

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY THE TERMS SUPPRESSION AND RETENTION OF URINE? UNDER WHAT CIRCUMSTANCES MAY THESE COMPLICATIONS OCCUR? MENTION WHAT NURSING MEASURES MAY BE ORDERED IN THEIR TREATMENT, AND DESCRIBE THEIR APPLICATION.

We have pleasure in awarding the prize this month to Miss Amy Phipps, S.R.N., F.B.C.N., Longmarton, Ashford, Middlesex.

PRIZE PAPER.

Cessation of the act of passing urine may be due to suppression or retention of urine, and these conditions may be of organic or functional origin.

Suppression of urine.—In this case the kidneys have ceased to secrete urine, and consequently the poisonous waste products of metabolism, especially those of a nitrogenous nature, which normally should be passed from the body in the urine are retained in the blood. The condition is always serious, and if left untreated, a general poisoning of the body takes place, giving rise to uræmic symptoms which may end in coma and death.

The most common cause of suppression of urine is acute inflammation of the kidneys.

It may also be met with as a complication of the specific fevers, cholera and other tropical diseases, acute peritonitis or intestinal obstruction when vomiting is a prominent feature, and in chronic Bright's disease.

It also frequently occurs as the result of severe shock, as in severe burns, or abdominal and other operations, in meningitis, hysteria, and other diseases of the nervous system, in the latter stages of cancer of the bladder or uterus, after the passage of a catheter for stricture, in cases of acute poisoning of a certain nature, and direct injury to the brain or kidneys.

Retention of urine.—This is when the urine is secreted normally, but for some reason, although the bladder is full, and can frequently be felt as a movable tumour just above the pubes, it is unable to expel its contents. There are many causes for the condition, and they may be classed as (a) obstructive and (b) non-obstructive.

(a) *The obstructive variety.*—This mostly occurs as a result of blocking of the ureters by renal calculi, tumours, post-operative adhesions, stricture, phimosis, injury to the urinary organs, stone in the bladder and enlarged prostate.

(b) *Non-obstructive variety.*—The causes include:—Specific fevers, general and constitutional diseases, shock, as after injury or surgical operations, hysteria, nervousness, disease of or injury to the brain or spinal cord, alcoholic and other poisons, operations on the bladder and adjacent parts.

Retention of urine frequently occurs during the lying-in period after childbirth.

Treatment.—The treatment of these conditions will depend largely upon the cause. Certain general principles will apply in all cases, viz. :—

(1) When there is any suspicion of abnormality in the amount of urine passed, or in the characteristics of the passage of urine, the amount of urine passed should be measured carefully and tested regularly, and reported upon to the physician.

(2) Any symptom of obstruction should be reported immediately, for possible surgical treatment.

(3) Regular habits of micturition should be encouraged

as far as possible, and simple measures taken to overcome early irregularities.

(4) The nurse should remember that suppression and retention of urine are distressing conditions, and should do all in her power to reassure the patient, and to deal with the symptoms intelligently and sympathetically.

Treatment for suppression.—The treatment for an early case of suppression will probably be hot baths or hot packs, and diaphoretic drugs (pilocarpine) and diuretics (digitalis, etc.), are usually prescribed, and are given hypodermically.

Hot baths, 100-110 degs., are given under direct supervision, care being taken to avoid chilling. For hot packs, an old blanket is wrung out of very hot water, and when excess of steam has escaped, the patient is wrapped in this, covered with a macintosh and two blankets and left thus to perspire for 20 minutes. The patient is then placed in warm dry blankets, and after a short time, he is sponged down, put into a warm shirt and made comfortable. For the same reason, a vapour or hot air bath is sometimes employed. The patient is prepared in the same way, except that a large cradle is inserted over the macintosh. An Allan's or similar apparatus is placed at the bottom of the bed, the conducting tube being placed inside the macintosh. A thermometer is inside the bath, and for dry heat a temperature of 115 to 120 degs. should be maintained, the later treatment being as for the hot pack.

During all these applications, the patient must not be left: his pulse and colour should be carefully noted frequently, and at any sign of exhaustion treatment should be discontinued. Hot drinks should be given during and after treatment.

The bowels must be kept open by the use of jalap powder, and in urgent cases intravenous injections of saline are given to promote diuresis: wet cupping or hot stupes over the lumbar region are sometimes prescribed.

Treatment of retention.—Hot baths are usually ordered; should these fail, catheterisation may be necessary. In performing this, strictest asepsis must be observed in every detail; the amount of urine drawn off must be measured and tested. Surgical interference may be necessary where there is obstruction.

HONOURABLE MENTION.

Miss Daisy Lee, S.R.N., receives honourable mention. She writes in part in relation to retention in cases of stricture of the urethra, which is relieved by frequent catheterisation:—

"A bladder wash out with boric lotion must be given occasionally to help prevent cystitis. When catheterisation is not possible a supra-pubic cystotomy may have to be performed, that is, an opening made into the bladder through the abdominal wall, the bladder is washed out daily by Cathcart's apparatus.

"A distended bladder should not be emptied completely at the first catheterisation or atony of the bladder may result."

QUESTION FOR NEXT MONTH.

A patient is suffering from severe pain and vomiting due to gastric ulcer. Mention the different varieties of medical treatment that you know of, and give a complete account of any one variety which you have seen adopted.

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