Teaching Trigger:

Inability to void

I. Clinical Question:

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

Teaching Points:

1. Two basic reasons for failure to void
   a. Poor pump
      i. Meds: anticholinergics, calcium blockers, narcotics
      ii. Sacral cord disease
      iii. Neuropathy: Diabetes, B12 deficiency
      iv. Constipation
   b. Blocked outlet
      i. Prostate disease
      ii. Supra-sacral spinal cord disease (eg, multiple sclerosis) with resulting detrusor-sphincter dyssynergia
      iii. Women: scarring, large cystocele
      iv. Constipation

2. Evaluation of patient with inability to void:

<table>
<thead>
<tr>
<th>Action step</th>
<th>Possible medical reasons</th>
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<tbody>
<tr>
<td>Review MAR/admit meds</td>
<td>Anticholinergic, narcotic, Ca blocker, α agonist (men)</td>
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<tr>
<td>Review medical history</td>
<td>Diabetes with neuropathy, sacral/subsacral cord impairment, B12 deficiency, GU surgery or radiation</td>
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<tr>
<td>Additional physical exam</td>
<td>Women: speculum/bimanual exam for pelvic prolapse All: sacral roots, by anal wink and bulbocavernosus reflexes</td>
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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 primary care, urology, and/or home nursing follow-up for 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, suprapubic pain; importance of adequate fluids.

III. Clinical Question:

When do you refer patients with inability to void to urology?

Teaching Points: Answers

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 has significant post voiding residual volume), make outpatient referral to GU and send home with catheter
3. Large volume hematuria that does not clear with 3-way irrigation.