

Urinary Retention Caused by Foreign Body

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ABSTRACT

A 54-year-old man was referred from a private hospital with recurrent episodes of urinary tract infection and urinary retention, 18 months following transvesical prostatectomy for benign prostatic hyperplasia. A retained gauze embedding a stone was removed from the bladder neck at exploration. Adherence to sound surgical principle will avoid the hazards of retained gauze and other instruments.

KEY WORDS: Retained Gauze, Prevention

Introduction

Retention of urine is when a patient is unable to void although the bladder is distended with urine.¹ The main causes in the adult male in our environment are benign prostatic hyperplasia (BPH), urethral stricture and prostatic cancer. This is a report of an unusual cause of urinary retention.

Case report

A 54-year-old man presented with inability to void urine, poor urinary stream and pain on micturition of one-month dura-

tion. He also had increased frequency of micturition, terminal haematuria, loin and suprapubic pains. He had in the past 6 months had 3 other episodes of urinary retention and several episodes of urinary tract infection (UTI). He had prostatectomy for BPH at a private clinic 18 months previously. Treatment with several antibiotics based on urine culture results elsewhere gave no improvement.

Physical examination showed no fever or pallor. There was a midline subumbilical scar and tender suprapubic region. There was no palpable urethral induration and the prostate was

tender. Other examinations were normal. Urine culture yielded *Proteus vulgaris* and was treated with appropriate antibiotics. White cell count was $3.4 \times 10^9/l$ and haematocrit 46%.

At cystourethroscopy, there was evidence of urethritis and cystitis but no stricture or bladder neck contracture was found. There was debris in the bladder with a piece of gauze embedding a stone. This was removed at immediate suprapubic cystostomy and the bladder washed out with saline and closed over an indwelling urethral catheter, which was removed after seven days. Postoperative course was uneventful and preoperative symptoms were relieved. At 6 months follow-up, the patient had no obstructive symptoms.

Discussion

The most common causes of urinary retention in the African adult male are BPH, urethral stricture and prostatic cancer.¹ Foreign bodies are rare causes of urinary retention, following prostatectomy. The presence of the piece of gauze in our patient would have served as a nidus for infection, and stone formation. About 3.8% of urinary calculus disease in southeast Nigeria was found to be due to foreign bodies in the bladder.² Our patient had recurrent episodes of urinary retention and infection. It was thus impossible to control the

infection without removing the foreign body.

This unfortunate event can be avoided if the basic principles of surgery are adhered to at all times during surgical procedures. Surgical fields must be properly illuminated and kept as dry of blood as possible so that all structures and instruments in use are kept in clear view. Fatigue and rushing procedures should be avoided, as these have been associated with increased surgical complication rate.³ Gauze packing of the prostatic bed after enucleation should be done with a single roll of gauze. All pieces of gauze and instruments used during the procedure must be counted by the nurse at the end of the procedure and confirmed to be complete before closure is initiated.

Following open prostatectomy, patients presenting with urinary retention should be properly evaluated to exclude possibility of foreign body retention.

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