Recurrent urinary retention: referral

Assume that today's date is 3 November 2026. Mr Tavaris Gottlieb has attended your practice after his second unsuccessful catheter-removal trial. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. This is original independent practice. You are Mr Tavaris Gottlieb's general practitioner. Write a referral letter to Dr Theo Dalziel, Consultant Urologist, Urology Outpatient Department, 36 Clinic Road, NSW 2000, Australia. Request assessment of recurrent urinary retention following two unsuccessful catheter-removal trials while taking tamsulosin, and advice on further treatment and catheter management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Tavaris Gottlieb	☐	☐	☐
2. DOB: 08/08/1956 (70 yrs)	☐	☐	☐
3. GP review: 03/11/26; currently at home with catheter	☐	☐	☐
Social background			
4. Lives alone; independent with catheter bag care	☐	☐	☐
5. Daughter can provide transport to appointments	☐	☐	☐
6. Concerned catheter prevents usual swimming; wants alternatives	☐	☐	☐
7. Complained that clinic chairs were uncomfortable	☐	☐	☐
Medical history			
8. Weak stream and hesitancy for 6/12 before retention	☐	☐	☐
9. No previous urological surgery or neurological disease	☐	☐	☐
10. No regular anticholinergics, opioids or OTC cold medicines	☐	☐	☐
11. No known drug allergies	☐	☐	☐
12. Healed wrist fracture 2016; no ongoing symptoms	☐	☐	☐
Initial episode			
13. 12/10: painful inability to void; palpable distended bladder	☐	☐	☐
14. Catheter inserted → 850 mL drained; pain resolved	☐	☐	☐
15. 12/10: emergency clinician commenced tamsulosin modified-release tablet 400 micrograms orally once daily; continued through both removal trials and ongoing	☐	☐	☐
16. Reports no missed tamsulosin doses before or during either trial; no postural dizziness	☐	☐	☐
17. Urine culture: no growth; renal function preserved	☐	☐	☐
Catheter-removal trials			
18. 19/10: first trial; small voids only; residual 620 mL	☐	☐	☐
19. 19/10: recatheterised; symptoms relieved	☐	☐	☐
20. 02/11: second trial; painful inability to void; scan 710 mL	☐	☐	☐
21. 02/11: recatheterised; catheter remains in situ	☐	☐	☐
Current assessment			
22. 03/11: comfortable, afebrile; no suprapubic tenderness	☐	☐	☐
23. Urethral catheter freely draining clear urine; no visible haematuria	☐	☐	☐
24. DRE: smoothly enlarged prostate; no palpable nodule	☐	☐	☐
25. 02/11 renal function stable compared with initial presentation	☐	☐	☐
26. Ultrasound: no hydronephrosis	☐	☐	☐
27. Worried retention means cancer; asks what investigations may be needed; malignancy not diagnosed	☐	☐	☐
Plan			
28. Refer Dr Theo Dalziel: repeated failed trials; investigate cause and advise further treatment/catheter strategy	☐	☐	☐
29. Community nursing catheter support arranged pending review	☐	☐	☐
30. Suspected catheter blockage or persistent absent drainage, even without pain → urgent clinical help; fever or rigors, even if catheter draining → urgent clinical help	☐	☐	☐
31. Patient willing to discuss medical, catheter and procedural options	☐	☐	☐