perplexity

and for about a day after cath removal the urine comes out in small bursts of like <100ml per round and gets larger during the day. but appears as same pressure for like 10Ml as like 500 ML to get pushed out after cath is removed and bladder is to go back to minimal function again.

What you are describing—**the same perceived effort whether you push out 10 mL or 500 mL**—is a meaningful clue. It suggests your detrusor is contracting with a similar force regardless of how full the bladder is, rather than scaling its contraction to volume the way a normal bladder does.

Why that matters

In a healthy bladder, sensation and contraction are volume-dependent. At low volume you feel little urge and generate little pressure; at higher volume the stretch reflex ramps up and you get a stronger, more coordinated contraction. If your effort feels identical at 10 mL and 500 mL, one of these is likely:

- **Detrusor overactivity:** involuntary contractions firing at low volumes, so even 10 mL triggers a full-strength squeeze.
- **Impaired bladder sensation:** you cannot feel the difference between nearly empty and moderately full, so the brain does not modulate the contraction.
- **Fixed contraction pattern:** the detrusor fires with a set force regardless of stretch, which can happen after chronic overdistension or neurogenic changes.

Small-volume voids right after catheter removal are common as the bladder relearns to hold urine, and they typically grow over the first few days. But the fact that your **effort does not scale with volume** is the abnormal part, not the small volumes themselves. [1] [2] [3]

What it suggests about your bladder

This pattern fits better with **detrusor overactivity or sensory-bladder dysfunction** than with a simple weak or underactive bladder. An underactive bladder usually produces weak, prolonged flow and incomplete emptying, not the same forceful effort at 10 mL as at 500 mL. [4]

It also fits with the pulsatile end-phase you described earlier: the detrusor is firing in bursts rather than modulating smoothly. That is consistent with a bladder that has lost its normal

volume-sensing feedback, whether from chronic overdistension, neurogenic changes, or repeated catheter irritation.

Why voids get larger during the day

After the catheter comes out, the bladder has been held at near-zero volume for hours or days. Early on, it fills quickly and triggers contractions at low thresholds—hence the small bursts. As the day goes on, the bladder wall stretches slightly and the threshold for contraction rises, so each void gets larger. This is a normal reconditioning response. [2] [5]

But the fact that your **effort stays constant** across those growing volumes means the reconditioning is incomplete. A normal bladder would show both larger volumes and a graded increase in perceived effort. Yours is showing larger volumes with flat effort, which points to a sensory or contractile problem rather than just "the bladder needs time."

How to frame this for the urologist

Tell them exactly this:

- "After catheter removal, my voids start small, under 100 mL, and grow during the day."
- "But the effort I feel is the same whether I push out 10 mL or 500 mL."
- "That suggests my detrusor is not scaling contraction to volume—either it is overactive at low volumes, or my sensation is impaired."
- "I want urodynamics to measure whether I have detrusor overactivity, impaired compliance, or reduced sensation."

That framing gives the urologist a specific differential to test for, rather than a vague complaint of "frequency after catheter removal." The answer changes treatment: overactivity responds to antimuscarinics or beta-3 agonists, impaired sensation needs different workup, and a fixed contraction pattern may need neuromodulation.

What to track

Keep a 3-day voiding diary: time, volume, and a 1–10 effort rating for each void. That gives the urologist objective data on whether effort truly is flat across volumes or whether it rises at higher volumes once the bladder has been reconditioned for a few days. [6]

If the effort stays flat even after several days of larger volumes, that strengthens the case for detrusor overactivity or sensory impairment rather than simple post-catheter reconditioning.

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