

You are in **OVERFLOW URINARY RETENTION**.

Overflow urinary retention is a condition where the bladder does not fully empty, leading to an accumulation of urine. You may not even realize or feel this. You may think that you urinate normally. However, the ultrasound just showed that your bladder is very full of urine. Even after you urinate, your bladder is still holding on to excess urine.

SYMPTOMS

- **Feeling of Incomplete Emptying:** A sensation that the bladder is not fully emptied even after urinating.
- **Frequent Urination:** the need to urinate often and may only be small amounts of urine at a time.
- **Nocturia:** Frequent urination during the night.
- **Dribbling or Incontinence:** Intermittent, or continuous, leakage of urine.
- **Complete lack of sensation of being full.** This is because the condition has been occurring for so long, that the nerves to the bladder have adapted and don't work anymore.
- **Weak urine stream.** The bladder muscle (detrusor) is no longer strong enough to make the bladder contract.

POSSIBLE CAUSES:

- **Obstruction:** An obstruction in the urinary tract, such as an enlarged prostate (in men), stones, or strictures, can block the flow of urine and lead to overflow retention.
- **Nerve Dysfunction:** Conditions affecting the nerves that control the bladder (diabetes, spinal cord injury, neurological disorders) can impair the bladder's ability to contract properly.
- **Bladder Weakness:** The bladder muscle may become weakened or less effective at contracting and expelling urine, often due to long-standing chronic urinary retention.

TREATMENT:

- **Catheterization:** Temporary use of a tube (catheter or "foley") to drain the bladder and relieve immediate retention. We have information on urinary catheter management and care. The catheter is attached to a drainage bag.
- **Suprapubic Tube (SPT):** a catheter that is inserted through the lower abdomen directly into the bladder to drain urine (a minor procedure is required to do this). It is connected to a drainage bag (just like a foley catheter), provides continuous bladder drainage, and can be easier to manage and more comfortable than a tube in the penis. The tube can be changed every 6 weeks.
- **Medication:** To manage underlying conditions such as prostate obstruction (BPH).
- **Evaluation of Urinary Tract:** Prostate Ultrasound, Bladder & Kidney Ultrasound, CT scan, Cystoscopy.
- **Surgery:** To remove obstruction or correct anatomical issues, typically involving an enlarged prostate - such as Transurethral Resection of Prostate (TURP). We have additional information about the various prostate procedures.
- **Clean Intermittent Catheterization (CIC)** – the patient periodically empties their own bladder by inserting a thin, flexible tube (catheter), into the urethra two to three times a day while standing/sitting over a toilet.

CLEAN INTERMITTENT CATHETERIZATION (CIC): Used to ensure that the bladder is emptied regularly, reducing the risk of urinary tract infections (UTIs), bladder fullness/discomfort associated with the constant urge to urinate, embarrassing leakage, and kidney damage. CIC will allow the bladder to rest and recover in a non-distended, unstretched state. CIC is frequently used as a management option in chronic overflow urinary retention.

- Our staff will show you how and when to perform CIC on yourself.
- We will arrange for the supplies to be shipped to your home and paid for by your insurance company.
- Infection: There's a risk of urinary tract infections if proper hygiene is not maintained.
- Trauma: Incorrect technique may cause bleeding, irritation or injury to the urethra.
- Discomfort: Some may have discomfort with catheterization but will become accustomed to this with continued practice.
- ***We understand this is surprising – it is likely not even the reason you came to our office today. It is very normal to have anxiety and a resistance to do CIC. We will answer your questions, show you everything, and make sure that you are comfortable and confident in this process.***