

# URETHROtech®

innovation for safety

Hospital Name: _____		Hospital Address: _____	
Patient Age: _____		Country: _____	
<b>Place of Use / Patient History</b>	Theatre (peri-op)	Prostatism medication	previous difficult catheter
	A&E	Acute Urinary Retention	Platelet inhibitor medication
	ITU / In-patient wards	TURP (other BPH surgery)	Warfarin
	Outpatient clinic (Hospital)	radical prostatectomy	<i>IPSS-score</i>
(DD / MM / YYYY)	Community clinic	urethral stricture	
<b>Healthcare Professional feed-back:</b>		<i>please tick all that apply</i> <input checked="" type="checkbox"/>	
Technical skill:	The UCD® is easy to use and I am happy to use it independently		
	I need more practice to use the UCD® with confidence		
	I am not confident to use the UCD® and I need more training		
UCD® training:	I received 'Advanced Male Urethral Catheterisation' (AMUC) - Training		
	I have read / seen product 'Instruction For Use'- document / videos*		
	I have NOT read/seen product 'Instruction For Use' information, or received training		
UCD® device feedback	very helpful medical device		
	helpful device in some circumstances		
	don't think the device is helpful for my practice		
Recommendation to colleagues	Recommend the use of UCD®		
	Not sure		
	Wouldn't recommend the UCD® <i>(please share your experience below)</i>		
<b>Testimony</b> <i>Please allow us to learn from your experience:</i>			
<b>Patient feed-back:</b>	<i>(awake during catheterisation)</i>		<i>...please tick all that apply</i> <input checked="" type="checkbox"/>
UCD® device feedback	Good catheter insertion experience		
	Tolerable experience (given that the catheterisation procedure is uncomfortable)		
	Bad experience		
Recommendation to patients	Recommend use of the UCD®		
	Not sure		
	Wouldn't recommend the UCD® <i>(please share your experience below)</i>		
<b>Testimony</b> <i>Please allow us to learn from your experience:</i>			

Healthcare Professional signature: \_\_\_\_\_

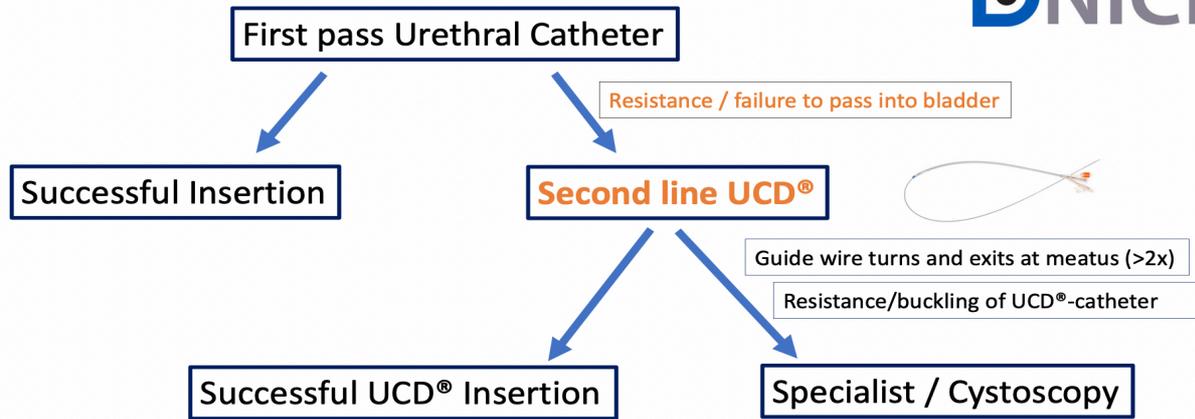
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

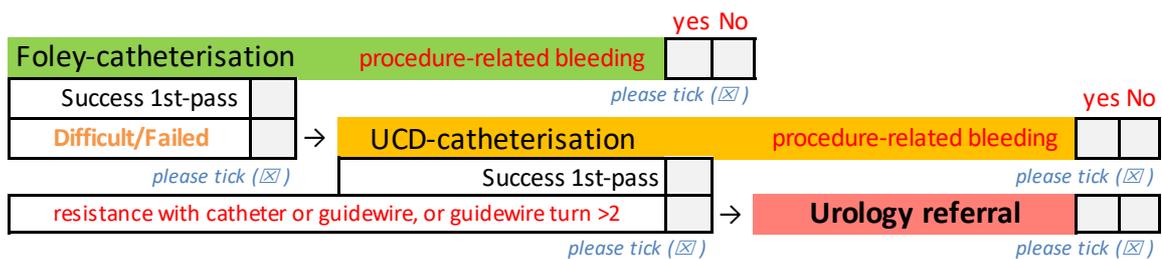
For further information, please contact: [training@urethrotech.com](mailto:training@urethrotech.com)

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# Male Urethral Catheterisation Algorithm



## Procedure Pathway Male Urethral Catheterisation:



for IFU video

Scan QR Code, or visit

<https://scnv.io/dV0C>

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## International Prostate Symptom Score (I-PSS)

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
<b>1. Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
<b>2. Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
<b>3. Intermittency</b> How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>4. Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> How often have you had to strain to start urination?	0	1	2	3	4	5	
	<b>None</b>	<b>1 Time</b>	<b>2 Times</b>	<b>3 Times</b>	<b>4 Times</b>	<b>5 Times</b>	
<b>7. Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
<b>Total I-PSS Score</b>							

**Score:**      1-7: *Mild*                      8-19: *Moderate*                      20-35: *Severe*

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms and one question concerning quality of life. Each question concerning urinary symptoms allows the patient to choose one out of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Question eight refers to the patient's perceived quality of life.

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