

Male urinary retention
inpatient/ emergency department/community referrals

If fails, contact urology registrar on call - referring team middle grade should attempt catheterisation prior to referral to urology team

Insert at least a size 14Ch catheter

DO NOT ARRANGE TWOC if:
-deranged renal function
-hydronephrosis on US
-signs of sepsis
REFER TO UROLOGY ON CALL SPR

Record residual volume in notes and NBT catheter passport
Check renal function
Examine prostate - send PSA if craggy firm prostate

New episode of retention

Failed TWOC or repeated retention

<1000ml residual volume

>1000ml residual volume

*Contraindications:
Syncope
Postural hypotension
Caution:
Catarract surgery
Other antihypertensive medications

Correct any reversible causes
Consider starting an alpha blocker*

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Common cause of urinary retention in men
Urological
-Benign prostatic enlargement
-Prostate malignancy
-Urethral stricture
-Haematuria
-Prostatic abscess
Non urological
-Recent surgery (anaesthetic/mobility related)
-Constipation
-Drugs - antidepressants, nasal decongestants, anaesthetic

Refer to community TWOC
Give patient completed NBT catheter passport

Consider referral for urology outpatients review
OR
Refer to urology TWOC
-ICE referrals for ED/NBT
-TWOC referral form on BUI website for GPs
Give patient completed NBT

NBT catheter care passport - link to BUI page

ICE TWOC referrals - link to NBT ICE request shortcut

If successful community TWOC, continue alpha blocker, refer to urology if bothersome lower urinary tract symptoms

If unsuccessful community TWOC refer to urology outpatient TWOC via TWOC referral form on BUI website or refer for urology review through e referrals