

LOWER URINARY TRACT SYMPTOMS

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A normal micturition cycle consists of two phases: storage and voiding. During the storage phase, the bladder holds urine at low pressures and the urethral sphincter is closed. During voiding, the bladder contracts to expel urine and the voluntary urethral sphincter relaxes to allow its passage. In addition, the urethral lumen must be patent to allow voiding to occur. Disruption of these processes results in lower urinary tract either storage LUTS (frequency, nocturia, urgency and urinary incontinence); voiding LUTS (hesitancy, a reduced stream, straining); or postmicturition LUTS (incomplete emptying and postmicturition dribble). Storage LUTS result from failure of the bladder to act as a functioning reservoir and are commonly seen in patients with an overactive bladder or a bladder neuropathy. Voiding and postmicturition LUTS are commonly seen in men with bladder outlet obstruction (BOO) or an underactive bladder; however, a man with BOO may also have storage LUTS. BOO is also reported in women and may be caused by urethral stenosis, strictures or a hypocontractile bladder. The term 'prostatism' is obsolete. It was used to describe a combination of LUTS in men who were presumed to have an enlarged prostate or benign prostatic hyperplasia (BPH). However, the symptoms are not specific to BPH and may occur in several other conditions, including urinary tract infections (UTIs), urethral stricture, overactive bladder, CIS of the bladder, etc. Further, not all symptoms may be present in every patient and most patients have a variable degree of different symptoms. Thus, the term LUTS is now used to describe all such symptoms. It may not always be possible to identify the aetiology of LUTS and additional investigations with urodynamics (see Urodynamics) may occasionally be required. The International Continence Society provides the internationally accepted definitions for symptoms relating to lower urinary tract function.

- /uni25CF Frequency – the patient considers that they void too often during the day.
- /uni25CF Nocturia – the individual wakes at night at least once to void.
- /uni25CF Strangury – a sensation of constantly needing to void. Typically, the patient describes having to stand/sit for long periods with the sensation that micturition is imminent.
- /uni25CF Urgency – a sudden compelling desire to pass urine that is difficult to defer.
- /uni25CF Urge incontinence – involuntary urinary leakage, often a large volume, immediately preceded by the sensation of urgency.
- /uni25CF Stress incontinence – involuntary urinary leakage that occurs when the intra-abdominal pressure rises during coughing, laughing, sneezing or exercising.
- /uni25CF Nocturnal enuresis – involuntary loss of urine during sleep.
- /uni25CF Hesitancy – when an individual has difficulty initiating micturition, resulting in a delay in the onset of voiding.
- /uni25CF Reduced urinary stream – usually reported compared with previous performance or in comparison with the performance of others.
- /uni25CF Intermittency – when urine flow stops and starts, on one or more occasions.
- /uni25CF Straining – the muscular effort used in order to initiate, maintain or improve the urinary stream.
- /uni25CF Incomplete emptying – the sensation that, at the end of micturition, bladder fullness persists.
- /uni25CF Postmicturition dribble – when involuntary loss of

urine occurs immediately after the individual has finished passing urine. Lower urinary tract symptoms (LUTS) /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

LUTS are classified as storage, voiding or post micturition Storage LUTS are typical of an overactive bladder Voiding LUTS are typical of BOO Some patients have storage and voiding LUTS in combination LUTS are sometimes investigated with urodynamics

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