What is a TOV?
TOV is the ability to pass urine. A TOV is usually requested by your doctor to assess if you are able to empty the urine from the bladder sufficiently. It involves measuring how much urine you pass as well as how much is left inside your bladder.

What happens during a TOV?
- Your catheter (IDC) will be removed from your bladder as soon as practical in the morning.
- You can eat and drink as normal but we encourage you to drink 1-2 glasses of water per hour. Drinking excessive amounts of water too quickly will not make you void any sooner but can cause complications.
- Your voids need to be measured therefore you need to void into a urinal or pan. Immediately after voiding notify your nurse.
- Your nurse will measure the urine you have passed and then perform a bladder scan whilst you are lying in bed.
- You need to void at least 3 times and have bladder scans done.
- Once you have passed 3 good amounts of urine and the scans of your bladder show low residual volumes (after you have voided) consecutively, then your TOV is successful. Your doctor will be notified and you may be ready for discharge home.
- If you are having difficulty passing urine or you have high residual volumes you may be asked to double void (pass urine and then try again in approx 5 mins time) and/or continue your TOV.
- The majority of patients have a successful TOV. However, some patients may require re-insertion of a catheter, or training to insert a catheter intermittently themselves.
- If you have any concerns or doubts please ask your nurse.

If you experience any of the following during a TOV in hospital, tell your nurse. If you have gone home, please present to the emergency department.
- Difficulty passing urine or no urine for 4-6 hours (despite having had a reasonable fluid intake).
- Offensive smelling urine.
- Persistent stinging or burning when passing urine, (it is normal to experience some stinging for 24-48 hours).
- You become feverish or unwell.