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

Nicole P. Soria, MD, and Danya Khoujah, MBBS, MEHP

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. 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.

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.

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.

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. Clear communication with the patient/caregiver is important.

**KEY WORDS**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Soria, MD</td>
<td>Division of Geriatrics, University of Cincinnati Family Medicine, Cincinnati, OH, USA</td>
</tr>
<tr>
<td></td>
<td>Assistant Medical Director, Department of Emergency Medicine, Mercy Health - West Hospital, Cincinnati, OH, USA</td>
</tr>
<tr>
<td>Danya Khoujah MBBS, MEHP, FACEP, FAAEM</td>
<td>Attending Physician, MedStar Franklin Square Hospital</td>
</tr>
<tr>
<td></td>
<td>Adjunct Volunteer Assistant Professor, University of Maryland School of Medicine</td>
</tr>
<tr>
<td></td>
<td>Department of Emergency Medicine</td>
</tr>
<tr>
<td></td>
<td>Baltimore, MD</td>
</tr>
</tbody>
</table>

CONFLICTS OF INTEREST
The authors have no conflicts of interest to report.

ACKNOWLEDGEMENTS

Author Contributions: Both authors contributed to the conceptualization, writing, and revision of this article.

Funding: No funding was provided for this work.

REFERENCES