



Standard Treatment Workflow (STW) for the Management of ACUTE URINARY RETENTION IN MEN (AUR)

ICD-10-R33.9

DEFINITION:
Emergency condition characterized by a sudden and painful inability to void voluntarily despite having a full bladder

HISTORY

- Nature and duration of urinary symptoms prior to AUR
- Associated symptoms like fever, weight loss, sensory loss or weakness of lower limbs
- Past history of retentions
- Rule out precipitating causes like diabetes mellitus, alcohol consumption, recent surgery, UTI, constipation, cold exposure, prolonged travel and neurological conditions
- Medication history
- Look for risk factors

EXAMINATION

- Fever
- Enlarged tender palpable bladder dull on percussion
- Phimosis, meatal stenosis, urethral induration, stone, urethral discharge
- DRE for estimating prostatic size, consistency, tenderness ; exclude fecal impaction
- Focused neurological examination-anal tone, perianal sensation and bulbocavernous reflex

RISK FACTORS OF SPONTANEOUS AUR DUE TO BPH

- Old age
- Severe lower urinary tract symptoms (LUTS)
- Low peak flow rate
- High postvoid residual urine (PVR)
- Enlarged prostate or large median lobe
- High serum PSA
- Symptom worsening
- Increasing PVR during medical therapy

RISK FACTORS OF PRECIPITATED AUR

- Surgical procedure with general or loco-regional anaesthesia
- Bladder over-distension (eg prolonged journey)
- Exposure to cold
- Medications with sympathomimetic or anticholinergic effects, diuretics, alcohol intake
- Faecal impaction

CAUSES

THAT BLOCK THE PASSAGE

BPH

Urethral Calculus

Urethral Stricture

Acute Prostatitis

Ca Prostate

Vesical Calculus

Faecal impaction

THAT PARALYSE DETRUSOR

Neurological diseases e.g. spinal cord compression, transverse myelitis, stroke, head injury

Drug induced eg. opioids, anticholinergics, anti-histaminics, anti-diarrhoeals, flavoxate

INVESTIGATIONS

As AUR is an acute emergency, no investigation is required before catheterization to relieve symptoms. The volume of urine drained should be documented.

DESIRABLE

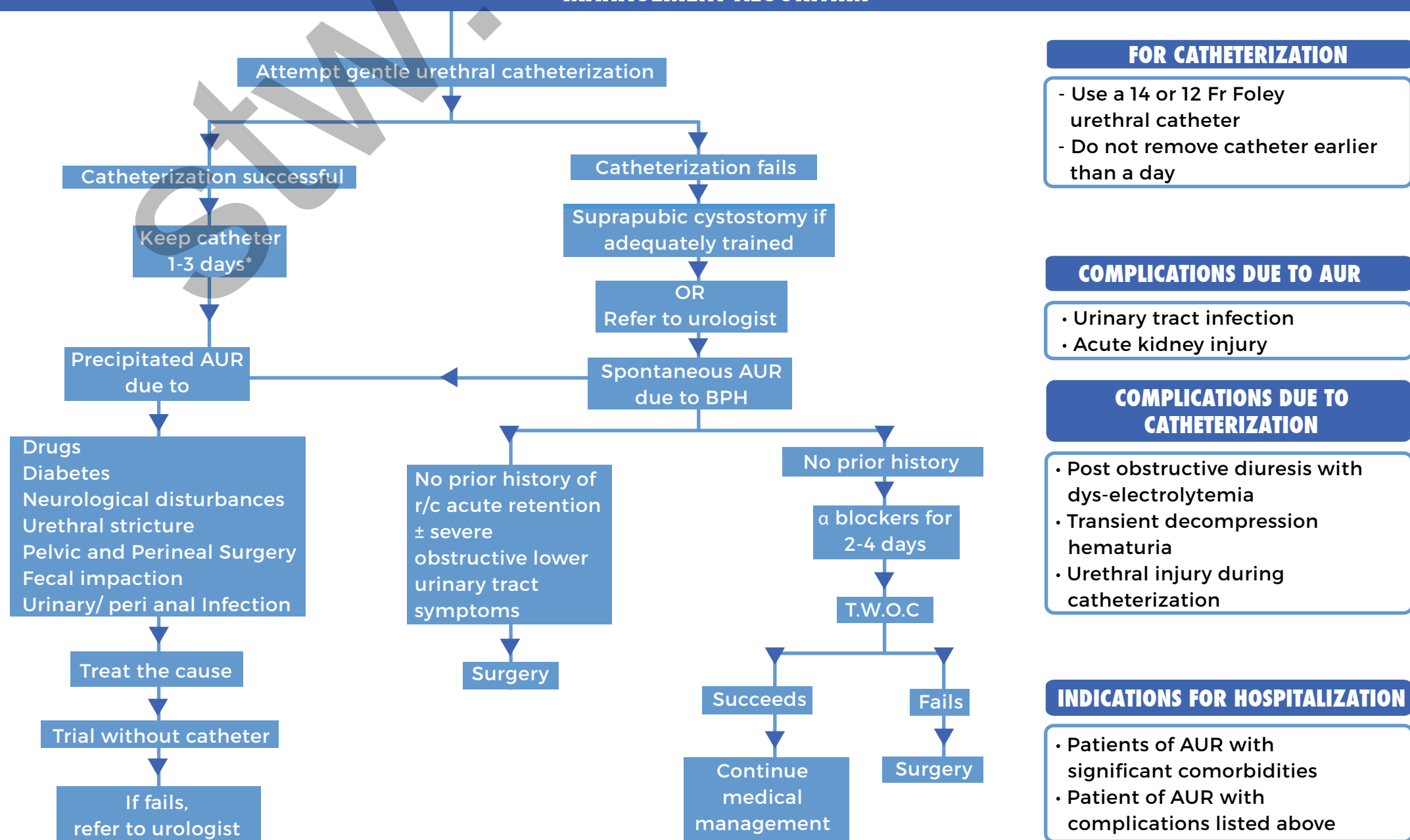
CBC, S. Glucose, S. Creatinine and Electrolytes, USG KUB Urine analysis & Urine culture of the drained urine

OPTIONAL (ONLY BY SPECIALISTS)

NOT TO BE DONE ROUTINELY

• Cystoscopy, CT / MRI, RGU + MCU, Urodynamic studies

MANAGEMENT ALGORITHM



FOR CATHETERIZATION

- Use a 14 or 12 Fr Foley urethral catheter
- Do not remove catheter earlier than a day

COMPLICATIONS DUE TO AUR

- Urinary tract infection
- Acute kidney injury

COMPLICATIONS DUE TO CATHETERIZATION

- Post obstructive diuresis with dys-electrolytemia
- Transient decompression hematuria
- Urethral injury during catheterization

INDICATIONS FOR HOSPITALIZATION

- Patients of AUR with significant comorbidities
- Patient of AUR with complications listed above

ABBREVIATIONS

BPH: Benign Prostatic Hyperplasia

IPSS: International Prostate Symptom Score

TWOC: Trial Without Catheter

WW: Watchful waiting

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES