

ICD-11-MF50.3



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

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



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

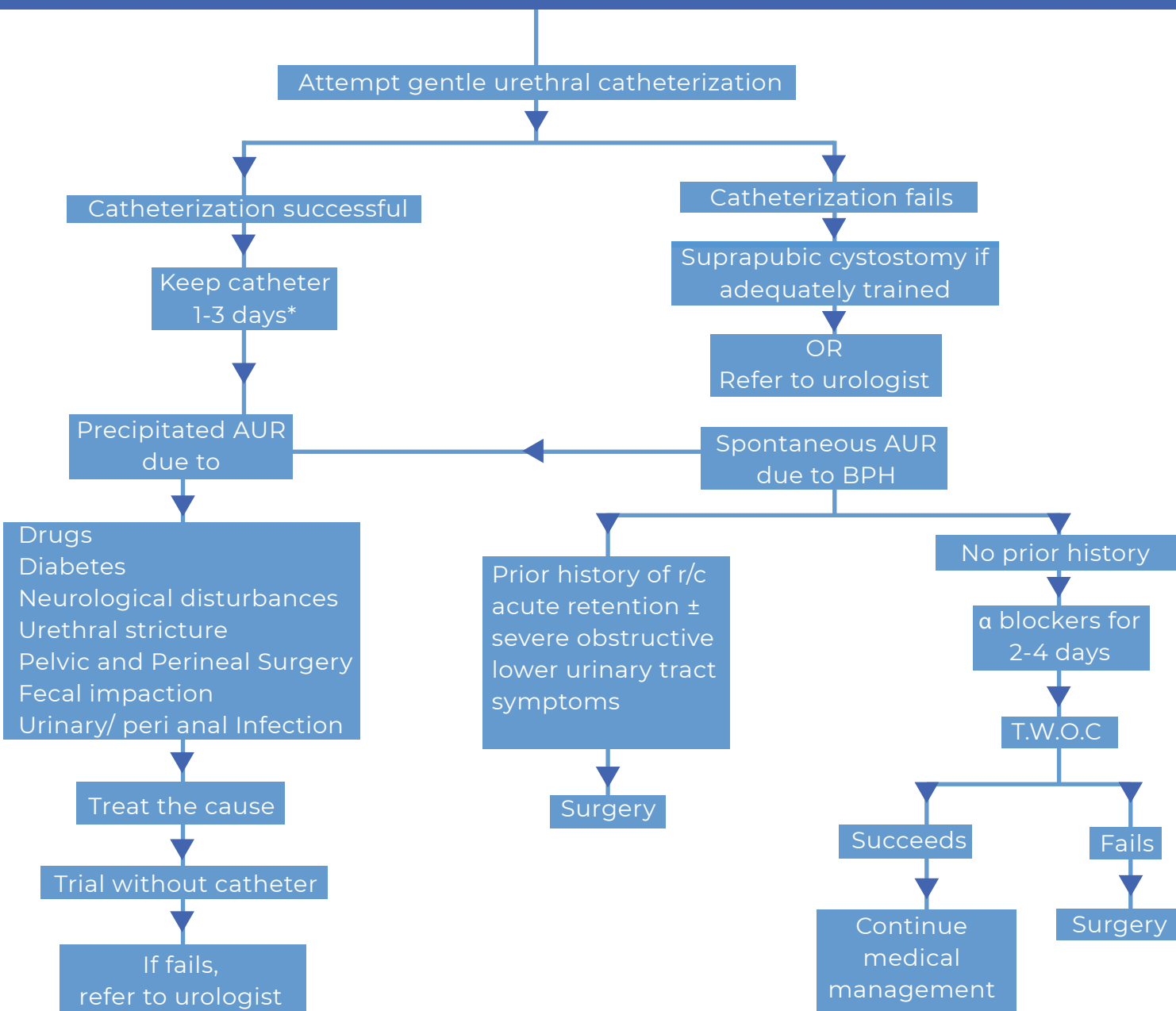
As AUR is an acute emergency, no investigation is required before catheterization to relieve symptoms. The volume of urine drained should be documented.

DESIRABLE

OPTIONAL (ONLY BY SPECIALISTS)

NOT TO BE DONE ROUTINELY

MANAGEMENT ALGORITHM



FOR CATHETERIZATION

- Use a aseptic technique with proper cleaning
- Use adequate lubrication
- 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

BLADDER SPASM

- Suprapubic pain with pericatheteric leak
- Council and analgesics
- Check that bladder is empty
- Don't change catheter unless blocked

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

REFERENCES

1. Rosenstein D, McAninch JW. Urologic emergencies. *Med Clin North Am.* 2004;88(2):495-518.
2. Billet M, Windsor TA. Urinary Retention. *Emerg Med Clin North Am.* 2019 Nov;37(4):649-660.

👉 ASEPTIC AND ATRAUMATIC CATHETERIZATION TO PREVENT LIFE LONG MISERY OF STRICTURE

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: <https://dhr.gov.in/> © Department of Health Research, Ministry of Health & Family Welfare, Government of India.