



# University Hospital Galway

## EMERGENCY DEPARTMENT

GalwayEM.ie

### Urological Emergencies

(<https://galwayem.ie/guidelines/surgical-emergencies/urological-emergencies>)

Category

Surgical Emergencies (<https://galwayem.ie/guidelines/surgical-emergencies>)

#### **Acute Urinary Retention**

Confirm that this is the diagnosis with a bladder scan. Remember that failure to pass urine can be due to renal failure as well as retention. The bladder should be palpable, and usually the patient will be in pain. In the emergency situation the patient should be catheterised and referred to Urology. If catheterisation is not possible per urethra refer to Urology. Consider cauda equina as a differential diagnosis.

#### **Ureteric Colic**

A characteristic history of severe pain radiating from loin to groin together with the presence of blood in the urine suggests this diagnosis, which can be confirmed by CT KUB. The absence of blood does not exclude a renal calculus (no haematuria in 15%). Analgesia using diclofenac suppositories together iv morphine if necessary. Presently all patients are referred to Urology.

Consider AAA in all elderly patients

#### **Testicular Pain**

Torsion of the testis must be excluded. This is often difficult. The diagnosis of epididymitis can only be made in the presence of a gradual onset of symptoms, a craggy tender epididymal mass clearly separate from the testis and white cells in the urine. In all cases refer to Urology.

#### **Priapism**

Persistent and unusually painful penile erection.

Causes include, intracavernosal injection of vasoactive drugs, haematological disease including sickle cell crisis, lumbar disc disease and other neurological causes, trauma, tumour, drugs.

This is a urological emergency

- Refer urology
- Consider corporeal aspiration 50mls from each corpora via a 19G butterfly

For sickle cell disease discuss with haematologist.

#### **Paraphimosis**

This is due to swelling of the glans after the foreskin is left retracted. Left untreated it leads to tissue necrosis. Treatment:

- Apply lignocaine gel to glans
- Consider penile block with 10mls of 1% lignocaine
- Manually decompress glans by squeezing prior to returning foreskin to normal position
- Consider 50% dextrose soaked gauze for osmotic effect
- Refer to urology if above fails

### **Balanitis**

[https://www.rch.org.au/clinicalguide/guideline\\_index/The\\_penis\\_and\\_foreskin/](https://www.rch.org.au/clinicalguide/guideline_index/The_penis_and_foreskin/)

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Usually young boys with red swollen foreskin. If unable to pass urine refer to urology. Otherwise advise on local hygiene and prescribe co-amoxiclav PO.

- [Balanitis \(https://www.rch.org.au/clinicalguide/guideline\\_index/The\\_penis\\_and\\_foreskin/\)](https://www.rch.org.au/clinicalguide/guideline_index/The_penis_and_foreskin/)

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