

## ICD-11-MF50.3

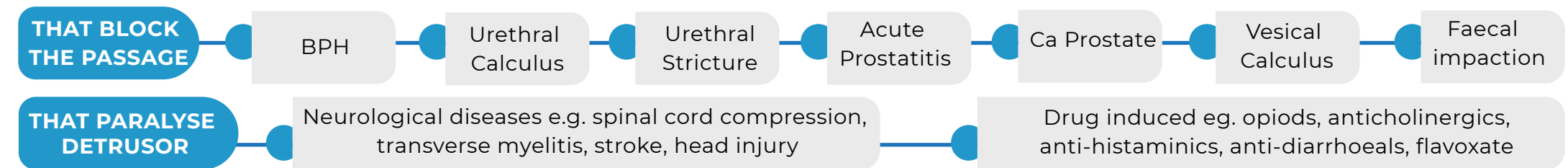


Emergency condition characterized by a sudden and painful inability to void voluntarily despite having a full bladder

## 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



## INVESTIGATIONS

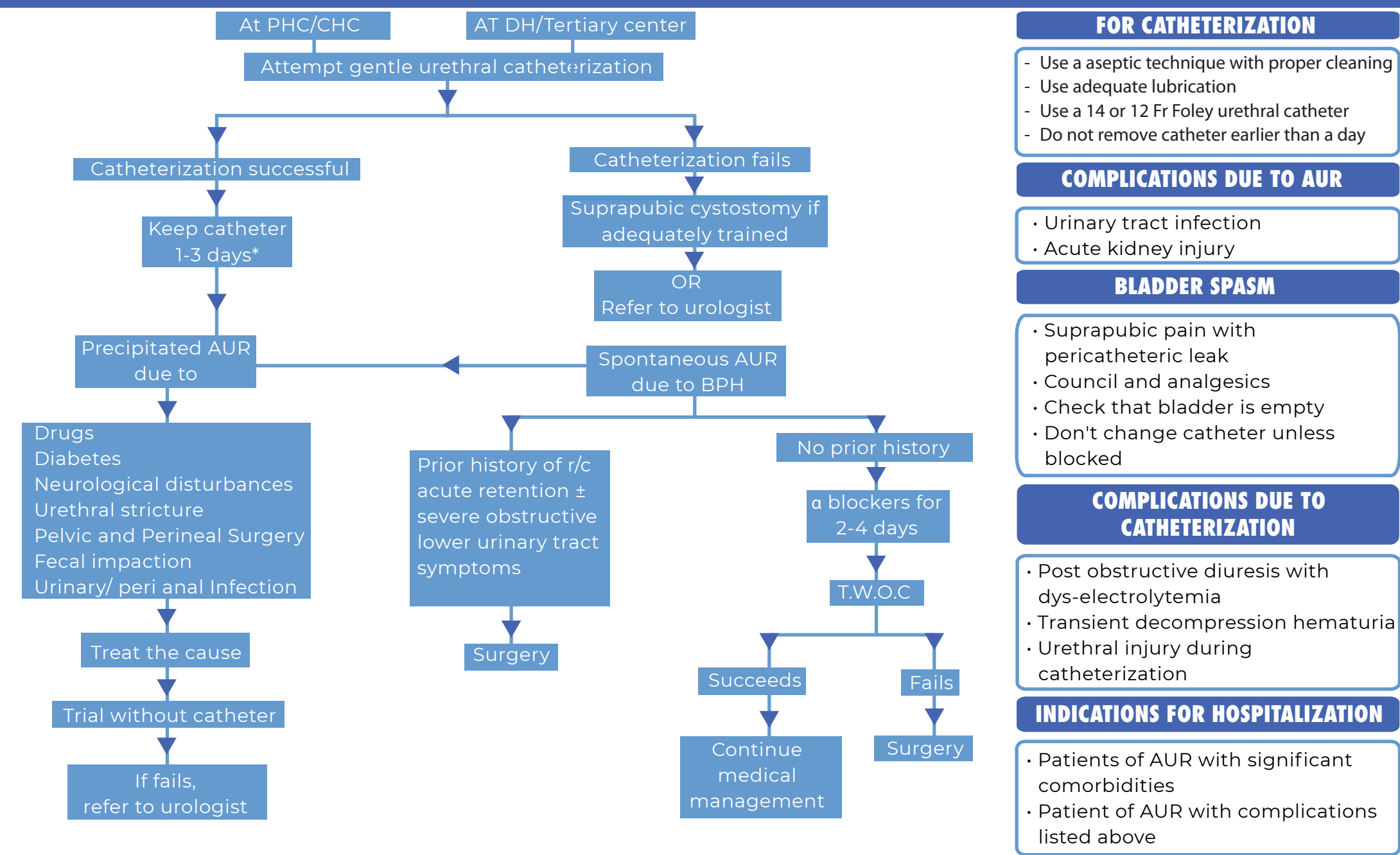
**As AUR is an acute emergency, no investigation is required before catheterization to relieve symptoms. The volume of urine drained should be documented.**

## DESIRABLE

### OPTIONAL (ONLY BY SPECIALISTS)

NOT TO BE DONE ROUTINELY

## MANAGEMENT ALGORITHM



## 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.