

# URINARY RETENTION

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Urinary retention is defined as the inability to pass urine despite persistent effort. It can be classified as acute (painful inability to pass urine with relief of pain on catheterisation) or chronic (painless, elevated residual volume after passing urine). The causes of urinary retention in men and women are given in Table 83.9. Heinrich Martius, 1885–1965, German surgeon, described a labial flap of bulbocavernosus muscle (Martius modified labial fat pad) in 1928. Clare Juliet Fowler, contemporary, Professor of Urology, National Hospital for Neurology and Neurosurgery, London, UK.

Summary box 83.4 Urinary tract fistulae

Women Urethral Stricture Diverticulum Meatal stenosis Carcinoma Prolapse Extrinsic compression Paraurethral cyst Pelvic mass (e.g. large fibroids) Gynaecological malignancy Iatrogenic Anti-incontinence surgery Urethral reconstruction Idiopathic high-tone non-relaxing external urethral sphincter (Fowler's syndrome) Dysfunctional voiding Primary bladder neck obstruction

The principles of surgical repair of VVF are: Adequate exposure of the fistula tract Tension-free, watertight, multilayer closure with non-overlapping suture lines Interposition with a well-vascularised flap Urinary tract drainage postoperatively to allow healing

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