

Female urinary retention

inpatients/emergency department /community referrals

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

Insert catheter
>size 12G

Record residual volume in notes and NBT catheter passport
Check renal function
Examine abdomen and per vagina for any potential causes of urinary retention

DO NOT ARRANGE TWOC if:

- deranged renal function
- hydronephrosis on US
- signs of sepsis

REFER TO UROLOGY ON CALL SPR

Common cause of urinary retention in women

- Pelvic masses
- Pelvic prolapse
- Post surgery
- Constipation
- Neurological
- Drugs - antidepressants, nasal decongestants, anaesthetic

If residual volume <1000ml and reversible cause of retention identified please refer for a community TWOC
Give patient completed NBT catheter passport

If residual volume >1000ml
Correct any reversible causes of retention prior to referral
Consider suitability for patient to learn intermittent self catheterisation
Consider referral for urology outpatients review via e referrals OR
Referral to urology TWOC
-ICE referrals for NBT/ED
-TWOC referral form on BUI [website for clinicians](#).
Give patient completed NBT catheter passport

If successful community TWOC, refer to urology only if ongoing 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

Link to NBT catheter care [passport](#)