

**A QUALITY IMPROVEMENT STUDY ON THE INCIDENCE OF URETHRAL CATHETERIZATION IN PATIENTS WITH SPINAL ANESTHESIA AFTER ORTHOPEDIC SURGERY**

Team Leader: Pamela Luz B. Guarin, BSN, RN, CPAN

Suburban Hospital Johns Hopkins Medicine, Bethesda, Maryland

Team Member: Sharon Ferguson, BSN, RN

Patients who choose spinal anesthesia in orthopedic surgeries could potentially develop urinary retention which may lead to permanent bladder damage. Orthopedic surgeons at a Joint Center opt for a urethral catheter in their patients who receive spinal anesthesia to prevent this urinary complication. However, another group of orthopedic surgeons practicing in the same hospital decided that urethral catheterization is not necessary for these patients.

The purpose of this study was to find out the incidence of urethral catheterization postoperatively secondary to urinary retention when a urethral catheter was not placed before surgery. The results will be used to determine a change in nursing practice for caring of these patients during their postoperative course.

A peer reviewed data collection tool was devised. The data was collected for a span of 9 months by the PACU (postoperative care unit) nurse. A total of 42 patients who received spinal anesthesia without a urethral catheter inserted before or during surgery were observed in the immediate postoperative period and followed through postoperative day one.

Results showed that the total number of patients who were catheterized postoperatively was 48% and the total number of patients who voided spontaneously was 52%. Thus, there is a significant number of patients who develop urinary retention and had to be catheterized postoperatively.

Recommendations for postoperative nurses include developing standards for assessment and management of urinary retention in the immediate postoperative period. This includes the use of the Bladder Scanner and handover report to the Joint Unit for transfer of care.