

Acute Urinary Retention

Acute Urinary Retention (AUR) is the inability to void urine. There are many causes of urinary retention but the most common cause is from an enlarged prostate, also known as benign prostatic hyperplasia (BPH), which blocks the flow of urine coming out of the bladder. Patients with urinary retention can present with a complete lack of voiding, incomplete bladder emptying, or overflow continuous leakage.

Acute urinary retention is managed by emptying the bladder by placing a small tube through the penis into the bladder. The tube is called a "CATHETER" or "FOLEY CATHETER", and stays in the bladder to continuously drain the urine into a drainage bag that is connected to the catheter.

We know that patients want this uncomfortable catheter removed as soon as possible, however, up to 70% of men will not urinate correctly if the catheter is removed too soon. Studies have shown that men with a catheter have a greater chance of a successful "voiding trial" without a catheter if they are on a prostate medication for at least 5-7 days before taking the catheter out. This allows your bladder to rest and recover from not being able to urinate, and it also gives the prostate medication time to start working.

We typically start with a group of prostate medications called "Alpha Blockers" that work to open the prostate and unblock it. Such medications include Flomax (Tamsulosin), Uroxatrol (Alfluzosin), Rapaflo (Silodosin), Hytrin (Terazosin), Cardura (Doxazosin). Other medications to shrink the prostate called "Five Alpha Reductase Inhibitors" such as Proscar (Finasteride) and Avodart (Dutasteride) can also be used, however these medications can take 3 months to start working.

Our office practice is to remove the catheter at 8am in our office, once you have been on a medication like Flomax for 5-7 days. After the catheter is removed, you will go home and drink plenty of fluids (and hopefully urinate on your own!) We have all patients return to the office that same afternoon to see how they are urinating to do a non-invasive ultrasound of the bladder to see if any urine is being retained. *If you are uncomfortable or in pain because you cannot urinate, please return to our office immediately – you do not need to call.* At the afternoon visit, depending on the bladder ultrasound scan result, we will determine if it safe to leave you without a catheter. If you haven't been urinating well, or the bladder is too full of urine that you're not urinating out, a new catheter may have to be reinserted by our staff. Please realize that if our staff recommends re-insertion of the catheter in the afternoon, it is to avoid you having to go to an ER later that evening for a catheter if you can't urinate and are very uncomfortable.

If you have the catheter replaced, you may then be scheduled for another "voiding trial" along with other diagnostic tests such as a Prostate Ultrasound (done through the rectum to measure the exact size of your prostate) and a Cystoscopy (a flexible camera into the bladder to examine the prostate and bladder from the inside). These can both be done in our office and take under 5 minutes. *Some* patients may also need Urodynamics – this is a test that can help to determine how the bladder and prostate are functioning.

Depending on the results of those tests, and if you continue to not urinate properly, you and Dr. Disick will discuss a variety of procedures/surgeries that are available to treat your condition (Transurethral Resection of the Prostate ("TURP"), Urolift, Rezum, Greenlight Laser TURP, HoLEP/HoLAP, Open Simple Prostatectomy, Robotic Simple Prostatectomy and Prostate Artery Embolization ("PAE")). These are all done in the hospital - some can be done as an outpatient, while some require an overnight stay.

Some men who continue to not be able to urinate on their own may be too ill or choose to not have any of these procedures at all. When that is the case, options include: 1) the catheter remains in, connected to a drainage bag, and is changed by us monthly; 2) a suprapubic tube (catheter also in the bladder but exits through the skin in the lower abdomen); or 3) intermittent self catheterization done by the patient themselves 3-4 times throughout the day. All these options will be discussed in detail with you.