

# Neglected Post operative Urinary retention(POUR) - Death Sentence for the bladder ... Detrusor dysfunction after neglected post-operative urinary retention

Neglected POUR is a consequence of undetected or inadequately treated acute retention.

Prolonged overdistension leads to a temporary/permanent neurogenic detrusor dysfunction

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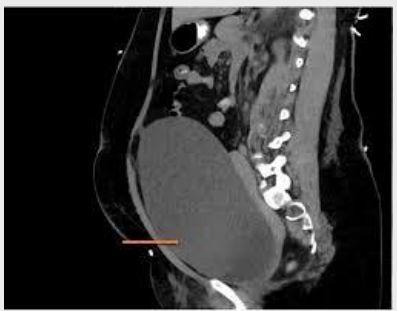
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## Background

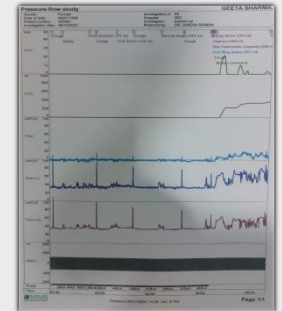
Post-operative urinary retention (POUR) often goes undetected and if left untreated, may have a deleterious effect on bladder function.

Neglected POUR is defined as a partially or untreated POUR that has led to a prolonged overdistension of the bladder lasting more than 24 hours

Prolonged overdistension may lead to a neurogenic detrusor dysfunction.



Overdistended Bladder Detrusor



Underactive

## Methods

A retrospective study of 24 patients over 3 years who presented to Urology with recurrent retention of urine or Overflow Incontinence in the early post operative period.

Majority had a history of post-op catheterization for POUR and required re-catheterization

All patients were treated with IC (Intermittent catheterization) for a period up-to 4 weeks.

Patients were evaluated at 4 weeks and 3 months with uroflowmetry and Urodynamic

Voiding pattern and UD parameters were analysed against time to catheterisation , volume of urine

## Results

7 /24 (29%) patients had Urodynamic proven detrusor dysfunction at 4 weeks & required IC.

15 / 24 (71%) had recovery of detrusor function at end of 4 weeks with spontaneous voiding.

Time to primary catheterization (>10 hours) had significant correlation( $p<0.05$ ) with bladder dysfunction

Volume of retained urine (>1200 ml) was associated with Detrusor dysfunction.

Time to second catheterization (> 4days ) had correlation with bladder dysfunction.

Most important predictors of recovery of detrusor function was retention less than 9 hours, retention volumes < than 1200 ml and time to second catheterization (< 3 days )

S.NO	Duration of surgery	Type of Anesthesia	Time to 1st catheterization in hours	Volume of urine retained in ml	Duration of Primary Catheterization	Re retention after TWCOC	Overflow Incontinence after TWCOC	Time to 2nd catheterization days	Volume of 2nd catheterization	Uroflow at 4 weeks	UDS at 4 weeks
1	3	GA	24	2200	1	NO	YES	7	1000	Intermittency	Hypo contractile
2	0.5	GA	8	1000	2	NO	YES	1	800	Normal	Contractile
3	2	GA	14	1300	1	No	YES	5	1100	Intermittency	Hypo contractile
4	1	SA	6	800	3	Yes	NO	1	800	Normal	Contractile
5	1	LA	8	1000	1	NO	Yes	5	1000	Intermittency	Acontractile detrusor
6	0.75	SA	8	1000	2	Yes	No	1	800	Normal	Contractile
7	2	SA	10	1200	1	NO	YES	4	1000	Intermittency	Hypo contractile
8	2	GA	8	800	1	NO	YES	2	800	Normal	Contractile
9	0.2	SA	7	1000	2	Yes	No	1	900	Normal	Contractile
10	0.5	SA	6	680	2	NO	Yes	2	1000	Normal	Contractile
11	1	SA	9	800	1	YES	No	1	800	Normal	Contractile
12	1	GA	6	700	2	NO	YES	2	700	Normal	Contractile
13	1	SA	6	700	2	YES	NO	1	750	Normal	Contractile
14	1	GA	30	2000	3	NO	YES	6	1200	STRAINING	Acontractile detrusor
15	1	SA	7	800	1	YES	NO	1	678	Normal	Contractile
16	1	GA	9	1000	1	NO	YES	2	800	Normal	Contractile
17	1	GA	8	1100	1	No	YES	3	850	Normal	Contractile
18	1	SA	6	900	2	NO	YES	2	700	Normal	Contractile
19	1	SA	7	800	2	YES	NO	1	800	Normal	Contractile
20	1	LA	10	1200	1	NO	YES	5	1200	INTERMITTENT	Hypo contractile
21	1	SA	6	700	1	YES	NO	1	700	Normal	Contractile
22	2	GA	8	800	1	YES	NO	1	800	Contractile	Contractile
23	2	SA	8	750	1	NO	YES	2	700	Normal	Contractile
24	2	SA	12	1000	1	NO	YES	4	1000	Intermittency	Acontractile detrusor

Patient Characteristics

## Implications

Neglected POUR is a distinct entity because the sequelae of neglected POUR are different from normal POUR and may be permanent.

Risk of detrusor dysfunction after neglected POUR is real and significant.

Role of early initiation of IC in promoting recovery of bladder function