**MALE URINARY RETENTION/INCOMPLETE BLADDER EMPTYING REFERRAL GUIDELINE**

**SYMPTOMS AND LABS**

**HIGH RISK**
- Complete inability to void
- Distended / painful bladder
- Palpable bladder distension
- Obstructive acute renal insufficiency
- Gross hematuria with passage of solid clots

**MODERATE RISK**
- 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

**LOW RISK**
- Obstructive urinary symptoms (weak stream, straining to void)
- Single episode of culture-proven UTI

**SUGGESTED PREVISIT WORKUP**

**HIGH RISK**
- Bladder scan if available
- Urinalysis
- Catheter placement
- Renal and Bladder ultrasound (if will not delay treatment)
- If febrile / toxic, send to ED

**MODERATE RISK**
- Bladder scan if available
- Urinalysis

**LOW RISK**
- Bladder scan if available

**SUGGESTED WORKUP**

**HIGH RISK**
- Bladder scan if available
- Urinalysis

**MODERATE RISK**
- Bladder scan if available
- Urinalysis

**LOW RISK**
- Bladder scan if available
- Urinalysis

**SUGGESTED MANAGEMENT**

**HIGH RISK**
- 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

**MODERATE RISK**
- Treatment of any UTI
- Trial of empiric alpha blockers; if no improvement in 1-2 weeks, consider urology referral

**LOW RISK**
- Treatment of any UTI

**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

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**These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.**

6/17