

Management of Acute Urinary Retention Secondary to Benign Prostatic Hyperplasia

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Objective: To analyze patients' status and current practice in the management of acute urinary retention (AUR) secondary to benign prostatic hyperplasia (BPH).

Setting: Salmaniya Medical Complex (SMC), Kingdom of Bahrain.

Method: Records of 478 patients with AUR were reviewed. The patients were managed by five consultant urologists during period of eight years (1995-2003). We have documented: in patients and methods.

Results: Urethral catheterization was the initial management of choice in 459 (96%) and suprapubic catheters in 19 (4%). Digital rectal examination (DRE) and abdominal ultrasonography were done in the majority, of patients. Prostate specific antigen (PSA) was done in 229 (48%); transrectal ultrasonography in 14 (3%) and intravenous pyelography (IVP) in 129 (27%). Fifty-three patients (11%) were managed successfully with trial without catheter (TWOC), 2-3 days after starting alpha blocker. Four hundred twenty-five patients (89%) underwent endoscopic examination, of these 10 patients had prostatic stenting only, one had open prostatectomy and the remainder had transurethral resection of the prostate (TURP).

Conclusion: This study revealed a reasonable uniformity in the management of AUR secondary to BPH in SMC without or with guidelines, which needs to depend on evidence-based studies.