

These notes are for use together with the Colley Model.

12. Residual urine

For more information, refer to your local urological pathways or discuss residual urine volumes with the Bladder & Bowel Service, once the assessment is complete.

Research does not offer much guidance as to what may be considered a significant volume of residual urine. I would offer that if there are symptoms of recurrent urinary tract infection, ascending infection or incontinence, then any volume is significant. Patient's with an illness affecting the nerve pathways may be adversely affected even with lower residual volumes. Otherwise consider below in line with other symptoms and discuss with the Bladder & Bowel Service if in any doubt.

LESS THAN 100ml

This may or may not be significant. In the female patient it may be due to an anterior vaginal wall prolapse. Ensure a full rectum is not the cause. Take into account other symptoms present and discuss with the Bladder & Bowel Service if in any doubt.

MORE THAN 100ml

This would most likely indicate a voiding problem due to bladder outlet obstruction or underactive detrusor. Ensure a full rectum is not the cause and consult with the Bladder & Bowel Service.