

## ELDERLY MEDICINE

### ACUTE URINARY RETENTION

- Acute urinary retention (AUR) is the sudden inability to pass urine.
- It is a common and extremely painful, distressing condition presenting to the emergency department (ED).
- AUR has multiple causes, usually divided into three mechanisms.
  - Urinary outflow obstruction e.g.
    - simple mechanical obstruction by a foreign body
    - dynamic outflow obstruction such as increased smooth muscle tone
  - Conditions affecting afferent or efferent innervation of the bladder
  - Bladder over distension e.g. general anaesthesia without catheter placement.
- Immediate management in the ED involves placement of a urinary catheter to allow urinary drainage
- Further investigation & management is detailed in the GRI AUR pathway (below)



#### Causes of AUR by anatomical location

##### Bladder

- Neurogenic bladder e.g. cauda equina syndrome, multiple sclerosis, Parkinson's
- Iatrogenic e.g. post-operative
- Bladder cancer causing outflow obstruction

##### Prostate

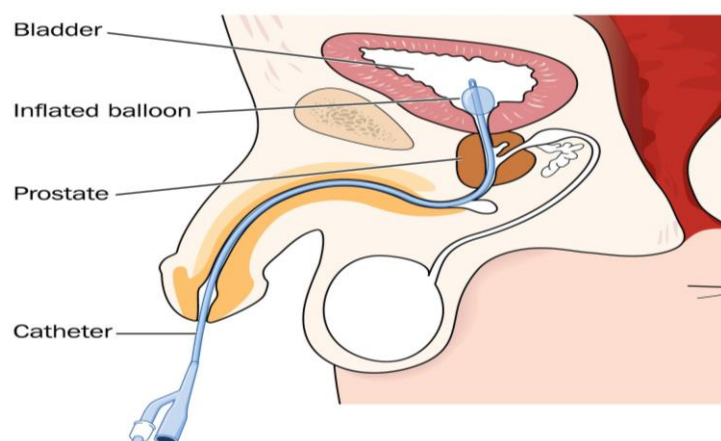
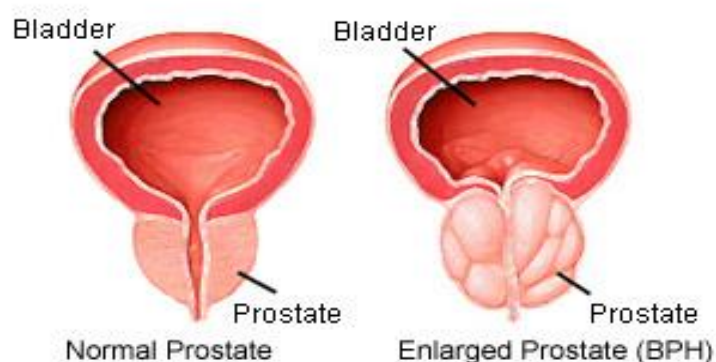
- Benign Prostatic Hyperplasia (BPH)
- Prostate Cancer

##### Urethra

- Obstruction e.g. stone
- Phimosis

##### Other

- Constipation



## Acute Urinary Retention Referral Pathway

For patients diagnosed as having urinary retention:

1. Insert **long term** urinary catheter  $\leq$  size 16 Fr
2. Check serum U&E, FBC & CRP (& PSA in men >50 years old)
3. Record residual volume drained via catheter
4. Perform urinalysis  
If UTI is suspected cause treat as per local antibiotic guideline
5. If constipation is the suspected cause of urinary retention perform PR  
If the patient is to be discharged give appropriate laxative
6. If patient is to be discharged prescribe Tamsulosin 400mcg once daily for 7 days  
Advise patient that the main side effect is dizziness
7. Patients with any of the following should be admitted to Urology:
  - a. Abnormal U&Es
  - b. Residual volume >1.5L
  - c. Frank haematuria/ clots passed
  - d. Frail/ elderly with who are unlikely to manage catheter independently  
**i.e. are otherwise well and only reason for admission is catheter related**  
patients having other reasons for admission, including related conditions e.g. UTI/ Constipation should be admitted to appropriate specialty

Patients to be admitted should be referred via usual pathways:

- a. 0800- 1700 refer via Urology SHO page #13278
- b. 1700- 0800 refer via Surgical SHO page #13288. During this time patients should initially be admitted to surgical receiving where appropriate patients will be redirected to ward 70.
8. Complete referral form and **fax to Urology clinic on: 0141 211 4464**
9. Nursing staff to complete **script easy referral form and fax this to: 01903 875085**
10. Patient to be given **home catheter pack prior to discharge**, these are kept in rooms 13 and 14.
11. Advise patients that they will be seen at **outpatient clinic within 2 weeks**

**N.B. there is no longer a community trial without catheter service**