

of chronic retention

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Men with chronic retention who have relatively low volumes of residual urine and who do not have symptoms suggestive of coexisting infection and with good renal function do not necessarily require catheterisation before proceeding to prostatectomy on the next available list. For those who are uraemic, urgent catheterisation is mandatory to allow renal function to recover and stabilise. Haematuria often occurs following catheterisation owing to collapse of the distended bladder and upper tract, but settles within a couple of days. Uraemic patients with chronic retention are often dehydrated at the time of admission. Owing to the chronic back pressure on the distal tubules within the kidney, there is loss of the ability to reabsorb salts and water. The result, following release of this pressure, may be an enormous outflow of salts and water, which is known as postobstructive diuresis. It is for this reason that a careful fluid chart, daily measurements of the patient's weight and serial estimations of creatinine and electrolytes are essential. Intravenous fluid replacement is required if the patient is unable to keep up with this fluid loss. These patients are often anaemic and may require a blood transfusion once fluid balance is stabilised (if haemoglobin is <9 g/L).

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