OPEN ACCESS Freely available online

Medical & Surgical Urology

ISSN: 2168-9857

Perspective

Identifications and Consequences of Urinary Retention

Philipp Reimold*

Department of Urology, University Clinic Heidelberg, Heidelberg, Germany

DESCRIPTION

The inability to completely empty the bladder is known as urinary retention. When symptoms first appear suddenly, they include lower abdomen pain and the inability to urinate. Onset can also be gradual. Loss of bladder control, little lower abdomen pain, and a weak pee stream are symptoms that can appear gradually. Urinary tract infections are a risk for those with persistent issues. The urethra being blocked, nerve issues, certain drugs, and weak bladder muscles are among the causes. Benign Prostatic Hyperplasia (BPH), urethral strictures, bladder stones, a cystocele, constipation, or tumors can all result in blockage. Diabetes, trauma, spinal cord issues, stroke, and heavy metal poisoning can all cause nerve disorders. Anticholinergic, antihistamines, tricyclic antidepressants, cyclobenzaprine, diazepam, Non-Steroidal Anti-Inflammatory Drugs (NSAID), amphetamines, and opioids are some of the medications that can lead to issues. After peeing, the volume of urine in the bladder is often measured to make a diagnosis. Beginnings can be abrupt or gradual. Lower abdomen pain and an inability to urinate are symptoms that appear suddenly. Loss of bladder control, little lower abdomen pain, and a weak pee stream are symptoms that can appear gradually. Urinary tract infections are a risk for those with persistent issues.

Although PSA is also elevated in BPH and prostatitis, measuring serum PSA may aid in the diagnosis or exclusion of prostate cancer. These prostate disorders can be distinguished from one another with a Trans-Rectal Ultra-Sound guided (TRUS) prostate biopsy. It could be important to measure the serum urea and creatinine to rule out renal injury from backflow. To examine the urinary passage and rule out blockages, a cystoscopy may be required. An MRI of the lumbar spine should be taken into consideration to further assess cauda equina syndrome in cases of acute urinary retention that are accompanied by lumbar spine symptoms like pain, numbness (saddle anesthesia), paresthesias, decreased anal sphincter tone, or altered deep tendon reflexes.

Urinary retention that is sudden and acute calls for immediate medical attention. When pee cannot flow out, the pain can be intense. In addition, one may experience heart pain, anxiety, and high blood pressure. Other patients could experience a state similar to shock and might need to be admitted to the hospital. Urinary retention has serious side effects, including as bladder damage and chronic kidney failure. A hospital can treat the problem of urinary retention, and the sooner one seeks treatment, the fewer issues there will be.

- Long-term effects of urinary tract blockage may include
- Urinary stones
- Muscular atrophy in the detrusor (an atonic bladder is an extreme form)
- Hydronephrosis (congestion of the kidneys)
- Muscular hypertrophy in the detrusor (the muscle that squeezes the bladder to empty it during urination)
- Diverticula in the bladder wall (development of pouches) (which can lead to stones and infection)

Urine catheterization, the insertion of a prostatic stent, or a supra pubic cystostomy can all cure acute urinary retention. Treatment relies on the cause in the long run. Alpha-blocker and 5-alpha-reductase inhibitor therapy, as well as prostatectomy or transurethral resection of the prostate surgery, may be effective treatments for BPH. Alpha-blockers can be used by both men and women to treat urinary retention after de-catheterization. If the catheter cannot be negotiated, a lumbar puncture needle can be used to do a supra pubic puncture.

Medication is used to treat some BPH patients. These include finasteride and dutasteride to lessen prostate enlargement as well as tamsulosin to relax the smooth muscles in the bladder neck. The medications have modest adverse effects and are only effective in moderate cases of BPH. Some of the drugs lower libido and can make you feel tired, lightheaded, and woozy.

A urinary catheter, a short, thin, flexible tube, is inserted into the bladder to treat acute urine retention. Either an intermittent catheter or a Foley catheter with a little inflated bulb holding the catheter in place can be used for this. The person can perform intermittent catheterization oneself or with the assistance of a health care provider (clean intermittent self-catheterization). The intermittent catheterization procedure used in hospitals is sterile.

Correspondence to: Philipp Reimold, Department of Urology, University Clinic Heidelberg, Heidelberg, Germany, E-mail: phireimold143@web.de

Received: 02-Nov-2022, Manuscript No. MSU-22-20853; **Editor assigned:** 04-Nov-2022, Pre-QC No: MSU-22-20853 (PQ); **Reviewed:** 18-Nov-2022, QC No: MSU-22-20853; **Revised:** 25-Nov-2022, Manuscript No: MSU-22-20853 (R); **Published:** 02-Dec-2022; DOI: 10.35248/2168-9857.22.11.295

Citation: Reimold P (2022) Identifications and Consequences of Urinary Retention. Med Surg Urol. 11: 295