SYMPTOM

Decreased urine output

Decreased urine output means passing noticeably less urine than is normal for you.

WHAT IT FEELS LIKE
Passing much less urine than is normal for you

WHERE IT IS FELT
Bladder and lower abdomen, though often felt nowhere

MOST COMMON CAUSES
Dehydration, vomiting or diarrhoea, some medicines

WHEN IT IS URGENT
Sudden major reduction with vomiting, dizziness, swelling, or breathlessness

USUALLY LASTS
Hours with dehydration; longer with kidney or urinary problems

SEE A DOCTOR IF
Low output continues after drinking and recovering from illness

Overview

Decreased urine output means producing less urine than usual. The medical term for very low urine output is oliguria . Producing almost no urine is called anuria .

Your usual pattern matters. Output changes with how much you drink and sweat, the weather, and your health. A brief decrease after heavy exercise or missing drinks may not be concerning if it improves after drinking and you otherwise feel well.

Sometimes the kidneys make less urine. In other cases, urine cannot leave the bladder because of a blockage, called urinary retention . Identifying the difference is important because treatments differ.

What it may feel or look like

You may notice fewer toilet trips, smaller amounts, or fewer wet nappies in a baby. Urine may look darker or smell stronger when concentrated, although colour alone does not show how much you produce.

Dehydration may cause thirst, dry mouth, headache, tiredness, or dizziness when standing. If

urine is trapped in the bladder, you may feel lower abdominal pressure or pain, have difficulty starting, or pass frequent small amounts without feeling empty.

Reduced kidney function may not cause pain. Some people develop ankle or eye swelling, nausea, unusual tiredness, or shortness of breath.

Common causes

Common causes include not drinking enough and losing fluid through vomiting, diarrhoea, fever, heavy sweating, or exercise.

Some medicines can contribute, especially during dehydration or illness. These include anti-inflammatory pain medicines such as ibuprofen or naproxen, certain blood pressure medicines, and water tablets like furosemide or hydrochlorothiazide . Other medicines can make emptying the bladder harder. Do not stop prescribed medicine without medical advice.

Less common causes include kidney inflammation, severe infection, heart or liver conditions, and blockage from a kidney stone, enlarged prostate, constipation, or narrowing in the urinary tract.

Urgent causes include sudden kidney injury, severe dehydration, major blood loss, or complete urinary blockage. These are more likely when the decrease is sudden and occurs with severe illness, faintness, confusion, swelling, breathlessness, or a painful, full bladder.

When to seek medical care

Seek emergency care if you cannot pass urine and have severe or increasing lower abdominal pain or swelling. Also get emergency help for reduced output with severe breathlessness, chest pain, fainting, blue or grey skin, new confusion, or difficulty waking.

Arrange same-day assessment if your output suddenly falls a great deal, particularly with ongoing vomiting or diarrhoea, marked dizziness, new swelling, fever, blood in the urine, or side or back pain. Get prompt advice if you have kidney or heart disease, are pregnant, or recently started or changed a medicine.

Babies and young children can become dehydrated quickly. Seek prompt advice for noticeably fewer wet nappies with a dry mouth, no tears, unusual sleepiness, poor feeding, or a sunken soft spot.

Book a routine appointment if a mild change continues after your drinking and health return to normal, or keeps happening. Persistent weak flow, straining, dribbling, or a feeling that the

bladder does not empty should also be checked.

How the cause is found

A healthcare professional will ask what is normal for you, when the change began, and how much you drink. Mention vomiting, diarrhoea, fever, pain, swelling, recent surgery, and all medicines or supplements.

They may examine your abdomen, check for dehydration or swelling, and measure blood pressure and pulse. A bladder scan can show whether urine is trapped.

Urine tests may check for infection, blood, or protein. Blood tests can assess kidney function and body salts such as sodium and potassium. Ultrasound or other imaging may be needed if a blockage or kidney problem is suspected.

Treatment and self-care

Treatment depends on the cause. Mild dehydration often improves when lost fluid is replaced. Take regular small drinks if nausea makes larger drinks difficult. An oral rehydration solution can replace water and salts lost through vomiting or diarrhoea.

Do not force large amounts of fluid if you have heart or kidney disease, new swelling, or breathlessness. Extra fluid could be harmful, so seek medical advice.

If practical, briefly record drinks, toilet visits, approximate urine amounts, vomiting or diarrhoea, and new symptoms. This can help during an assessment.

A clinician may adjust medicines, treat an infection or illness, or give supervised fluids. Urinary retention may require a catheter to drain the bladder. A stone or other blockage may need specialist treatment.

What to expect

Output reduced by mild fluid loss may return toward normal within hours after drinking and controlling further losses. Recovery can take longer after significant illness.

If the cause is a medicine, blockage, or kidney problem, improvement depends on prompt identification and treatment. Follow-up blood or urine tests may be needed even after you feel better because kidney changes do not always cause obvious symptoms.

Do not manage a continuing decrease by repeatedly drinking more without assessment.

Ongoing low output can cause fluid, salt, or waste to build up in the body.

Common questions

Does dark urine mean my kidneys are failing?

No. Dark yellow urine often means it is concentrated, commonly from not drinking enough. Blood, brown urine, or persistent colour changes should be assessed, especially with pain or reduced output.

Do frequent small amounts count as decreased output?

They can. Frequent small amounts may mean the bladder is irritated or not emptying fully. Seek urgent help if you cannot pass urine and your lower abdomen becomes painful or swollen.

How can I estimate my urine output?

Use a clean measuring container and record the amount and time. For babies, count wet nappies and note changes from normal. Do not delay care to obtain an exact measurement.

Can pain medicines reduce urine output?

Some anti-inflammatory pain medicines, including ibuprofen and naproxen, can affect kidney blood flow, particularly during dehydration or serious illness. Ask a pharmacist or clinician before using them if you have kidney disease or reduced urine output.

Sources

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