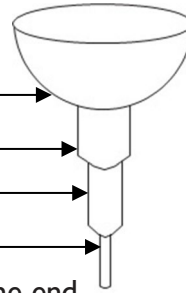


INSTRUCTION FOR USE SHEET

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE USING THE UFLOW DEVICE.

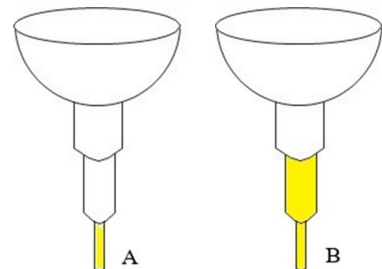
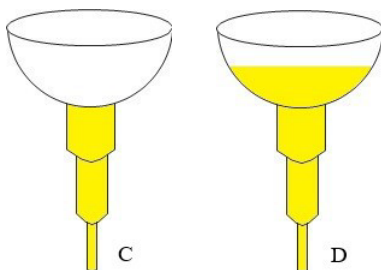
The Uflow device has four main parts:

- The Cup section
 - The Top section
 - The Middle section
 - The Bottom section
- The bottom section has a small hole in the end.



To observe and record your urine flow

1. Hold the device upright (as shown in the picture above).
2. With the device held close to yourself pass your urine against the inside of the cup section 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 device.
4. You must note the highest steady level that the urine reaches in the device. This will be either in the **BOTTOM** section, the **MIDDLE** section, the **TOP** section 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**.
7. To clean your Uflow device rinse thoroughly under **WARM** water.
8. If most of your outturn is in the bottom or middle sections of the device (Fig. A & B), you should seek advice from your doctor / nurse.



9. If most of your measurements are in the top or cup sections of the device (Fig. C & D) your urine flow is acceptable.

The Uflow Device - for Gauging the Peak Flow Rate of Urine

Patient Flow Rate Diary

Using the Urine flow Device to **assess** your peak urine flow rate.

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 passed on each occasion.

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

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

Using the Uflow device to **record** your flow rate

You can use the Uflow device at regular intervals i.e. if you have a urethral stricture. This frequency of checking your flow rate can be discussed with your clinician.

DAY	FIRST VOID	SECOND VOID
	Flow Rate	Flow Rate
<i>Example Day 1</i>	<i>Top</i>	<i>Middle</i>
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8		
Day 9		
Day 10		
Day 11		
Day 12		

Note: This product should not be shared between individuals, it is a single user device.

Photocopy this diary sheet if you are going to observe your flow rate more than once. Additional copies are available to download from the MDTi website's Uflow meter product page.