

ETIOLOGY AND MANAGEMENT OF ACUTE URINARY RETENTION IN FEMALE PATIENTS.

Hypothesis / aims of study

Acute urinary retention is an uncommon but important problem in females(1). The causes can be variable including obstructive, neurological, post operative, pharmacological or psychogenic(2). The optimal work up and subsequent management is still in debate, (3) especially in our part of the world.

This is the first study from Pakistan focusing on etiology and management of the subset of patients presented to us. This will help us to develop an algorithm for work up and management of these patients.

The aim of this study is to identify the causes of acute urinary retention (AUR) and its management in female patients presented at a tertiary care hospital.

Study design, materials and methods

We performed a descriptive retrospective study including the women admitted in our hospital either with principal diagnosis of urinary retention or went into AUR during the hospital stay from Jan 2007 to Dec 2011. Total of 156 patients were identified from the hospital data base using ICD 9 CM. All those patients with incomplete records or missing follow up were excluded. 88 evaluable patients were analyzed using SPSS version 19. Medical charts were reviewed with special emphasis on medical history, physical examination and work up.

Results

The mean age of presentation was 47+/-21 years. More than half of the patients were admitted in obstetrics service with full term pregnancy, of them more than 80% went into retention either after episiotomy (90%) or LSCS (10%). Other causes identified in descending order are postoperative (18%), UTI (9%), fowler's syndrome (8%), Neurogenic bladder (3%), constipation (3%), post radiotherapy (2%), cystocele (1%), urethral stenosis (1%) and urethral caruncle (1%). General physical, abdominal and pelvic examination was done in all patients. Urinalysis was done in all patients while urine culture and ultrasound KUB was done in nearly half of the patients. Urodynamic study (UDS) was done in selected patients only. All patients were initially managed with foley's catheterization; trial without catheter (TWOC) was successful in 69% while 22% had failed TWOC and 9% was never given TWOC. Subsequent course of patients with failed TWOC was successful voiding in 2nd attempt of TWOC in nearly 80%, rest of them were managed with CISC, long term foley's catheterization or supra pubic catheterization.

Interpretation of results

Learning points:

1. Clinical assessment with base line investigations is of prime importance.
2. Post operative pain control can significantly reduce AUR.
3. Selective group of patients require UDS.

Concluding message

History and examination are key component for diagnosis. Urinalysis, culture and ultrasound KUB are optimal base line investigation while UDS should be done in selected patients. Good post operative pain control can prevent significant number of patients from AUR.

References

1. Mevcha A, Drake MJ. Etiology and management of urinary retention in women. Indian J Urol. 2010 Apr;26(2):230-5.
2. Selius BA, Subedi R. Urinary retention in adults: diagnosis and initial management. Am Fam Physician. 2008 Mar 1;77(5):643-50.
3. Emberton M, Fitzpatrick JM. The Reten-World survey of the management of acute urinary retention: preliminary results. BJU Int. 2008 Mar;101 Suppl 3:27-32.

Disclosures

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