10 minutes into the bag and then reclamp the catheter. Record the amount that drains into the bag as the residual volume. If you have not voided within 4 hours, go ahead and unclamp your catheter and let the urine drain into the bag. Reclamp your catheter and begin again. You should keep your catheter unclamped at night while sleeping. In the chart provided, record time, amount of urine voided, and residual urine drained into bag.

Be sure to maintain an adequate amount of fluid intake, 6-8 glasses of fluid each day. If you experience any signs or symptoms of infection, such as burning with urination, sensation of needing to void immediately after you have just emptied your bladder, urgency, frequency, cloudy or foul smelling urine or urine leakage please call the office. When your post void residuals have been consistently less than 100cc for a period of at least 24 hours. Call the nurse at 703-698-7100 ext 406 to schedule an appointment to have the catheter removed.

DATE	TIME	AMOUNT VOIDED	RESIDUAL	DATE	TIME	AMOUNT VOIDED	RESIDUAL
(Example) July 1	7:00 AM	250 cc	100cc				
	9:30 AM	300 cc	75 cc				
	12:30 PM	200 cc	50 cc				
	3:30 PM	400 cc	50 cc				