**Appendix 1**

# POSTOPERATIVE BLADDER DIARY

Name:……………………………… Hospital Number:………………… Date:…………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time  | Volume of urine passed per urethra  |   |   |    |
|   |   |   |   |    |
|   |   |   |   |    |
|   |   |   |   |    |
|   |   |   |   |    |
|   |   |   |   |    |

* Use this chart in conjunction with the voiding protocol flow-chart
* If a catheter is inserted, please document the times of insertion and measurement of urine drained (usually 20 minutes post-catheterisation)