

Persistent Urinary Retention in Neurogenic Bladder: Management, Complications & Quality of Life

Cohort Size
n = 112

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Aim & Methods

Objective: Evaluate frequency, management methods, complications, and QoL impact in persistent urinary retention.

Design: Retrospective observational study (112 patients). Evaluated demographics, clinical variables, and QoL (Visual Analogue Scale 0–10).

Bladder Management

Intermittent Self-Catheterization **83.93%**

Caregiver Catheterization **8.93%**

Permanent Urethral Catheter **4.46%**

Suprapubic Catheter **2.68%**

Quality of Life & Correlations

Mean QoL Score: **4.41 / 10**

- Better QoL reported in patients with suprapubic catheters.
- Moderate positive correlation between UTIs and worse QoL.
- Weak correlation between age and catheterization frequency on QoL.

Underlying Etiology

Multiple Sclerosis	39.29%
Spinal Cord Injury	35.71%
Retention Syndrome	10.71%

Key Clinical Metrics

85.7%	80.4%
Normal Renal Function	Urinary Incontinence

Mean UTIs: 1.14 / yr | Mean Pads: 3.32 / day

CONCLUSION

Intermittent self-catheterization successfully preserves renal function but remains associated with incontinence and UTIs that negatively impact QoL. Prevention of infections and individualized management are key.