

Urinary Retention (Space Adaptation)

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Introduction

Urinary retention is the inability to completely empty the bladder. It has been reported during space flight on several occasions, usually occurring in the first 48 hours of flight, as part of the Space Adaptation Syndrome (SAS).^{[1][2]} Causes of urinary retention in the early phases of flight include altered baseline physiology seen with exposure to microgravity, anticholinergic side effects of medications that are taken to combat space motion sickness, and other contributing factors.^[1] SAS-related urinary retention may impact health on orbit by causing discomfort and increasing the risk of urinary tract infection (UTI). Treatment including urethral catheterization has been performed on orbit.^[3]

Clinical Priority and Clinical Priority Rationale by Design Reference Mission

One of the inherent properties of space flight is a limitation in available mass, power, and volume within the space craft. These limitations mandate prioritization of what medical equipment and consumables are manifested for the flight, and which medical conditions would be addressed. Therefore, clinical priorities have been assigned to describe which medical conditions will be allocated resources for diagnosis and treatment. “Shall” conditions are those for which diagnostic and treatment capability must be provided, due to a high likelihood of their occurrence and severe consequence if the condition were to occur and no treatment was available. “Should” conditions are those for which diagnostic and treatment capability should be provided if mass/power/volume limitations allow. Conditions were designated as “Not Addressed” if no specific diagnostic and/or treatment capability are expected to be manifested, either due to a very low likelihood of occurrence or other limitations (for example, in medical training, hardware, or consumables) that would preclude treatment. Design Reference Missions (DRMs) are proposed future missions designated by a set of assumptions that encompass parameters such as destination, length of mission, number of crewmembers, number of Extravehicular Activities (EVAs), and anticipated level of

care. The clinical priorities for all medical conditions on the Exploration Medical Condition List (EMCL) can be found here (https://humanresearchwiki.jsc.nasa.gov/index.php?title=Category:All_DRM). The EMCL document may be accessed here (https://humanresearchwiki.jsc.nasa.gov/images/6/62/EMCL_RevC_2013.pdf).

Design Reference Mission	Clinical Priority	Clinical Priority Rationale
Lunar outpost mission Assumptions: <ul style="list-style-type: none"> ■ 4 crewmembers (3 males, 1 female) ■ 180 days total ■ 90 EVAs/ crewmember ■ <u>Level of Care 4</u> 	Shall	The likelihood of developing SAS-related urinary retention during space flight is relatively high and the consequences of untreated urinary retention are severe. Therefore, treatment capability shall be manifested.
Near-Earth Asteroid (NEA) mission Assumptions: <ul style="list-style-type: none"> ■ 3 crewmembers (2 males, 1 female) ■ 395 days total ■ 30 EVAs/ crewmember ■ <u>Level of Care 5</u> 	Shall	The likelihood of developing SAS-related urinary retention during space flight is relatively high and the consequences of untreated urinary retention are severe. Therefore, treatment capability shall be manifested.

Initial Treatment Steps During Space Flight

A link is provided to a prior version of the International Space Station (ISS) Medical Checklist, which outlines the initial diagnostic and treatment steps recommended during space flight for various conditions which may be encountered onboard the ISS. Further diagnostic and treatment procedures beyond the initial steps outlined in the Medical Checklist are then recommended by the ground-based Flight Surgeon, depending on the clinical scenario. Please note that this version does not represent current diagnostic or treatment capabilities available on the ISS. While more recent versions of this document are not accessible to the general public, the provided version of the checklist can still provide a general sense of how medical conditions are handled in the space flight environment. Medical Checklists will be developed for exploration missions at a later point in time.

Please note this file is over 20 megabytes (MB) in size, and may take a few minutes to fully download.

ISS Medical Checklist (http://www.nasa.gov/centers/johnson/pdf/163533main_ISS_Med_CL.pdf)

Capabilities Needed for Diagnosis

The following is a hypothetical list of capabilities that would be helpful in diagnosis. It does not necessarily represent the current capabilities available onboard current spacecraft or on the ISS, and may include capabilities that are not yet feasible in the space flight environment.

- Vital signs measurement capability (mainly for temperature measurement to rule out a UTI)
- Cotton Swabs
- Gloves
- Skin cleanser (such as alcohol/Benzalkonium antiseptic (BZK)/iodine)
- Urine Test Strip (above items assume that the etiology of the urinary retention may be a UTI)
- Imaging (such as ultrasound)

Capabilities Needed for Treatment

The following is a hypothetical list of capabilities that would be helpful in treatment. It does not necessarily represent the current capabilities available onboard current spacecraft or on the ISS, and may include capabilities that are not yet feasible in the space flight environment.

- Sterile gloves
- Lubricant
- Needle (for filling syringe with saline)
- Saline (for filling the balloon in the Foley for anchoring after placement)
- Syringe
- Tape
- Urinary Foley catheter

(above items assume that an indwelling catheter is required)

- Urinary straight catheter
- Suprapubic catheterization kit (for cases where urinary catheterization attempts have failed)

Associated Gap Reports

The NASA Human Research Program (HRP) identifies gaps in knowledge about the health risks associated with human space travel and the ability to mitigate such risks. The overall objective is to identify gaps critical to human space missions and close them through research and development. The gap reports that are applicable to this medical condition are listed below. A link to all of the HRP gaps can be found here (<http://humanresearchroadmap.nasa.gov/Gaps/>).

- 2.01 - We do not know the quantified health and mission outcomes due to medical events during exploration missions.
- 2.02 - We do not know how the inclusion of a physician crew medical officer quantitatively impacts clinical outcomes during exploration missions.
- 3.01 - We do not know the optimal training methods for in-flight medical conditions identified on the Exploration Medical Condition List taking into account the crew medical officer's clinical background. (Closed)
- 3.03 - We do not know which emerging technologies are suitable for in-flight screening, diagnosis, and treatment during exploration missions.
- 4.01 - We do not have the capability to provide a guided medical procedure system that integrates with the medical system during exploration missions.
- 4.14 - We do not have the capability to track medical inventory in a manner that integrates securely with the medical system during exploration missions.
- 4.15 - Lack of medication usage tracking system that includes automatic time stamping and crew identification
- 4.24 - Lack of knowledge regarding the treatment of conditions on the Space Medicine Exploration Medical Condition List in remote, resource poor environments (Closed)
- 4.27 - We do not have the capability to sterilize medical equipment during exploration missions.
- 5.01 - We do not have the capability to comprehensively manage medical data during exploration missions.

Other Pertinent Documents

List of Acronyms

B	
BZK	Benzalkonium antiseptic
D	
DRM	Design Reference Mission
E	
EMCL	Exploration Medical Condition List
EVA	Extravehicular Activity
I	
ISS	International Space Station
M	
MB	Megabyte
N	
NEA	Near Earth Asteroid
S	
SAS	Space Adaptation Syndrome
U	
UTI	Urinary Tract Infection

References

1. Stepaniak, PC; Ramchandani, SR; Jones, JA. Acute Urinary Retention Among Astronauts. ASEM 78(4 suppl.) Section II 2007 A5-8.
2. Jones JA, Kirkpatrick AW, Hamilton DR, et al. Percutaneous bladder catheterization in microgravity. Can J Urol. 2007 Apr;14(2):3493-8.
3. Marshburn TH. Acute Care. In: Barratt M, Pool S, editors. Principles of Clinical Medicine for Space Flight. New York: Springer; 2008. p. 101-22.

Last Update

This topic was last updated on 8/13/2014 (Version 2).

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