I saw a urologist and described the long standing crede, also described the crede to ultrasound techs, they had to wait 15 minutes while i tried to express urine. there is no record that i communicated the situation to these 3 people

That gap matters. A 15-minute Credé attempt is not a normal void, and if the chart only says "post-void residual," later clinicians will treat that number as if you emptied by bladder contraction.

Why the missing note changes the result

A bladder ultrasound after Credé does not measure what your bladder can do on its own. Pressing on the abdomen can force some urine out while the bladder muscle is weak, and it can also create the high pressure linked to reflux, infection, and upper-tract strain. If the report does not say "patient used abdominal pressure for 15 minutes," the residual volume is easy to misread as adequate emptying.

Ultrasound technologists often record only the images and measured volume. The method of emptying is supposed to be in the requisition or the urologist's note. If none of the three people wrote it down, the history effectively does not exist for the next person who reads the chart.

Put it in writing

In Ontario, PHIPA lets you request access to your record and ask for a correction when the record is incomplete for the purpose it is used for. Hospitals generally do not delete an existing note. They add an addendum, or they attach a statement of disagreement if they refuse the correction. Professional opinions made in good faith do not have to be rewritten, but an omitted history is different from a disputed opinion.[1] [2] [3]

Send a short dated note to the urologist and to the imaging department's health-records office. Include:

- The date of the visit and the ultrasound
- That you have used Credé for years, and during the scan you pressed for about 15 minutes before they measured residual urine
- That you also told the urologist this, and it is not in the record you received
- The exact wording you want added: "Patient reports long-standing Credé maneuver. Residual volume was measured after approximately 15 minutes of abdominal expression,

not after a spontaneous void."

Ask for that sentence to be added to the clinic note and the ultrasound report or an addendum. Keep a copy. If they refuse, ask to file a statement of disagreement so it travels with the record. [2] [3]

What to ask for next

At the next visit, hand the clinician a one-page history rather than relying on a verbal retelling. Ask for:

- A repeat residual measured after a spontaneous attempt only, with Credé recorded separately if it is used at all
- Urodynamics, because a residual volume cannot show whether storage or emptying pressure is high
- Assessment of the catching, bleeding catheter insertions, including possible urethrogram or cystoscopy
- Scrotal ultrasound for the enlarging right-sided lump

Until that is documented, do not let a "normal" or "acceptable" residual from that scan be used to decide that your bladder is emptying safely.

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1. https://www.ontariohealth.ca/about/privacy/resources/information-practices-prescribed-organization.html
2. https://www.camh.ca/-/media/files/request-for-correction-infosheet-pdf.pdf
3. https://www.ottawahospital.on.ca/sites/default/files/2025-11/personal-health-record.pdf
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