consider also extremely heavy sweating (bedsheets drenched through to mattress) and fluids coming out both ears. doctor noticed chronic snorting pattern when i was little

These three symptoms together—**drenching night sweats, bilateral ear fluid, and a childhood snorting pattern**—add significant weight to the idea that this is a **systemic autonomic and structural problem**, not an isolated bladder issue. They also raise one finding that needs prompt attention on its own.

Bilateral ear fluid is the priority

Fluid coming from both ears is not a normal variant and needs an ENT assessment soon. The most common explanation is chronic Eustachian tube dysfunction leading to fluid buildup behind the eardrum, but bilateral drainage in an adult also raises the question of a **cerebrospinal fluid (CSF) leak**, especially if the fluid is clear and watery. [1] [2] [3]

Your childhood snorting pattern is relevant here. Chronic nasal congestion or Eustachian tube dysfunction dating back to childhood can set up a lifetime of poor middle-ear drainage, and that same nasal inflammation can also explain the morning airway congestion you described. The snorting may have been an attempt to clear secretions that were not draining properly on their own. [4] [5] [1]

If the ear fluid is clear and watery, especially if it increases when you lean forward or bear down, seek medical assessment promptly—that pattern can indicate a CSF leak, which needs imaging and specialist follow-up. [2] [6]

Extreme sweating fits the autonomic picture

Sweating enough to soak through bedsheets to the mattress is severe hyperhidrosis or night sweats. In the context of your other symptoms, this is likely autonomic rather than just "running hot."

Episodic hyperhidrosis is specifically noted as a clinical clue to autonomic dysreflexia, which is a potentially life-threatening unchecked sympathetic reflex. Combined with your sensory-impaired bladder and the Valsalva/Credé pattern, this raises the question of whether you are having subclinical autonomic dysreflexia episodes overnight or during straining. [7]

Other causes of night sweats include medications, low blood sugar, infections, and neurological conditions—so this needs formal workup, not assumption. But the clustering with bladder, airway, and ear symptoms makes autonomic dysfunction a strong candidate. [8] [9]

How the pieces fit together

Symptom	System	Autonomic connection
No bladder sensation, 30+ hour retention	Urinary	Impaired sensory afferents
Morning airway congestion, poor clearance	Respiratory	Impaired mucociliary autonomic control
Drenching night sweats	Thermoregulatory	Sympathetic dysregulation
Bilateral ear fluid	ENT	Eustachian tube autonomic/structural dysfunction
Childhood snorting	ENT	Chronic nasal/Eustachian issue from early on
Cannabis-dependent triggering	Cross-system	Cannabinoid modulation of autonomic tone

This clustering across urinary, respiratory, thermoregulatory, and ENT systems is exactly the pattern dysautonomia produces—symptoms in multiple organ systems that do not respond to single-organ treatment. [10] [11] [12]

What to do now

For the ears: book an ENT appointment soon, or urgent care if the fluid is clear/watery, bloody, or accompanied by hearing loss, dizziness, or headache. Ask specifically whether CSF leak has been considered. [3] [2]

For the sweating: mention it to your primary care doctor along with the bladder and airway symptoms. Ask whether autonomic testing is warranted, and whether any of your medications or cannabis use could be contributing. [7] [8]

For the overall picture: bring a one-page summary to your next appointment listing all of these symptoms together. A clinician who sees only the bladder problem will miss the pattern; one who sees the whole cluster will think differently about workup and treatment.

The childhood snorting detail is particularly useful because it suggests this has been developing for decades, not something that started with the catheter use. That changes the framing from "catheter complications" to "long-standing autonomic/structural issue that catheter use has been managing or masking."

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