tic Medizintechnik
research development production

Further **diagnostic**line products

Galileo	High-End urodynamics with video option
Newton	Compact, flexible urodynamics system
Kopernikus	combined uroflowmetry & EMG measurement system
Cassini	Anal manometry with EMG

diagnosticline

Uroflowmetry

UROPORT

Technical data flow channel:

Number of input ports	1 flow sensor
Calibration and equilibration	Software, automatic equilibration
Calibration range	+/- 40 %
Alignment range	0 - 10 ml/s
Measurement range	0 - 100 ml/s
Accuracy	+/- 2 % of the actual value
Resolution	< 0.5 ml/s
Band width	Software filter: 1 - 10 Hz
Impedance	1 000 Ohm
Hardware resolution	24 Bit / 1 kHz
Maximum load capacity of the sensor unit	1 100 g

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Shop: www.tic-direkt.de

10/2013 / R2 CG

Basic diagnostics in urology

The non-invasive measurement and registration of the urine flow in relation to the time

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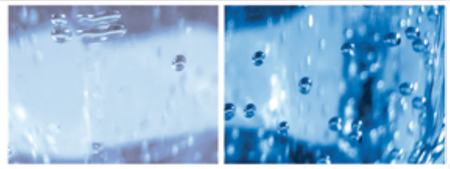


Uroflowmetry

optional
card reader

clear **operation elements**

optional
wall mounting

optional
case

UROPORT

- an innovative basic diagnostic system for the determination of the urinary flow parameters according to the ICS standards

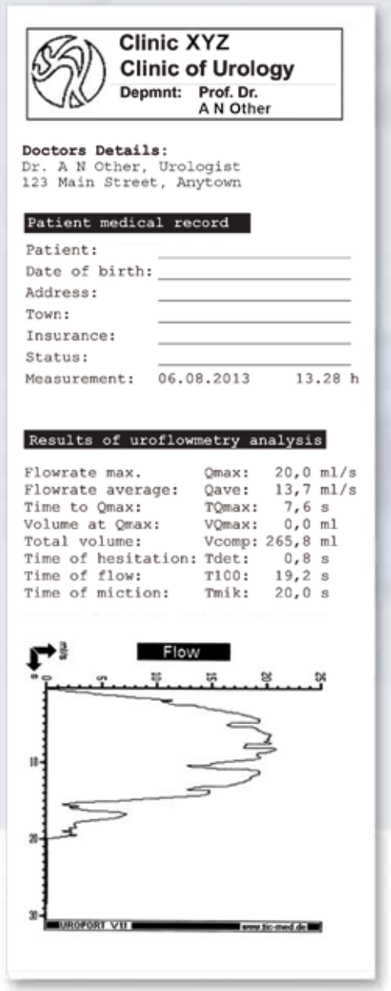
U ser-friendly
R egistration of all relevant flow parameters
O ptional card reader
P rintout incl. surgery/clinic logo
O ptional wall mounting
R eally time-saving and easy cleaning
T echnologically state-of-the-art

Basic diagnostics:
A multitude of urological clinical patterns can be summed up under the superordinate concept of “disruptions of the bladder function”. A distinction must be made between disturbances in emptying of the bladder, partly with formation of residual urine and in extreme cases with acute urinary retention, and disturbances in the storage function, i.e. urinary incontinence.

According to current knowledge, in addition to anamnesis, physical examination, micturition record, urine analysis and sonography of the urinary tract are part of basic urological diagnosis, as well as uroflowmetry, including residual urine determination.

Uroflowmetry is indicated by, for example:
· subjectively perceived weakening in the urine stream
· prolonged urination
· urinary hesitancy
· sensation of residual urine, urine collection
· urine leaking
· pollakiuria
· urinary retention

high precision weighing unit



Clinic XYZ
Clinic of Urology
Depmnt: Prof. Dr. A N Other

Doctors Details:
Dr. A N Other, Urologist
123 Main Street, Anytown

Patient medical record

Patient:
Date of birth:
Address:
Town:
Insurance:
Status:
Measurement: 06.08.2013 13.28 h

Results of uroflowmetry analysis

Flowrate max.	Qmax:	20,0 ml/s
Flowrate average:	Qave:	13,7 ml/s
Time to Qmax:	TQmax:	7,6 s
Volume at Qmax:	VQmax:	0,0 ml
Total volume:	Vcomp:	265,8 ml
Time of hesitation:	Tdet:	0,8 s
Time of flow:	T100:	19,2 s
Time of miction:	Tmik:	20,0 s

Flow

UROFORT VIII www.tic-med.de

Acquisition of measurement values
using a high-precision weighing unit

Card reader (only available in Germany)
for reading the patient master data

Measurement start, measurement end
choice of automatic or manual

Automatic alignment

Scale of volume graph
choice of 25 ml/s or 50 ml/s

Printout of the urinary flow parameters
incl. surgery/clinic logo (optional)
incl. patient master data (only available in Germany)

Highest level of operational comfort

Nomogram (optional)
according to Siroky et al

CE-marked
and developed in accordance with the European directive 93/42/EEC, IEC 601-1, EN 60601-1