

ACUTE URINARY RETENTION

Definition

Acute urinary retention exists if one of the following is true:

- It has been over 8 hours of no urinary output (especially if patient is post-surgical)
- The patient has the sensation of needing to void but is unable to do so
- The patient is having symptoms of overflow incontinence (leaking, dribbling, sensation of incomplete void, stopping/restarting void, suprapubic fullness, etc.)

Management

- 1) Attempt to reduce or remove possibly offending medications:
 - Spinal or epidural anesthesia
 - Medications with anti-cholinergic properties:
 - **tri-cyclic anti-depressants** (amitriptyline, anafranil, clomipramine, imipramine, nortriptyline)
 - **first generation antihistamines** (hydroxyzine, chlorpheniramine, diphenhydramine, meclizine)
 - **anti-spasmodics** (dicyclomine, hyoscyamine, oxybutynin, tolterodine)
 - **antipsychotics** (benztropine, chlorpromazine, clozapine, olanzapine)
 - **muscle relaxers** (cyclobenzaprine, orphenadrine)
 - **nausea medications** (prochlorperazine, promethazine, scopolamine)
 - Opiate medications
 - Calcium channel blockers
 - Benzodiazepines
- 2) Increase activity/ambulation
- 3) Correct constipation if present
- 4) For post-surgical or hospitalized patients: perform a non-invasive bladder ultrasound (bladder scan). Perform a one-time bladder catheterization ("straight cath") for the following patients:
 - a) Bladder volume ≥ 500 ml and patient is symptomatic (painful, nauseous, overflowing urine, etc)
 - b) Bladder volume ≥ 800 ml and patient is asymptomatic
 - If the bladder volume is less than the catheterization threshold, a warm compress on the suprapubic region, ambulation, or upright position may allow some patients to void spontaneously
 - If bladder volume is very low, consider volume depletion, third-spacing, or renal failure
 - If the patient is requiring a third catheterization, place an indwelling catheter and proceed to #6.
- 5) For outpatient/ER patients: Perform a bladder scan or attempt a bladder catheterization. If volume is 500ml or greater, leave bladder catheter in place for 2-3 days and proceed to #6 below.
- 6) If an indwelling catheter has been placed:
 - a) Consider starting the patient on tamsulosin 0.4mg thirty minutes after food once daily.
 - b) Attempt removal of the catheter after 2-3 days (this is best done early in the day so failure to void can be managed during business hours)
 - c) If the patient fails to spontaneously void, replace an indwelling catheter and refer non-urgently to urology*.

*West Michigan Urology: 616-392-1816