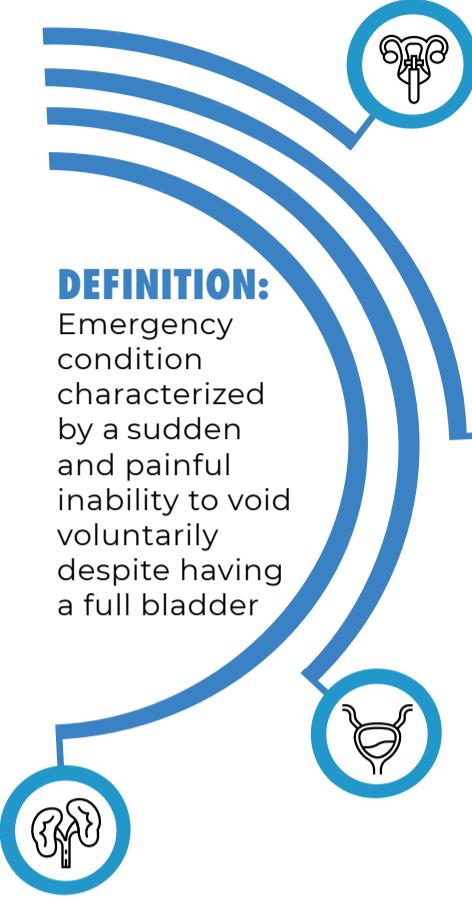




Standard Treatment Workflow (STW)

ACUTE URINARY RETENTION IN MEN (AUR)

ICD-11-MF50.3



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

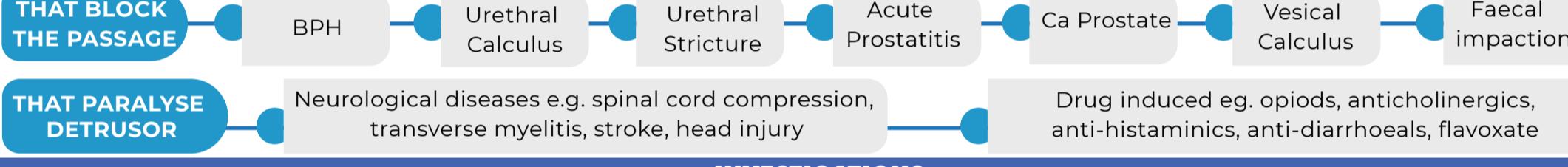
RISK FACTORS OF SPONTANEOUS AUR

- 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



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

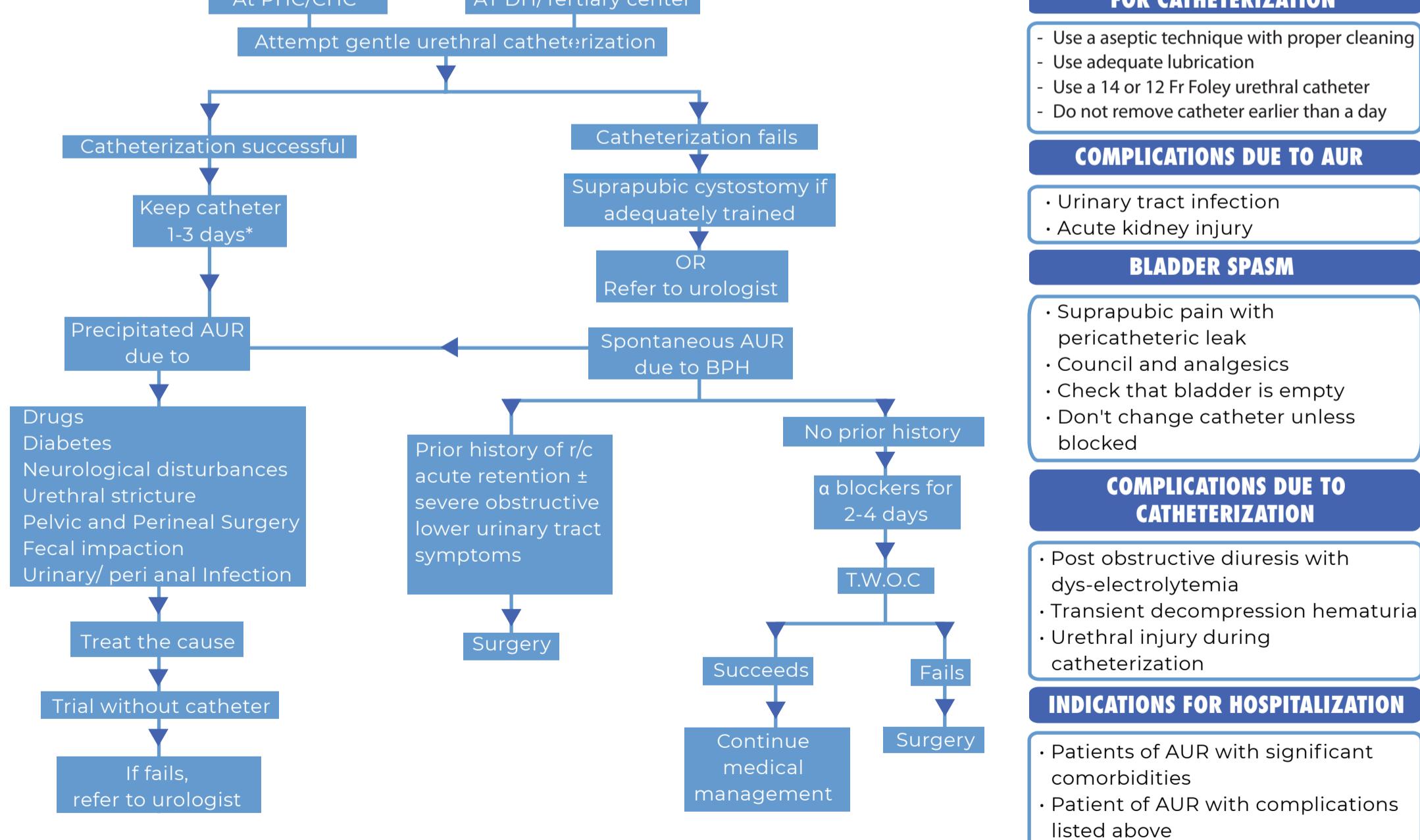
CBC, S. Glucose, S. Creatinine and Electrolytes, USG KUB Urine analysis & Urine culture of the drained urine

OPTIONAL (ONLY BY SPECIALISTS)

NOT TO BE DONE ROUTINELY

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

MANAGEMENT ALGORITHM



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