Acute retention

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The management of retention is discussed in detail in Chapter 83 . Once the bladder has been drained by means of a catheter, the patient’s fitness for treatment is determined. If retention was not caused by drugs or constipation, then prostatectom would usually be the correct management. Unfit men or those with dementia may be treated by means of an indwelling urethral or suprapubic catheter. The role of α -adrenergic drugs followed by a trial of a catheter has been tested and found to be successful in certain groups with a short history and a low residual volume of urine, but the recurrence rate becomes cumulatively high. 5 α -reductase is given to prevent progression of symptoms in men with large (>35–40 /uni00A0 mL) prostates. Combination therapy (α -blocker and 5 α -reductase) is better for the larger gland. Patients who develop renal impairment and/or hydronephrosis after urinary retention will need to keep the catheter until definitive surgical treatment is provided, usually not less than 6 weeks afterwards to allow renal function recovery .

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