

How sickening is residual urine in women?

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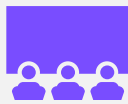


Introduction

Urinary retention, namely a high post-void residual volume (PVR), is one of the most prevalent urogynecological conditions. Although in common medical practice PVR of more than 100ml is likely to be drained, there is a paucity data answering the question what kind of pathogenicity an elevated PVR in women causes.

Aim of the current study is **to evaluate women with the clinical presentation of PVR, the acceptability and effect of current drainage solutions and – consecutively – the effect of drainage on clinical symptoms.**

Methods



single-center prospective study.



Data were collected from women with PVR>100ml between January 2020 and December 2022.



Visual analogue scale (VAS) from 0 to 10 was performed asking the patients about the bother of symptoms.



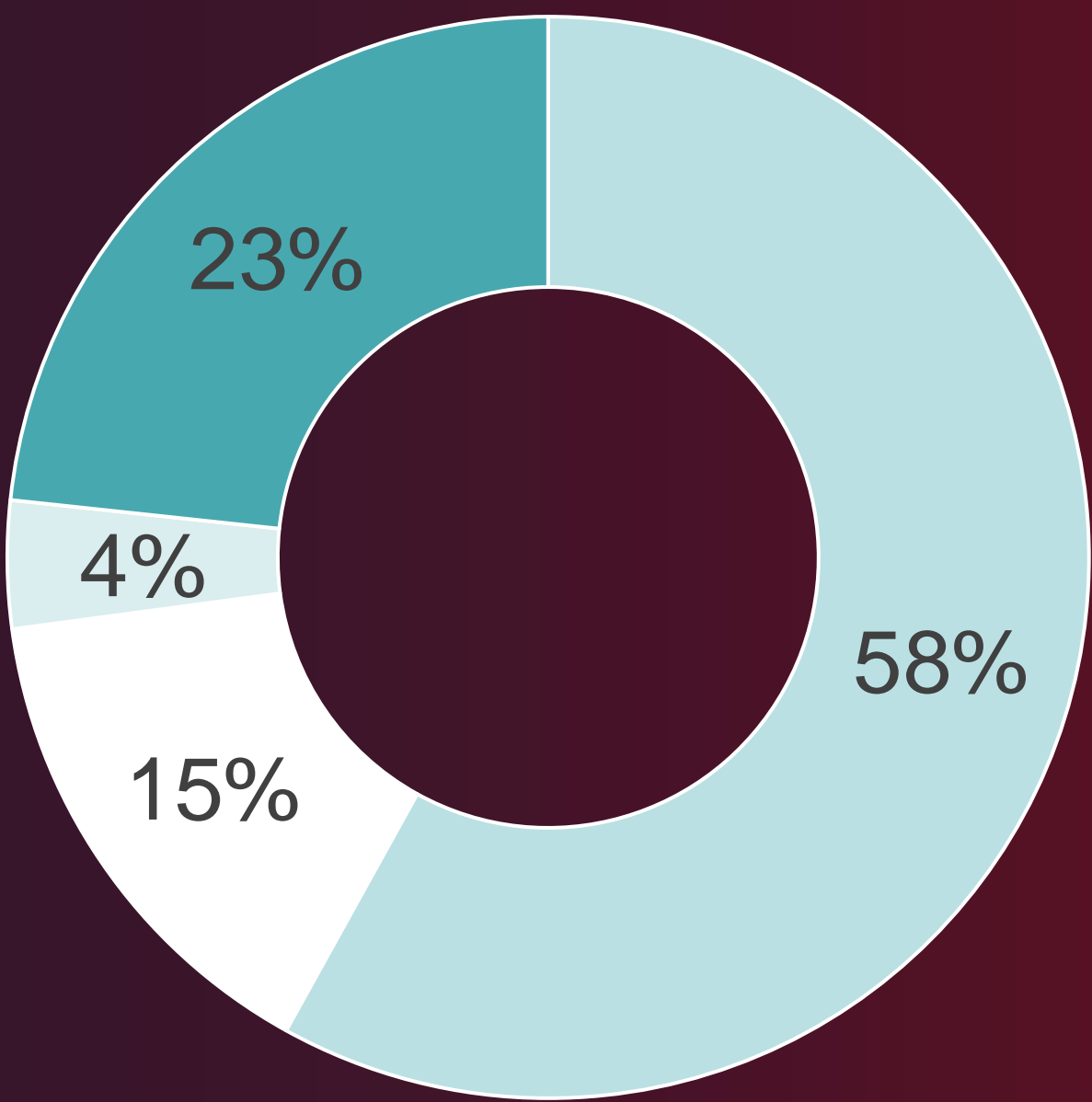
Methods of drainage, development of symptoms and VAS was determined before therapy and six months after.

Results

A total of **239** patients were recruited, with a mean age of 61.2 years. The study revealed that 58% of the patients had urinary tract infection (UTI) as their main symptom. 15% suffered from overactive bladder (OAB) and only 4% demonstrated stress urinary incontinence (SUI). Mixed urinary incontinence was found in 23% of women. **Only 9% of patients responded to drug treatment.** Intermittent self-catheterization (ISC) was used to drain PVR in 89% of patients. **11% had a significant improvement**, while in women under 60 years, this improvement was only 4%. VAS developed from mean of 7,2 to a mean of 1,7 showing significant improvement of symptoms during drainage.

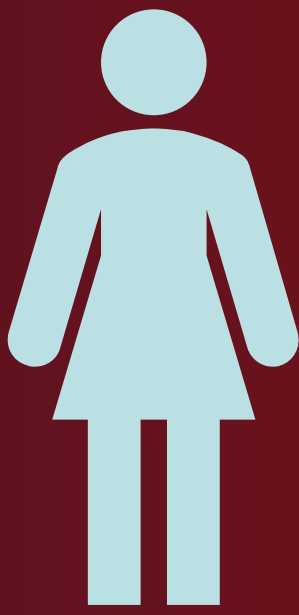
Symptoms of high post-void residual volume (PVR)

■ HWI ■ OAB ■ SUI ■ Mishinkontinenz



AGING BLADDER

(significant improvement of symptoms during drainage)



11%
(<60 years)



4%
(>60 years)

Conclusion

Significant residual urine may indeed cause recurrent urinary tract infections, OAB and stress urinary incontinence causing significant burden of disease in women. Intermittent clean self-catherization and other forms of drainage may improve the symptoms and the burden of bother; however, in elderly patients **residual urine overall may remain an issue not resolving after drainage.**