



Ten Clinical Tips in the Assessment of Genitourinary Emergencies in an Older Adult

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Older adults frequently present to the emergency department with genitourinary (GU) complaints. The following are clinical tips to assess these hard-to-address concerns, and further details are covered in this [podcast](#) and [article](#).

Ten Key Points

- 1. Obtain a sexual history.** One in 4 older adults in their 80s are sexually active.¹ A broad question such as “Are you currently satisfied with your sexual activity?” may be followed by questions regarding gender identity, sexual orientation, number of partners, etc.
- 2. Clarify the acuity of urinary incontinence to determine the appropriate workup.** Twenty percent of community-dwelling older adults have an element of urinary incontinence at baseline.²
- 3. Obtain a thorough medication history, as polypharmacy may contribute to acute urologic complaints.** This includes prescribed, over the counter, and recreational medications (especially with peripheral alpha-1 blockers and anticholinergic properties).
- 4. Fully undress the patient for a physical exam, even if their clinical presentation is not specifically GU-related.** Fournier’s gangrene, cellulitis, decubitus ulcers, and signs of obvious trauma are diagnoses which can be easily missed in the fully dressed adult.
- 5. Have a high index of suspicion for elder mistreatment in the form of neglect, or physical or sexual abuse,** particularly for older adults with cognitive or physical impairment. Improper toileting, poor hygiene, and delay in seeking care should be red flags for further inquiry. Consider consulting www.elderabuseemergency.org.
- 6. Rapidly reduce paraphimosis.** Applying ice and/or a mixture of 50% dextrose solution with 2% lidocaine gel may increase the success.
- 7. Treat the cause of acute urinary retention, if identified** (e.g., infection, constipation, medication). It is reasonable to discharge the patient with an indwelling catheter if a spontaneous voiding trial is unsuccessful in the ED with follow up in 72 hours.³
- 8. Do not treat patients with asymptomatic bacteriuria.** The presence of bacteria in the urine in the absence of GU complaints is common in older adults and should not be treated.⁴
- 9. Expedite follow up for postmenopausal women with vaginal bleeding** and ensure the patient/caregiver are aware of its importance. Ten percent of cases are caused by endometrial cancer.
- 10. Arrange follow up for older adults with microscopic hematuria,** as it can be an indicator of malignancy. This is especially important in current or former smokers.⁵ Clear communication with the patient/caregiver is important.

KEY WORDS

Urinary retention, neglect, polypharmacy, urinary incontinence, asymptomatic bacteriuria.

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CONFLICTS OF INTEREST

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