

Urological emergencies app

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Acute Urinary Retention
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Incidence	Risk Factors
Aetiology	IPSS: International Prostate Sym...
History	Examination
Investigations	Management
Trial of Void and Follow Up	

Incidence

- 10 times more common in men than women.
- Peak incidence in men >70 years old.

Risk Factors

- Age: 40yr old Vs 70yr old, 8-fold increased risk
- Symptoms: IPSS>7, 3-fold increased risk (International Prostate Symptom Score)
- Q-max: Flow <12ml/s, 4-fold increased risk (maximum rate of urinary flow)
- Prostate Size: >30gm, 3-fold increased risk
- PSA >1.5 (Prostate Specific Antigen), 3-fold increased risk

Aetiology

Obstructive

- Benign prostate enlargement
- Urethral stricture
- Bladder neck stenosis

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Testicular Torsion
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Incidence	Aetiology
History	Examination
Management	Prognosis
Intraoperative Images	

Incidence

- 1 in 4000 males under the age of 25
- Peak incidence in ages 7 -14 years

Aetiology

Twist of spermatic cord resulting in strangulated blood supply to the testis and epididymis

Can be predisposition in patients with bell-clapper testes (Gubernaculum fails to anchor in the scrotum, leaving the testes free to rotate within the tunica vaginalis)

History

- Sudden onset of severe pain in one testicle
- Swollen and exquisitely tender on examination
- High riding, horizontal lie
- Cremasteric reflex usually absent/ reduced
- Torsions do not always present with classical history, therefore one needs a low threshold to explore surgically

BrainyDoc Ltd is back with another brand new educational app called 'Urological Emergencies'. It is available as a free download for iPhone and iPad (iTunes) and Android mobile devices (Google Play).

The Urological Emergencies app provides a series of topics relating to common urological emergencies. The layout is similar to the Urology News app with a central 'Contents' menu detailing various emergency conditions. A tap reveals more on each condition, on a single scrolling page and the sections can be easily accessed through a series of shortcuts at the top of each page. Each section provides a structured approach to the diagnosis, investigation and management of common urological emergency conditions. At the bottom of the 'Contents' page there is a link to relevant British Association of Urological Surgeons (BAUS) consent forms and information on the authorship of the app.

The app covers a wide range of common urological emergencies. The content is thoroughly researched (by authors Laila Cunin, Jessica Chang and Nicholas Rukin) and has been approved by the BAUS Education Committee. The content is chiefly designed for hospital

practitioners and would be most suitable for accident and emergency doctors and nurse specialists, foundation doctors, core trainees and allied specialists who are responsible for patients with emergency urological conditions. It can also be used as a teaching aid for medical students and would be a beneficial resource for community healthcare practitioners.

Conclusions

The Urological Emergencies app is useful for anybody involved in the diagnosis and management of urological emergencies. The app is well researched and has the potential to greatly improve the standard of patient care. I would highly recommend downloading the Urological Emergencies app and sharing it with your teams.



Urological Emergencies	
ACUTE URINARY RETENTION	⊕
EMPHYSEMATOUS PYELONEPHRITIS	⊕
EPIDIDYMO-ORCHITIS	⊕
FOURNIER'S GANGRENE	⊕
HAEMATURIA	⊕
NEPHROSTOMY TUBE COMPLICATIONS	⊕
PARAPHIMOSIS	⊕
PRIAPISM	⊕
PYELONEPHRITIS	⊕
RENAL CALCULI	⊕
TESTICULAR SWELLINGS	⊕
TESTICULAR TORSION	⊕
TRAUMA	⊕
URETHRAL CATHETER COMPLICATIONS	⊕
URETERIC STENT PROBLEMS	⊕

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