ACUTE URINARY RETENTION IN THE PERIOPERATIVE SETTING

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The success of Ambulatory Surgery depends on the appropriate and timely discharge of patients. It is not cost effective or practical to keep every patient until they can void. During 2006-2007 the only patients that were required to void prior to discharge were patients with a known history of post operative urinary retention or BPH. Upon discharge patients were instructed to return to the ER if unable to void within eight hours. Our QA/QI reports indicated that a small percentage of our patients returned to the ER within twenty four hours for urinary retention.

Our objective is to deliver the best possible care resulting in optimum patient outcomes and patient satisfaction for all patients. We implemented a new policy which divided our patient population into high and low risk groups for urinary retention. High risk patients were monitored by ultrasound enabling us to detect urinary retention prior to discharge. High risk patients with a bladder volume greater than 300cc were required to void prior to discharge. Bladder volumes reaching 600cc required catherization if patient unable to void.

In 2008 when our new policy was implemented, our QA/QI reports indicated a dramatic improvement in patient outcomes. The implication of this change in practice has improved patient outcomes, safety and patient satisfaction.