Indications for performing a bladder scan:
- Feeling of incomplete emptying
- Difficulty in voiding, poor stream
- Urge and frequency in voiding
- Frequent UTI’s
- Catheter blocked/by-passing
- On Anticholinergic Therapy

Perform Pre and Post void bladder scan

Post Void Residual Urine < 200mls

Check for constipation
- If patient is on Anticholinergic therapy consider stopping
- Check correct sitting position
- Teach Double Voiding
- Treat Urinary Tract Infection (UTI)

If patient continues to be symptomatic, refer to the Sepecialist Continence Service

Post Void Residual Urine > 200mls

If residual >1000mls refer to Secondary care

Take U&E’s
- Check for constipation
- If patient is on an Anticholinergic therapy, stop.
- Males-Commence on an Alpha Blocker (Tamsulosin)
- Treat UTI

If no urine drained, female patients will need referral to Gynaecology-GP to arrange Ultra sound scan

Consider draining residual urine using an Intermittent catheter (Unless first time male, follow pathway for Acute Painful Retention, Chronic Painless Retention in men will need referral to secondary care for first time catheterisation)
Repeat bladder scan a week later

Residual still present

Check U&E's

If abnormal, needs referral to Urology

Insert Urethral Catheter with leg bag

If within normal limits indwelling catheter with flip flow valve (if appropriate)

Refer to the Continence Health Advisory Service for a Trial Without Catheter (TWOC)

(Continence Health Advisory Service)

If TWOC Fails teach Intermittent Self Catheterisation (ISC), if unsuitable for ISC, insert indwelling catheter with Flip flow valve (if appropriate) and Refer to Urology