

PATIENT INSTRUCTION SHEET

PLEASE READ THESE INSTRUCTIONS CAREFULLY
BEFORE USING THE UFLOW METER DEVICE.

Take the tube out of the bag and look at it.
The tube has four main parts:

- the cup
- the top
- the middle
- the bottom



The bottom part has
a small hole in the end.

To measure your urine flow

1. Hold the device upright (as shown in the picture above) over a measuring jug. You should place the jug on the closed toilet lid.
2. With the device held close to yourself pass your urine against inside of the cup part of the device.
3. As you pass your urine you must lean forward a little so you can see the urine through the device. The urine will flow out of the small hole in the bottom but it will also rise up the tube.
4. You must note the highest steady level that the urine reaches in the tube. This will be either in the BOTTOM part (<10ml s-1), the MIDDLE part (10-15ml s-1), the TOP part (>15ml s-1) or in the CUP.
5. If you have difficulty leaning forward then you can look down the centre of the cup to judge the highest level.
6. When you have finished passing urine turn over the instruction sheet and record on the diary sheet provided whether the highest level was in the BOTTOM, MIDDLE, TOP, or CUP. Also note the Volume of urine passed in the jug in millilitres (ml).
7. Pour the urine from the jug into toilet bowl and flush the toilet. To clean your Uflow meter rinse thoroughly under WARM water.
8. If most of your measurements are in the top of the tube, your urine flow is acceptable. If most of your measurements are in the bottom or middle of the tube, you should seek advice from your doctor/nurse.

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The Uflow meter for Gauging the Peak Flow Rate of Urine

Patient Flow Rate Diary

Please take recordings of your flow rate of urine twice a day for 12 days, this should be within a 2 week period but does not have to be on consecutive days where personal circumstances make it difficult to do so.

Please enter this information in the table below as well as the volume of urine passed on each occasion.

Flow rate should be recorded as: bottom, middle, top, cup (see instruction sheet on front).

Volume passed should be recorded in millilitres (ml).

Please record 1 morning void and 1 evening void with a minimum of 6 hours inbetween.

DAY	FIRST VOID		SECOND VOID	
	Flow Rate	Volume Passed	Flow Rate	Volume Passed
Example Day 1	Top	300ml	Middle	200ml
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				