

## CHAMP: Bedside Teaching

### MEDICAL REASONS FOR INABILITY TO VOID

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#### Teaching Trigger:

Inability to void

#### I. Clinical Question:

Is there a medical reason for the patient's inability to void?

#### Teaching Points:

Two basic reasons for failure to void

- a. Poor pump
  - i. Meds: anticholinergics, calcium blockers, narcotics
  - ii. Sacral cord disease
  - iii. Neuropathy: DM, B12 deficiency
  - iv. Constipation
- b. Blocked outlet
  - i. Prostate disease
  - ii. Supra-sacral spinal cord disease (eg, MS) with resulting detrusor-sphincter dyssynergia
  - iii. Women: scarring, large cystocele
  - iv. Constipation

2. Evaluation of patient with inability to void:
  - a. Review PMHx, current hx, MAR for clues; perform additional physical exam and testing as needed; then return to TT 2 after evaluation / treatment.

Action step	Possible medical reasons
Review MAR/admit meds	Anticholinergic, narcotic, Ca blocker, $\alpha$ agonist (men)
Review medical history	Diabetes with neuropathy, sacral/subsacral cord impairment, B12 deficiency, GU surgery or radiation
Additional physical exam	Women: speculum/bimanual exam for

	pelvic prolapse All: sacral roots, by anal wink and bulbocavernosus reflexes

[Note: in going over this, realized that PVR would have already been done essentially in the determination that the pt could not void]

## II. Clinical Question:

Who should be discharged with a foley catheter?

### Teaching Points:

1. Answers:
  - a. Patients with retention who fail voiding trials.
  - b. Patients who have not completed at least 7 days of decompression for new retention (they will need PCP, GU, or VNA follow-up to do and monitor voiding trial).
2. Transitions of care:
  - a. Leg bag for day and large bag for night, or large bag alone
  - b. Family instruction re: emptying bag; changing bag (if necessary): using straps to secure catheter (and leg bag) to leg; monitoring for output, hematuria, fever, SP pain; importance of adequate fluids.

## III. Clinical Question:

When do you refer patients with inability to void urology?

### Teaching Points:

1. Failure to insert catheter even after trying earlier suggestions
2. If you have treated medical reasons for failure to void and patient still is unable to void (or void without significant PVR), make *outpatient* referral to GU and send home with catheter
3. Large volume hematuria that does not clear with 3-way irrigation.