

Protocol for males with acute retention of urine

Acute urinary retention (male) initial action

- Send blood for kidney function at time of catheterisation for analysis within 4 hours. If not possible in the community, refer patient to the emergency Department
- Complete patient catheter passport
- Follow advice on pyrexia prior to catheterisation
- Relieve retention by urinary catheterisation using a size 14 all silicone catheter. If there is difficulty with catheterisation contact the surgical register on call
- Check and record observations. If temperature is 38°C or above arrange admission
- Record time of catheterisation. Measure and document the volume of urine drained up to 15 minutes post catheterisation (retention volume).
- Check urea, creatinine and electrolytes. Results available on TrakCare. Patients with a creatinine rise of 20% or greater above usual baseline level will require discussion with the on-call surgical registrar

A retention volume of less than 500mls may indicate something other than acute urinary retention

Consider other diagnoses. (E.g. neurological bladder dysfunction, UTI) and discuss with Surgical Registrar

If retention volume between 500ml and 1000mls and: -

1. Renal chemistry is within normal range.
2. Patient is over 40 years old
3. Catheter Care can be managed at home

Admission is not required.

- Discharge and supply with: -
1. 2 week supply of Tamsulosin 400mcg
 2. Discharge pack / supplies/ catheter passport & inform district nurse if housebound otherwise contact Treatment Room Nurse – by phone/ e-mail
 3. TWOC in community in 2 weeks, unless difficult insertion or recent urethral surgery

If any of the following:

- Retention volume is over 1000mls
- Renal chemistry is impaired.
- Patient is unable to manage at home
- Patient is under 40yrs
- Temperature 38°C or above

Discuss with Surgical Registrar on call to discuss admission. Follow up will be decided on discharge (See below)

1. Send patient details, brief summary to the generic **UROLOGY MAILBOX**
2. Urology nurse specialist will forward details to the appropriate district nurse teams, requesting the **outcome** of the TWOC in the community
3. DN's will inform Urology through the **UROLOGY MAILBOX** the outcome of the TWOC

- If TWOC is successful the alpha-blocker should be continued and appointment arranged with Nurse Specialist
- If TWOC is unsuccessful then a consultant clinic appointment will be arranged within the next 6 weeks where PSA and DRE will be monitored and further decision made
- For patients under 40 years old, a Urology Consultant review appointment within 4 – 6 weeks is required whatever the outcome of the TWOC