can chronic urinary retention effect pressures on the testicles

Yes—**indirectly**. Chronic urinary retention does not usually raise pressure *inside* the testicles themselves, but it can cause testicular or scrotal pain through reflux, infection/inflammation, and referred pain.

How it can affect the testicles

- **Urine reflux into the epididymis:** High bladder pressure and straining to void can push urine backward through the vas deferens into the epididymis. This can cause "chemical" epididymitis—irritation without bacteria—and sometimes infection. [1]
- **Recurrent epididymitis:** Higher post-void residual urine has been associated with recurrent acute epididymitis; one study found mean residual volumes of 178 mL in recurrent cases versus 47 mL in single-episode cases. [2]
- **Infection spread:** Retained urine increases urinary infection risk. Infection can involve the epididymis and then the testicle (epididymo-orchitis), producing swelling, tenderness, and pressure-like discomfort. [3] [1]
- **Referred pain:** Bladder, prostate, pelvic-floor, and urethral problems can produce pain felt in the testicle or groin even when the testicle is normal. Chronic scrotal pain is often epididymal in origin but can also be referred from abdominal, pelvic, or neurologic sources. [4]
- **Pelvic-floor strain:** Chronic retention often leads to repeated straining, pelvic-floor tension, and pain that can radiate to the testicles.

What it usually does *not* do

It does **not** normally create a sustained high-pressure compartment inside the testicle. The testicle itself is not directly connected to the urinary drainage system; the relevant pathway is mainly the epididymis/vas deferens. So "pressure on the testicles" is more often **inflammation, swelling, or referred pelvic pain** than literal bladder pressure transmitted into the testes.

When to get urgent care

Seek urgent assessment—ideally same-day emergency care—if you have **sudden severe testicular pain, a testicle sitting higher or sideways, nausea/vomiting, fever, marked swelling, redness, or blood in urine.** Sudden pain needs torsion ruled out; gradual pain with urinary symptoms is more typical of epididymitis, but ultrasound and urinalysis are still important. [1] [4]

If your concern follows the catheter/retention episode you described, persistent one-sided testicular pain, swelling, fever, or burning with urination would warrant a prompt urology assessment.

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1. https://myhealthcare.com/Diseases/Urology/Epididymitis/
2. https://jsurgmed.com/article/view/673237
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