

URINARY RETENSION

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Retention :- Partial
- Total

DD : - Oliguria
- Anuria

Emergency case in urologi

History : Lower Urinary Tract Symptoms

- Can not void well
- Straining, disuria
- Frequency (polakisuria), nocturia
- Sense of residual urine
- Suprapubic pain
- History → etiologi

Physical examination :

- a. Suprapubic : pain, bulging, perssure pain.
- b. External genitalia.
- c. DRE (digital rectal examination)

Cause :

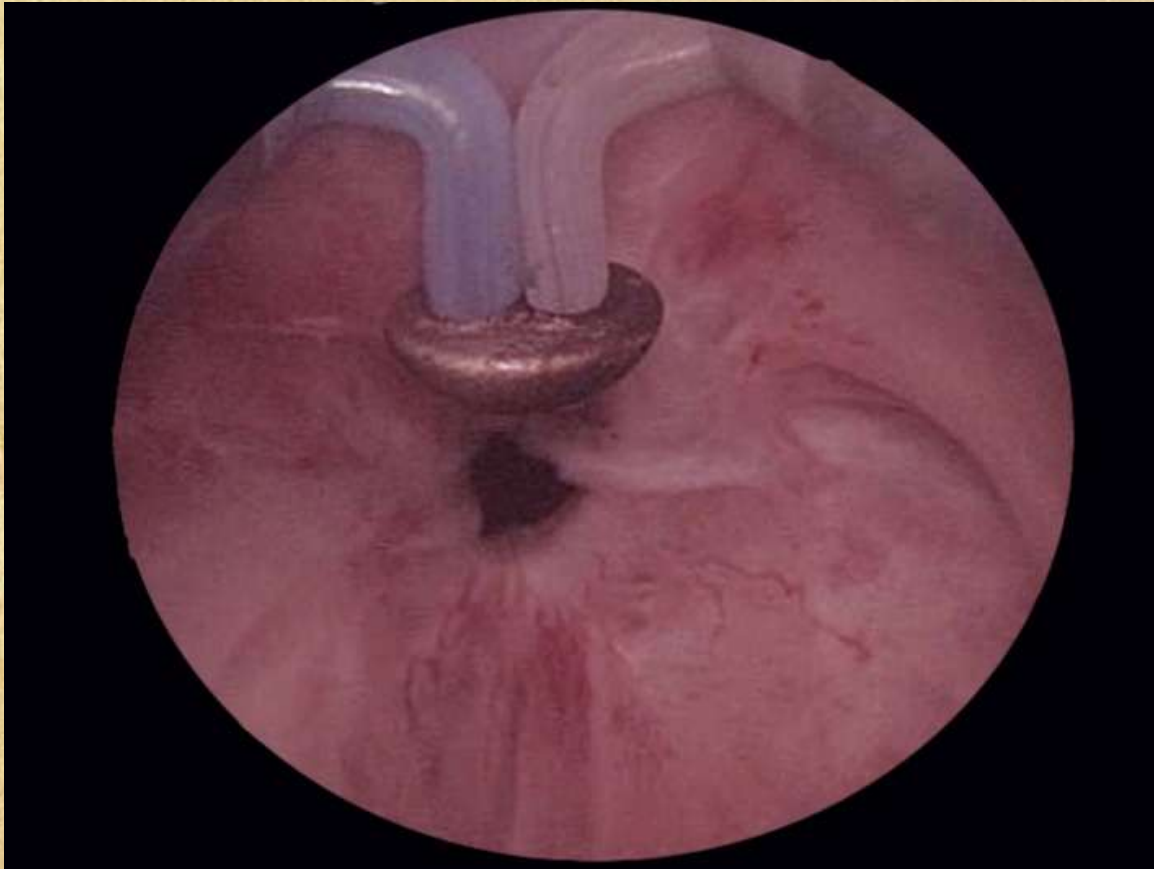
1. Mechanic
2. Neurogenic
3. Myogenic
4. Psychogenic
5. Drugs

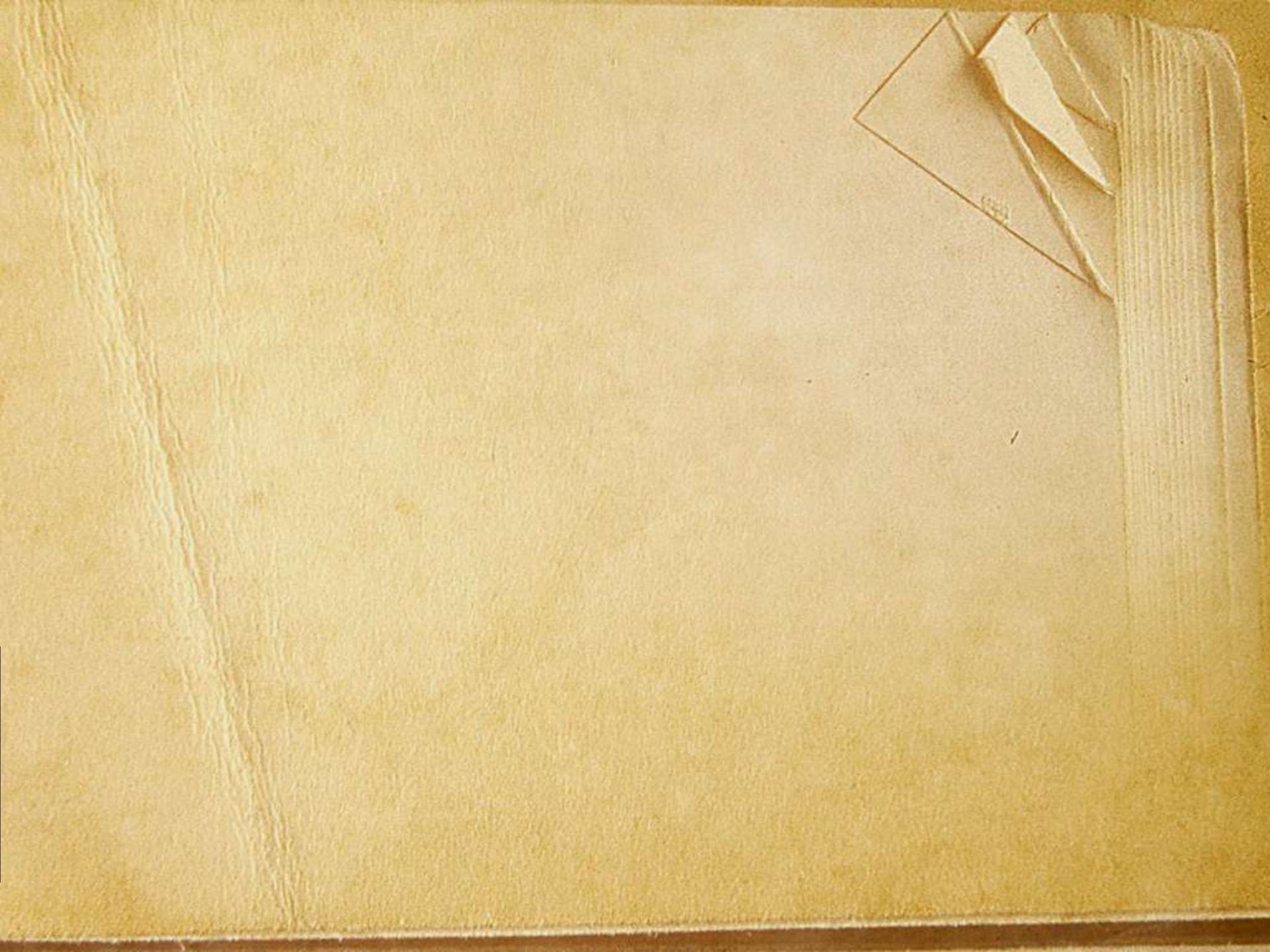
Mechanical Cause

1. Baby / Children

- Phymosis/paraphimosis
- Agenesis urethra
- Stenosis of external meatus
- Inflammation of glans penis
- Stone
- Tumor
- Bladder neck sclerotic
- Posterior urethral valve

Bladder neck sclerotic





2. Adult :

- Phymosis/paraphimosis
- Urethral stricture
- Meatal stenosis
- Urethritis
- Gravid
- Stone
- Tumor
- Bladder neck sclerotic

Neurogenic retention :

- Disorder of S2-4 med.spin (caused by trauma / tumor)
- Diabetic neuropathy

Myogenic retention :

Disorder of detrussor muscle - trauma

- Over distention

Psychogenic retention

- Psychological stress (woman)

Retention caused by drug :

- Sulfas atropin
- Hyociamine sulfate
- Propantheline bromide (probanthine)
- L-epinephrine
- Ephedrine
- Phenilephrine
- Imipramine Hcl (tofranil)
- Beta blocker (propanolol etc)

Diagnosics :

1. Hystory of illness
2. Physical examination :
 - a. Suprapubic region :
 - Inspection : bulging
 - Palpation : pressure pain
 - Percussion : pain, dullness
 - Auscultation : negative
 - b. External genitalia
 - c. Digital Rectal Examination
 - d. Bulbo Cavernous Reflex
 - e. Instrumentation

Treatment :

1. Catheterization
2. Suprapubic puncture
3. Cystostomy
4. Stop drugs
5. Definitive treatment

Further diagnostic :

1. Plain photo & IVU
2. Retrograde urethro cystography
3. USG
4. Urethro cystography