Etiology and Management of Acute Urinary Retention in Female Patients

Introduction and Objective: Acute urinary retention is an uncommon but important problem in females (1). The causes can be variable including obstructive, neurological, post operative, pharmacological or psychogenic (2). The optimal work up and subsequent management is still in debate, (3) especially in our part of the world. This is the first study from Pakistan focusing on etiology and management of the subset of patients presented to us. The aim is to identify the causes of acute urinary retention (AUR) and its management in female patients presented at a tertiary care hospital.
Materials and Methods: We performed a descriptive retrospective study including the women admitted in our hospital either with principal diagnosis of urinary retention or went into AUR during the hospital stay from Jan 2007 to Dec 2011. A total of 156 patients were identified from the hospital database using ICD 9 CM. There were 88 evaluable patients analyzed using SPSS version 19. Medical charts were reviewed with special emphasis on medical history, physical examination and work up.
Results: The mean age of presentation was 47± 21 years. More than half of the patients were admitted in obstetrics service with full term pregnancy, of them more than 80% went into retention either after episiotomy (90%) or LSCS (10%). Other causes identified in descending order are postoperative (18%), UTI (9%), fowler's syndrome (8%), neurogenic bladder (3%), constipation (3%), post radiotherapy (2%), cystocele (1%), urethral stenosis (1%) and urethral caruncle (1%). General physical, abdominal and pelvic examination was done in all patients. Urinalysis was done in all patients while urine culture and ultrasound KUB was done in nearly half of the patients. Urodynamic study (UDS) was done in selected patients only. All patients were initially managed with foley's catheterization; trail without catheter was successful in 69% while 22% had failed TWOC and 9% was never given TWOC.
Conclusion: History and examination are key component for diagnosis. Urinalysis, culture and ultrasound KUB are optimal base line investigation while UDS should be done in selected patients. Good postoperative pain control can prevent significant number of patients from AUR.