

Urinary retention: why the bladder won't empty and what to do

Urinary retention means the bladder did not empty adequately, but it does not tell you whether the outlet resisted, the bladder muscle weakened, the pelvic floor failed to relax or the nervous system lost coordination. In acute retention, drainage comes first; in chronic retention, protecting the bladder and kidneys matters as much as the residual number.

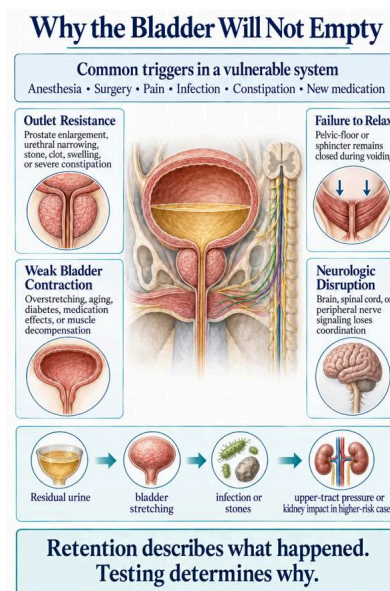


Figure 11.1. Why the Bladder Will Not Empty. Urinary retention can result from resistance at the outlet, inadequate bladder contraction, failure of the pelvic floor and sphincter to relax, or disrupted neurologic coordination. More than one mechanism may occur at the same time.

Key points

- Sudden inability to urinate needs immediate care, even without pain.
- Drinking more water cannot force a blocked bladder open and can make the pain worse.
- The prostate is a common cause in men, but scar tissue, stones, clots, constipation, medications, a weak bladder muscle, the pelvic floor and the nerves can all be involved.
- A large residual confirms incomplete emptying; it does not identify the mechanism.
- A catheter protects drainage while the cause is found; it is not the diagnosis and is often not permanent.
- Chronic retention is judged by its effects: infections, stones, kidney changes and quality of life.

Get prompt care if you notice

- Sudden complete inability to urinate, with or without pain
- Fever with retention or obstruction
- New retention with leg weakness, saddle numbness, severe back pain or new bowel dysfunction
- Confusion, weakness, vomiting or reduced urine output
- Retention with only one functioning kidney

Questions to ask your urologist

- Is my retention acute, chronic or both?
- Does outlet resistance, bladder weakness or poor coordination best explain it?
- Has the retention affected my kidneys or upper urinary tract?
- Could my medications, constipation, recent surgery or a neurologic condition be contributing?
- When should we try a voiding trial, and would uroflow, cystoscopy, ultrasound or urodynamics change treatment?
- If normal emptying can't be restored, which drainage option fits my health and daily life?

Find a urologist near you: [localurology.com](https://www.localurology.com) · Adapted from *A Urology Consult in a Book* by David Shusterman, MD, board-certified urologist. General information, not medical advice. Talk with your own doctor about your situation.