Management

Of

Urinary Retention

Acute Management Of AUR

- ***The initial management of AUR is prompt bladder decompression by catheterization.***

Options for Bladder Decompression:

❖ *Urethral Catheterization*

- *When?*
- *By whom?*
- *What size?*
- *How?*
- *Immediate catheter removal or left in place? (duration of catheterization)*
- *The rate of bladder decompression?*
- *Difficulties with urethral catheterization?*
- *Contraindications to urethral catheterization?*
- *Risk factors?*
- *Antibiotics?*

Suprapubic Cathterization

Suprapubic Aspiration

Clean Intermittent Catheterization

- *Ensure to **measure the volume drained** post-catheterization.*

➢ *The **underlying causes should then be treated** accordingly.*

➢ ***Review the patient's medication and history** for any potential contributing causes.*

Subsequent Management

- *treatment of underlying etiology*

- *If patients have no evidence of renal impairment, a TWOC (Trial Without a Catheter) will be attempted, whereby the catheter is removed 48-72 hrs after insertion .*
- *However multiple failed attempts(more than 400 cc residual urine) may warrant a long-term catheter, until definitive management can be arranged to treat underlying causes.*

Complication of Bladder Decompression

- ***Hematuria***
- ***Transient hypotension***
- ***Post-obstructive diuresis***
- ***Urethral injury***
- ***Catheter-associated UTI***

Indications for Admission

-urosepsis
-obstruction related to malignancy
-acute mylopathy
-associated acute renal failure

Treatment for CUR

- ***Many treatment are available for CUR, including catheterization, surgery, minimally invasive procedures, and pharmacological treatment.***

Treatment for CUR

- *is dependent on etiology: Neurogenic or Non-Neurogenic?*

- ***The proposed CUR treatment algorithm is predicated on stratifying CUR patients first by risk and then by symptoms.***

CUR Categories:

Categories of CUR were developed based on:

- ***Risk*** ***(high vs. low)***

  and

- ***Symptomatology*** ***(symptomatic vs. asymptomatic)***

High-risk CUR

Symptomatic CUR

CUR Categories Treatment Algorithm:

- ***Low Risk/ Symptomatic***
- ***High Risk/ Symptomatic***
- ***Low Risk/ Asymptomatic***
- ***High Risk/ Asymptomatic***

Management of CUR (Non-neurgenic)

Current Management for CUR

- ***Medications***
- ***Catheterization***
- ***Surgical intervention***

- ***BPH (BPE) is the most common etiology of urinary retention in old men.***

BPE

- *Bypass of BOO*
- *Medical management of BPH(BPE)*
- *Trial without a catheter*
- *Surgical therapy*

TAMSULOSIN FOR THE TREATMENT OF BPH

Presenter Name : Sahar Keramati
Presenter Title : Tamsulosin for the treatment of BPH
Company :Astellas
December, 2021

DISCLAIMER:
The hospital meeting is organized and supported by Astellas

Long-Term Efficacy and Safety of Tamsulosin for Benign Prostatic Hyperplasia

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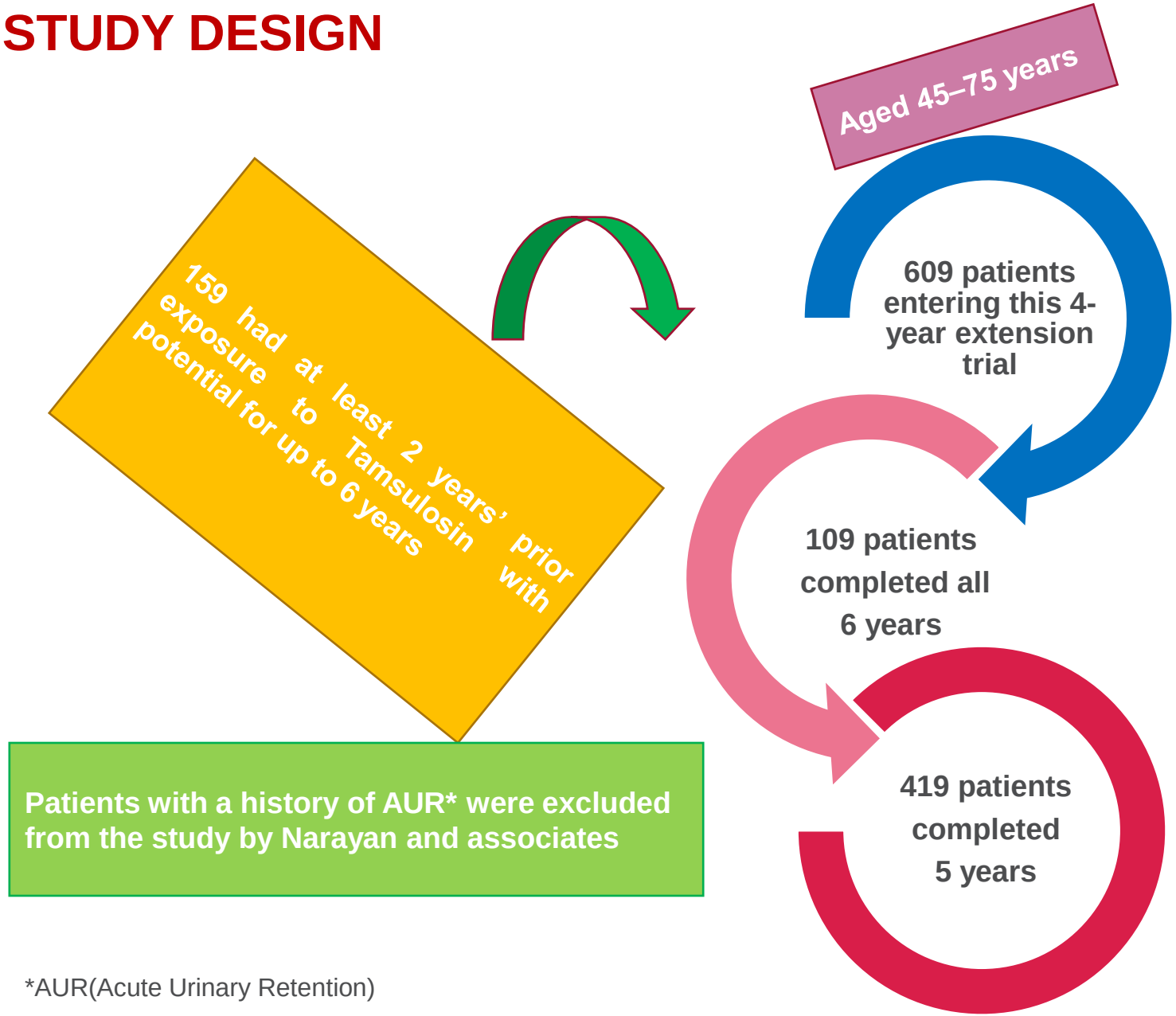
The treatment approach for recent benign prostatic hyperplasia has changed since the recent introduction of medical therapies with evidence-based efficacy. The choice of treatment to achieve symptom relief must take into account factors such as clinical benefits, potential for morbidity, probable long-term efficacy, and costs. α_1-Adrenergic receptor antagonists are the primary therapy for patients with benign prostatic hyperplasia presenting with lower urinary tract symptoms and are used by 80% of physicians as the first-line agent to treat this common condition in the aging male. Tamsulosin has been available in the United States since 1997 and has demonstrated its efficacy. Of patients completing 6 years of treatment, 80.7% demonstrated consistent positive response with extremely low incidence of orthostasis, the response being greatest during the first year and largely maintained over the following 5 years.

[Rev Urol. *2005;7(suppl 4):S42–S48*]

STUDY DESIGN



Patients with a history of AUR* were excluded from the study by Narayan and associates

*AUR(Acute Urinary Retention)

RESULTS

consistent improvement:

- AUA* symptom scores (over 6 years)
- The mean improvement from baseline (17.4) being 8.1 to 10.9. The improvement was statistically significant each year.
- Symptom scores was demonstrated in 71.6%-80.7%.
- The mean significant ($P < .05$) improvement in Qmax from baseline (10.1 mL/sec) ranged from 1.01 mL/sec to 2.29 mL/sec.

- ❖ **Most patients showed improvement during the first year that was sustained over 6 years.**
- ❖ **There was a consistent improvement in AUA symptom scores over 6 years.**

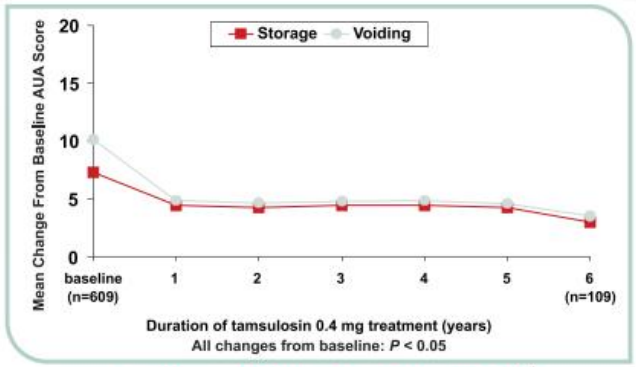
***AUA (American Urological Association)**

astellas

Omnic™ 0,4 mg

Tamsulosin long-term effects

Maintains symptom relief over 6 years [1]



Tamsulosin dosage & administration [2]

(1) Once daily

(2) Modfied release capsule

(3) No need for dose adjustment in patients:

- ✓ With renal impairement
- ✓ With mild to moderate hepatic insufficiency

(4) Improves the storage and voiding symptoms

Your reliable partner in treating LUTS/BPH

Refrences:
1) Narayan p,et al.J Urol 2003;170:498-502
2) Omnic-SMPC-IR-en-19 Feb 2017

For full prescribing information please refer to SmPC of product which is attached to this email.
Adverse events should be reported. Please report adverse events to the local regulatory authority:
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OMN-0200-0004-IR September 2020

Treating CUR Associated With Neurogenic Dysfunction:

- *Catheterization*
- *Surgical intervention*
- *Sacral neuromodulation*
- *Experimental surgical techniques*

Thanks for your attention.