

Urgency: the sudden urge to empty the bladder; in arachnoiditis patients or those with chronic pain syndromes which include an element of central pain, there may be hyperaesthesia, in which the urge to urinate becomes acutely painful, often with pain of a burning nature.

Confusingly, urgency may arise when there is somewhat (not complete) reduced sensation of the bladder fullness. This is because there is a delay in the threshold of sensation of fullness being reached, but once it is reached, there is an overblown response, hence what would normally be a discomfort becomes pain, sometimes quite severe.

Frequency: the need to empty the bladder more often than usual, often only passing small volumes; if due to an infection, it may be associated with pain on passing urine. (usually if you pass urine more than 8 times in 24 hours this might suggest a problem)

Hesitancy: this is when the person knows they need to empty the bladder, but cannot initiate urination, so has to wait for some minutes possibly, before urine starts to be passed.

This is more common in men, and tends to be associated with prostate problems, but can also be due to spinal problems and/or to medication such as antidepressants.

Urinary retention: is when it is impossible to pass urine at all. Acute retention may occur in prostate problems, for example, and if bladder sensation is intact, can be exquisitely painful. It usually requires catheterisation to empty the bladder.

Retention may also occur chronically in an underactive bladder and initially may not be noticed by the patient if there is loss of bladder sensation. Management of this problem, which can occur in spinal injuries, necessitates regular self-catheterisation to empty the bladder or a permanent in-dwelling catheter.

Incomplete bladder emptying may occur if the bladder muscle is not functioning well; residual volumes of urine remain. This leads to increased susceptibility to infection.

Dribbling: this is when the stream of urine does not cut off normally once the bladder is empty, but continues to drip, or dribble. There may also be dribbling, constant incontinence, if the bladder sphincter is damaged and unable to hold the urine in the bladder.

Dysuria: pain on passing urine; this may indicate an infection. It may be quite a sharp pain which feels as if there are shards of glass being passed.

Haematuria: blood in the urine: can seem very alarming! It may indicate an infection or perhaps a kidney stone. Other more serious causes also need to be excluded, so medical advice should always be sought if this occurs.

Incontinence: the involuntary passing of urine. This may be constant dribbling, small volumes lost on sudden movement, coughing or sneezing, urine leak with urgency due to failure to reach the toilet in time or may be large volumes without warning.

Naturally, any of these problems can be a source of great distress to the sufferer and may lead them to increasingly isolate themselves. (see below for more details).

Nocturia: the need to get up in the night to pass urine. Usually, the body is programmed to concentrate urine overnight so that sleep is not interrupted: which is why you may have noticed that early morning urine is darker than at other times of the day (and why pregnancy tests tend to use the first urine passed in the morning).

However, it may be necessary to pass urine at night, but if you have to get up more than twice, you might be wise to seek medical advice.

Nocturnal enuresis: bedwetting, can be a real nuisance.

