

AUA reports on nonneurogenic chronic urinary retention

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(HealthDay)—A white paper has been developed by the American

Urological Association Quality Improvement and Patient Safety committee with respect to the diagnosis and management of nonneurogenic chronic urinary retention; the paper was published in the July issue of *The Journal of Urology*.

John T. Stoffel, M.D., from the University of Ann Arbor in Michigan, and colleagues created a white paper on the diagnosis and management of nonneurogenic chronic urinary retention based on a review of the literature and consensus expert opinion from a workgroup.

The researchers note that nonneurogenic chronic urinary retention was defined by the workgroup as an elevated post-void residual of more than 300 mL, which persisted for at least six months and was documented on at least two separate occasions. They proposed that chronic urinary retention should be classified by risk and symptomatology. They also proposed a treatment algorithm based on stratification of patients by risk then by symptoms. To determine effectiveness of retention treatment, the primary outcomes that should be assessed are: [symptom](#) improvement, risk reduction, successful trial of voiding without catheterization, and stability of symptoms and risk over time.

"Defining and categorizing nonneurogenic chronic urinary retention, creating a treatment algorithm, and proposing [treatment](#) end points will hopefully spur comparative research that will ultimately lead to a better understanding of this challenging condition," the authors write.

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