

Title	RETENTION OF URINE			Number	CL33
Effective From:	01.09.10	Duration:	No end date	Review:	01.04.25
Author:	Dr J Storer			Version:	1.5
Other Ref:	<ul style="list-style-type: none"> • NICE - Treatment Summaries/urinary-retention/useful-resources • Nice Guidance CG97 – Lower Urinary Tract Symptoms in Men: Management 				
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Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
21.03.16	Reviewed, no changes	SM
05.06.19	Reviewed, minor amendments	FW
04.04.23	Reviewed, minor amendments	FW/SMcD

Introduction

Patients with acute urinary retention are usually in severe pain. The diagnosis should be distinguished from other causes of abdominal pain and poor urine output by features such as the history, lower abdominal distension, pain and tenderness, palpable bladder, dullness to percussion.

Management of retention should take priority over diagnosis of cause. In the OOH situation, if catheter-competent community nursing service is available, urgent referral should be made to the community nurse. If this is not rapidly available, the patient should be referred urgently to secondary care, either the Urology RSO or to A&E. If feasible this should be an urgent referral by telephone rather than a 999 recommendation. However, delay in arriving at A&E should be avoided and increasingly the urologists advise A&E attendance in the first instance. Ambulance transfer may be required and should be requested urgently if the patient is in pain.

If catheterisation is successfully carried out in the community, referral to the GP for follow-up is appropriate.

Chronic retention of urine may be less problematic in that the patient may have catheterisation supplies at home and may be known to the community nursing service.

A patient with retention and who already has an indwelling catheter should be referred to the community nursing service for catheter review and management.

