



AUR PREVENTION

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AUR due to LUTS/BPH

- **MTOPS TRAIL:**

Finasteride Was Most Effective At Reducing AUR In Men With Prostate Volumes Greater Than 20 ML

Doxazosin Reduced The Probability Of AUR Only In Men With Prostate Volumes Less Than 20 ML Although The Overall Clinical Benefit Is Low

- **CombAT trail:**

support long-term use of dutasteride and Tamsulosin combination therapy in men with moderate-to-severe LUTS/BPH



AUR due to LUTS/BPH

► [World J Urol. 2021 Jul;39\(7\):2635-2643. doi: 10.1007/s00345-020-03517-0. Epub 2020 Dec 18.](#)

Impact of early vs. delayed initiation of dutasteride/tamsulosin combination therapy on the risk of acute urinary retention or BPH-related surgery in LUTS/BPH patients with moderate-to-severe symptoms at risk of disease progression

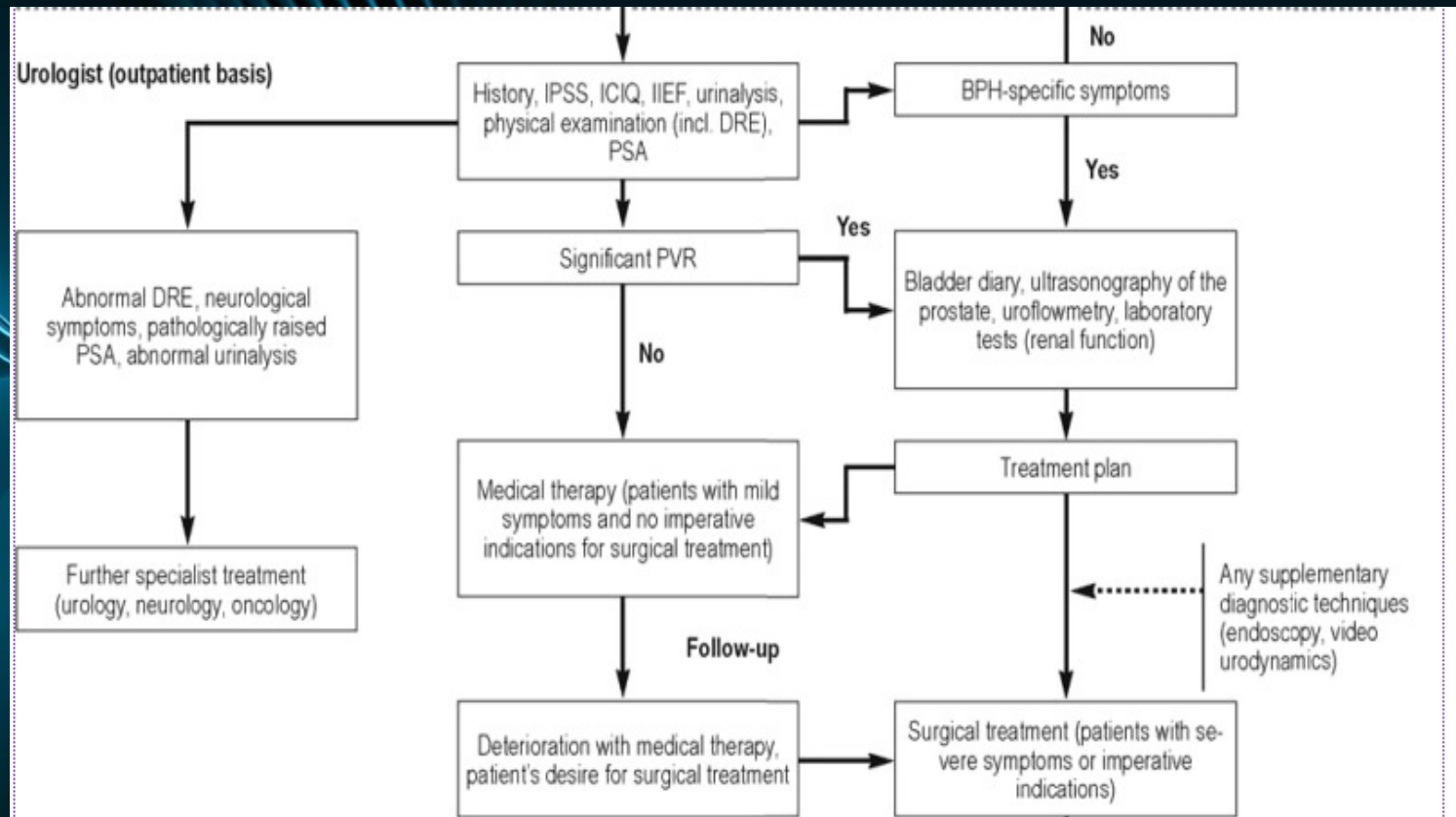
Salvatore D'Agate ¹, Chandrashekhar Chavan ², Michael Manyak ³, Juan Manuel Palacios-Moreno ⁴, Matthias Oelke ⁵, Martin C Michel ⁶, Claus G Roehrborn ⁷, Oscar Della Pasqua ^{8 9}

Start of CT before month 6 appears to significantly reduce the risk of AUR/S compared with delayed start by ≥ 6 months



AUR due to LUTS/BPH

- 40-week NEPTUNE II studies assessed men with storage LUTS/BPH treated with Solifenacin (Soli) and Tamsulosin (TOCAS)
- Patients with storage and voiding LUTS, $Q_{\max} < 12$ mL/s, PVR volume ≤ 150 mL, and prostate volume < 75 mL
- Result: low rates of UR and AUR in men with LUTS



- Although surgical treatment has never been compared head to head with medical therapy in a randomized controlled trial, current evidence points to superior results for surgery.



AUR due to prostate cancer

- the American Urological Association benign prostatic hyperplasia (BPH) symptom index and a higher proportion of moderate to severe LUTS than those receiving other treatments, such as surgery or radiotherapy.
- The European Association of Urology guidelines warned that ADT is contraindicated in men with severe LUTS due to the risk of AUR



CUR

- BETHANECHOL Has Not Recommend For Routine Treatment Of CUR, Based On The Potential Adverse Effects And Lack Of Efficacy.
- If due to B00: treated B00 as like as correct pelvic organ prolapse, transurethral incision of the bladder neck
- If due to decreased bladder contractility: Sacral neuromodulation is approved by the FDA for the treatment of non-obstructive urinary retention in men and women



Prevention Of Postoperative Urinary Retention

- Early ambulation, acupuncture, opioid antagonist agents, alpha-adrenergic antagonists and NSAIDs significantly reduce
- alpha-adrenergic antagonists have the highest probability of net benefit at the acceptable threshold of side effect of 15%, followed by opioid antagonist agents, NSAIDs and cholinergic drugs.



Precipitated AUR

The underlying pathology :

- ☐ Anatomical
- ☐ Neurogenic
- ☐ myogenic factors
- ☐ Pharmacotherapy
- ☐ functional reasons where no organic cause is identified