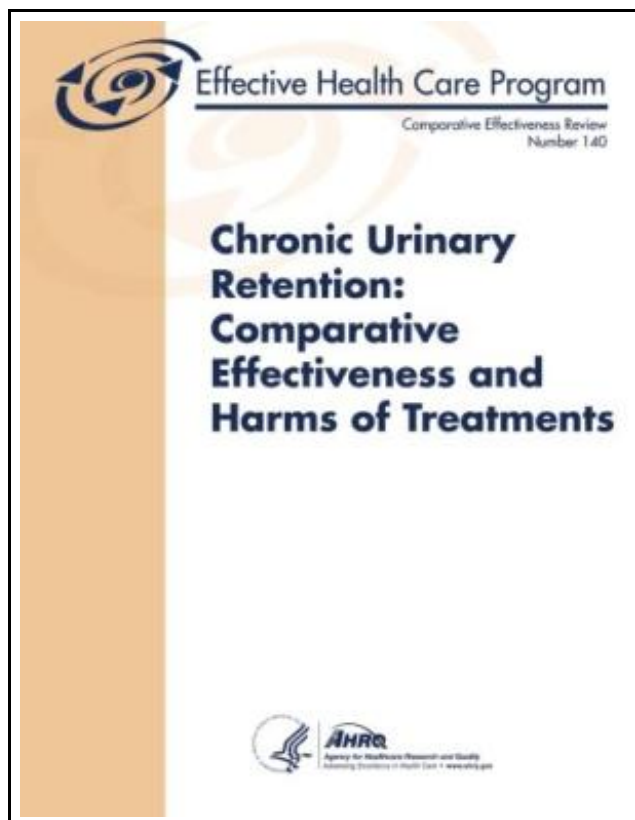


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Createspace, United States, 2014. Paperback. Book Condition: New. 279 x 216 mm. Language: English . Brand New Book \*\*\*\*\* Print on Demand \*\*\*\*\*.Persistent partial retention of urine or chronic urinary retention (CUR) is a common problem for which we have little understanding in terms of prevalence, natural history, prognosis, or efficacy and comparative effectiveness of treatments. Also unclear are whether and when to suspect, screen, or treat patients for CUR. Standard diagnostic criteria (including the duration and volume of post-void residual [PVR] urine necessary for a diagnosis) have not been established for chronic urinary retention. Researchers often define CUR as PVR urine volume greater than 300 ml; however, some studies define it as 100 ml, 400 ml, or 500 ml. CUR may be either asymptomatic or associated with lower urinary tract symptoms such as urinary frequency, urgency, or incontinence. Elevated PVR or CUR can increase risk for urinary tract infections (UTI) and renal failure. Some studies of men with lower urinary tract symptoms and CUR indicate increased risk of acute urinary retention (AUR), renal failure, and lower likelihood that benign prostatic hypertrophy surgery will improve urinary symptoms. A threshold PVR urine volume associated with these consequences is unclear, although negative outcomes have been demonstrated in men with PVR volumes over 500 ml. We do not know if these findings are applicable to asymptomatic CUR. CUR is almost always caused by another (often concomitant) medical condition. Causes of CUR are commonly categorized as obstructive or non-obstructive. In men, the most prevalent obstructive cause is bladder outlet obstruction associated with benign prostatic enlargement. As many as 25 percent of men who undergo prostate surgery for benign prostatic enlargement have CUR. Obstructive causes of CUR in women include complications from surgery for stress urinary incontinence and pelvic organ prolapse. In both sexes, urethral...



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