

MALE URINARY RETENTION/ INCOMPLETE BLADDER EMPTYING REFERRAL GUIDELINE

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HIGH RISK SUGGESTED EMERGENT CONSULTATION	MODERATE RISK SUGGESTED CONSULTATION OR CO-MANAGEMENT	LOW RISK SUGGESTED ROUTINE CARE
SYMPTOMS AND LABS Complete inability to void Distended / painful bladder Palpable bladder distension Obstructive acute renal insufficiency Gross hematuria with passage of solid clots	SYMPTOMS AND LABS Obstructive urinary symptoms (weak stream, straining to void), and poor response to alpha blockers “Overflow” incontinence History of prior urological instrumentation (catheters, urologic surgery, trauma) Neurological disease (MS, diabetic neuropathy, Parkinson’s) Elevated post-void bladder volume (PVR) : greater than 200 ml (adult) Able to void, but with sensation of residual urine in bladder Recurrent culture-proven UTI	SYMPTOMS AND LABS Obstructive urinary symptoms (weak stream, straining to void) Single episode of culture-proven UTI
SUGGESTED PREVISIT WORKUP Bladder scan if available Urinalysis Catheter placement Renal and Bladder ultrasound (if will not delay treatment) If febrile / toxic, send to ED	SUGGESTED WORKUP Bladder scan if available Urinalysis Consider starting a 5-alpha reductase and maximize dose of alpha blockers inhibitor if enlarged prostate on exam	SUGGESTED MANAGEMENT Bladder scan if available Urinalysis Elimination of causative agents (antihistamines, anticholinergics, opiates, alpha agonists) Treatment of fecal impaction Treatment of any UTI Trial of empiric alpha blockers; if no improvement in 1-2 weeks, consider urology referral

CLINICAL PEARLS

- Alpha blockers and 5-alpha reductase inhibitors are not mutually exclusive; many patients require combination
- 5-alpha reductase inhibitors take up to 6 months for appreciable efficacy
- Of patients with acute urinary retention, after 5 days with a urethral catheter, 40% will be able to pass a voiding trial
- After catheter placement, treat constipation aggressively prior to initiating a voiding trial