



Chronic urinary retention^a

Refer for specialised assessment

Imaging of upper urinary tracts
Serum creatinine investigation

Abnormal

Normal

Catheterise

Bothersome LUTS

Non-bothersome LUTS

Not catheterised

Consider catheterising

Can the man self-catheterise or does he have a carer who can perform the technique?

Yes

No

Consider intermittent urethral catheter

No or treatment failure

Indwelling catheter urethral or suprapubic

Not catheterised

Surveillance
(post void residual, upper tract imaging and serum creatinine)

Surgery suitable for patient?

Yes

No

Consider surgery

Continue or start catheterisation

^a residual volume greater than 1 litre or presence of a palpable/percussible bladder

^a At the time of publication (May 2010) desmopressin and loop diuretics did not have UK marketing authorisations for this indication. Informed consent should be obtained and documented. Consult the summary of product characteristics for the contraindications and precautions.

^b Medical conditions that can cause nocturnal polyuria symptoms include diabetes mellitus, diabetes insipidus, adrenal insufficiency, hypercalcaemia, liver failure, polyuric renal failure, chronic heart failure, obstructive apnoea, dependent oedema, pyelonephritis, chronic venous stasis, and sickle cell anaemia. Medications that can cause nocturnal polyuria symptoms include calcium channel blockers, diuretics, and selective serotonin reuptake inhibitor (SSRI) antidepressants.