BORDERS URO-GYNAECOLOGY SERVICE

**BLADDER CHART**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Commencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Every time you pass urine please measure the amount and write the volume in the plain column.

Every time you are wet please tick in the shaded column.

Special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | Saturday | **Sunday** |
| Midnight |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1 am** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Noon** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1pm** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## BLADDER TRAINING

**PROGRAMMES**

In order to bring your bladder problem under control, you must learn to stretch your bladder. You can do this by trying to hold on as long as possible before passing water. Do not restrict your fluid intake. You should drink no more or less than you normally do.

On the back of this sheet is a bladder chart to help you monitor your progress – fill this in **every time you pass urine normally** and **every time you are wet.**

 Each time you pass urine please collect it in a measuring jug and write the volume in the **plain** column. You can measure in fluid ounces or mls.

 Place a tick in the **shaded** column to the nearest hour when you leak urine.

 When you get the feeling that you want to pass urine **try to hold on for as long as possible.**

 At first this will be difficult, but as you persevere it will become easier.

 If you wake up at night with a full bladder it is best to go and empty it straight

 away, as holding on will only keep you awake.

 Sitting on a hard seat may help you to hold your water.

 Your doctor may have prescribed tablets to help you hold your water. Take

 these regularly as directed.

 You should aim to gradually reduce the frequency with which you pass urine

 to 5 or 6 times in 24 hours.

**REMEMBER** You are attempting to stretch your bladder. Although you may find this difficult at first, with practice it will get easier. If you persevere, you will be surprised at what you can achieve.