Urogynecology
OF KANSAS CITY

10707 WEST 87TH ST. | OVERLAND PARK, KS 66214 | P 913.262.3000 | F 913.262.3002

Intermittent Self Catheterization (ISC) Log

Please record the date and time, and measure the amount voided on your own into the hat, followed **immediately** by the amount left in your bladder after the void using a catheter, record under Post-Void Residual. **Record all measurements in cc's**.

Notify the office when you have had at least 3 Consecutive Post-Void Residuals <150cc.

Unless told otherwise, perform ISC 3 times daily (AM, Mid-Day, Before Bed), immediately after voiding.

You may void freely with urge and without catheterization any other times throughout the day

Date/Time	**Volume Voided** *(on your own)*	**Post-void Residual** *(with a catheter)*