

Bladder Outlet Obstruction

Introduction

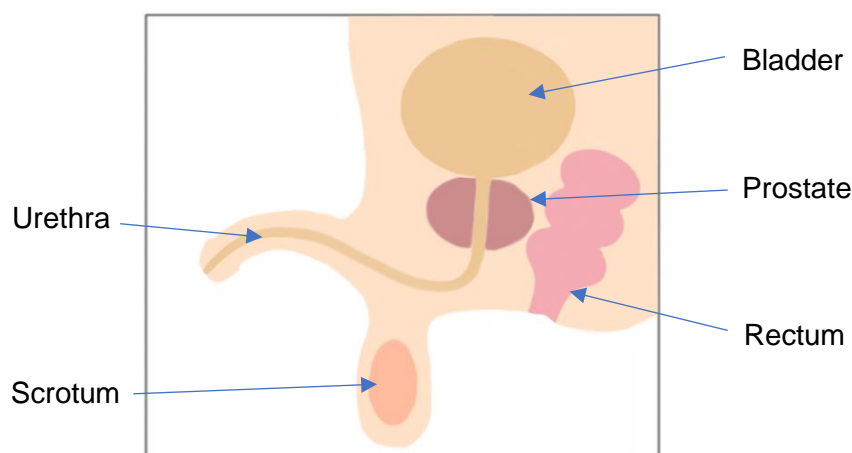
This guide has been written by experts in bladder outlet obstruction (BOO), drawing on the latest evidence and advice. Bladder outlet obstruction is usually caused by the prostate gland enlarging as we get older. It is designed to help you manage your condition while you are waiting for your prostate surgery.

You can download and print this support guide and share it with your family, friends and carers.

About bladder outflow obstruction

Urine (pee) is made in your kidneys and collects in your bladder until it flows out through your urethra. Your prostate sits where your bladder meets your urethra.

It is normal for your prostate to grow as you get older. Due to the position of your prostate at the opening of your bladder, an enlarged prostate can restrict the outflow or passing of urine.



Common symptoms of bladder outlet obstruction

There are some common symptoms of bladder outlet of obstruction that many people experience.

Difficulty starting urination It is common for patients to have to stand or sit for a few minutes before being able to start to pee. Remember that this is normal with your condition and try to be patient with yourself.

Slow stream of urine Patients often notice that the stream of their urine is slow, and may even stop, despite their bladder being full. This means that it can take longer than normal to pass urine.

Frequency and urgency of urination You may notice that you need to empty your bladder more, and that you can't resist the feeling of needing to urinate (urgency). This at times we know can be embarrassing and can sometimes lead to urine leakage if it is not possible to hold on.

Post-micturition dribble After the flow of urine a few drops of urine may still be in the urethra and dribble out into your underwear after you leave the bathroom. This is different from incontinence, where urine flows out without your control.

Nocturia Waking in the night to pass urine occurs due to the change in position of the bladder, and how it fills when you are lying down compared to when you are standing up. Nocturia can be very distressing as it affects the quality of sleep. There are lots of strategies to help with nocturia, see the section on 'Lifestyle changes' below.

Erectile dysfunction It is common for patients who have enlarged prostates to suffer with sexual dysfunction such as soft or absent erections. There are treatments which may be suitable for you to help with this.

Steps you can try to control or manage your symptoms

In addition to the suggestions above, there are some steps you can try that may help you to manage your symptoms.

Decrease your caffeine and nicotine intake. Caffeine (typically from coffee, tea, chocolate and energy drinks) and nicotine (from tobacco smoking) irritate the bladder, so cutting your caffeine and nicotine consumption can decrease the number of times you need to urinate. Where possible drinking water instead of caffeine containing drinks or fruit juices and fizzy drinks can help.

Decrease your alcohol intake. Alcohol increases your urine production, so cutting your alcohol intake can help reduce frequency of urination. Reducing evening alcohol intake can also help with symptoms of nocturia (waking in the night to pass urine)

Drink more in the morning, less in the evening. If you are waking up more than once a night to urinate then reducing your fluid intake before bed can be helpful. This means drinking most of your fluids early in the day, and not drinking for the two to three hours before you go to bed.

Remember that fluid intake is vital for your body to function, so it is important that you do not decrease your overall fluid intake. The colour of your urine should be similar to white wine; dark brown urine indicates that you are dehydrated.

Avoid constipation. Constipation can worsen symptoms of bladder outlet obstruction. This is because if the rectum is full it can press on the prostate, which in turn presses on the urethra. Ask your community pharmacist for help treating or avoiding constipation.

Tips to aid urinating

The following are some techniques to help maximise your bladder emptying while urinating:

- For some people, sitting down to urinate can improve the flow of urine and help you to empty your bladder.
- After urinating, wait for 20-30 seconds while leaning forward, and try to pass urine again. This technique can help you to empty your bladder more completely each time you go to the bathroom and reduce urinary frequency.
- Try 'urethral milking' to get the drops of urine left in the urethra:
 - o Wait a moment after passing urine
 - o Place two to three fingers directly behind your scrotum and gently massage forward towards the base of your penis.

This brings forward urine out of your urethra, helping to reduce embarrassing leakage after passing urine. This is called post-micturition dribble.

Medications

There are medications that can reduce the size of your prostate and improve your urine flow. These can be taken alone or in combination. As with all medications, they do have side effects and may not be suitable for everyone.

The most common medications are:

- **Alpha blockers** (e.g. Tamsulosin) This relaxes the muscles where the bladder and prostate meet, which can help urine flow.
- **5 alpha reductase inhibitors** (e.g. Finasteride) This can stop the prostate growing further, and even reduce its size.

If you are not already taking these medications, you should speak to your GP or urologist to see if you are suitable for them.

Patients with indwelling catheters may not need to take these medications, and the tablets will usually be stopped after your bladder outlet (prostate) surgery. We will explain exactly

what a catheter is later. Almost half of men waiting for surgery will be using a type of catheter.

Complications of bladder outlet obstruction that mean you need to seek URGENT help

(If you experience any of the following complications, it is important that you call 111 or speak to your GP practice **urgently**).

Urinary tract infection (UTI) Due to urine in the bladder not emptying properly, it is common to get infections in the urine. Symptoms of a UTI are pain in the lower abdomen, stinging when passing urine, suddenly having to pass urine more frequently, fevers and feeling unwell.

Acute urinary retention This is a sudden painful inability to empty your bladder. Symptoms of this include lower abdominal pain or penile tip pain and are unable to pass urine.

Chronic urinary retention This is caused by the volume of urine left behind after urination gradually increasing. You may notice a firm swelling in the middle of your lower abdomen (tummy), wetting the bed at night can happen, and also needing to urinate more often.

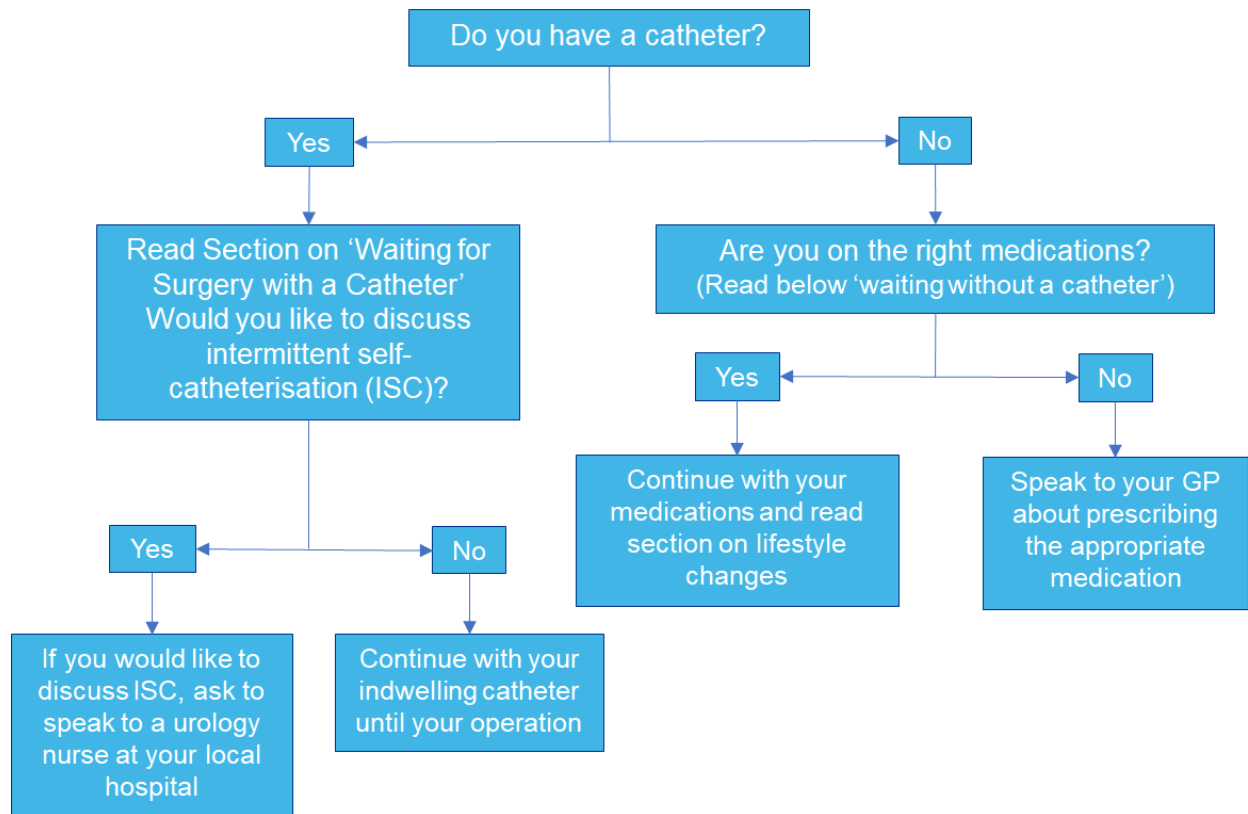
If you experience the following, please call 111 or speak to your GP practice.

Haematuria Some patients with enlarged prostates will get visible blood in their urine. This is called haematuria. Sometimes there can be blood in the urine when a catheter is in place.

What should I do if my condition is deteriorating?

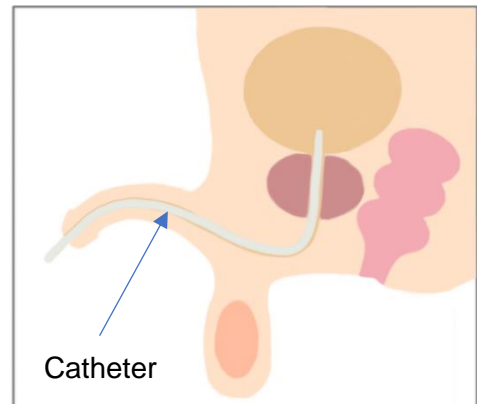
If you feel that your condition is deteriorating, and that you may no longer be able to have an operation, then please contact your hospital urology team. You can look on any appointment letters you have from your hospital for this information.

Flow chart for patients awaiting bladder outlet surgery



Waiting for surgery with a catheter

A catheter is a soft tube that goes into your bladder through your urethra and holds open your prostate to allow urine to pass. A catheter empties your bladder and helps prevent the build-up of urine.



If you need a catheter there are two potential options:

Indwelling catheters are inserted by a medical professional and held in place by a small balloon inflated inside your bladder. The catheter needs to be replaced approximately every 12 weeks. This is usually performed by a district nurse at your home, but some patients need to come to hospital to have their catheters replaced.

In some cases, a small tap can be fitted on the end of the catheter (called a flip-flow valve). This tap can be opened down the toilet, removing the need to wear a bag in the day. This option is appropriate for most patients with catheters.



A 'flip-flow' valve

To read more about catheter valves please go to:

[http://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Catheter valves.pdf](http://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Catheter%20valves.pdf)

Intermittent self-catheterisation (ISC) is an under-utilised but comfortable alternative to an indwelling catheter. In some catheterised patients, it may allow resumption of normal urination. It requires you to insert a single use, disposable catheter into your bladder. Your urine will flow through the tube into the toilet until your bladder is empty, and then you remove the catheter and throw it away. You may need to insert a catheter between 1 and 6 times a day.

ISC means that you do not have to have a catheter in 24 hours a day, and can also relieve symptoms of BOO to allow you to return to your normal daily activities.



A catheter for ISC

A urology specialist nurse will teach you how to insert the catheter in a clean and safe manner and answer any questions you may have.

Although ISC is not suitable for everyone (as it requires good manual dexterity), it is a very good option and should be offered to all men able to use them, who have had an indwelling catheter in place for more than a few weeks. Please do ask about this if it hasn't been offered or suggested as an alternative.

To read more about self-catheterisation please go to:

<https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/ISC%20male.pdf>

Problems that can occur with catheters:

- **Blocked catheter:** This is when urine is unable to flow through your catheter, commonly due to debris or blood clots. Symptoms of this would be urine leaking around your catheter, a new urgency to pass urine or if you have a full bladder but no urine draining into your catheter bag. If you notice these symptoms then call 111, contact your district nurse, or attend your local emergency department.

- Blood: It is common to have a small amount of blood in your catheter, which will make your urine look pink. More blood in your catheter can make your urine red. If you notice a change in the colour of your urine to pink or red, or if you notice blood clots then call 111, or contact your GP.

Additional information

- [The British Association of Urological Surgeons – Prostate symptoms \(bladder outlet obstruction\)](#)
- [The British Association of Urological Surgeons – Management of a urethral catheter](#)
- [British Association of Urological Nurses – useful documents](#)
- [British Association of Urological Surgeons – Lower urinary tract symptoms information](#)

This document was produced by Richard Hindley and James Brittain with clinical input from members of The British Association of Urological Surgeons in 2023.