### Procedure for bladder scanning

All staff must have received bladder scanning training and be competent in the procedure.

**Indications**
- To assess for urinary retention.
- Suspected voiding dysfunction.
- Recurrent urinary tract infection.
- To monitor residual urine in patients with neurological conditions.
- To assess the ability to void following a trial without catheter.
- To confirm catheter blockage.

**Exclusions and contraindications**
- If patient has a wound where scanner probe would be placed.
- Pregnancy.
- Patient does not consent.

**Requirements**
- Bladder scanner.
- Ultrasound transmission gel.
- Disposable apron.
- Non sterile disposable gloves.
- Paper tissue.
- Disposal bag.
- NHS Lothian approved cleanser and wipe.
### Prior to scan
- Explain procedure to patient.
- Obtain informed consent and document.
- Ask if patient wishes a chaperone to be present.
- If post void residual scan – ask patient to empty bladder and measure volume passed.
- Ensure patient is in the supine position with abdominal muscles relaxed.
- Ensure privacy and dignity is maintained at all times.

### Procedure
- Turn on scanner and select male or female setting. (Select male for female patients who have had a hysterectomy).
- Expose area above pubic bone and place paper towel.
- Palpate symphysis pubis.
- Apply small amount of gel directly onto scanner head (not onto patient’s skin for infection control reasons).
- Place the scanner head approximately 3cm above symphysis pubis and aim at a downwards angle towards the bladder.
- Press the button on the scan head/scanner holding down the scan head steady at all times and wait for the reading to display.
- Verify that the probe was aimed properly by using the target shaped aiming icon on the LCD screen.
- Repeat the procedure several more times with minor adjustment of the scan head to ensure the highest volume is detected.
- When most accurate reading obtained, press done button and print if required.
- Use paper towel to remove excess gel from patient’s skin and scan head.
- Inform patient when procedure is finished and allow them to fix clothing in private unless they require assistance.
- Clean scan head in line with manufacturer’s instructions after each use.
- Remove gloves and apron and dispose as per National Infection Prevention and Control Manual. Wash hands with soap and water.
- Clean equipment in line with NHS Lothian Policy and manufacturer’s instructions. Decontaminate hands.
- Explain findings to patient and give advice on any further action that may be required following consultation with medical staff.
- Record information in patient’s notes including:
  Date and time
  Consent
  Chaperone name (if appropriate)
  Reason for procedure
  Observations and findings
  Plan of care/onward referral

False readings may be caused by volumes over 1000mls, abdominal scars, ovarian cysts, altered bladder shape, obesity and constipation. Intravesical causes include bladder cancer, stones, clots and indwelling catheter in situ.

If the results are significant, more than 150mls, inform doctor and consider cause. Plan repeat scans. Lower urinary tract symptoms, blood chemistry and renal function should be considered with the results. If the cause of retention is unclear, the doctor should refer to secondary care.