

EDUCATION FOR THE PREVENTION OF BLADDER DISTENTION AND POSTOPERATIVE URINARY RETENTION (POUR)

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Postoperative bladder distention and urinary retention are often underestimated. Patients should not be discharged following surgery unless they are able to urinate because of the possibility that an overly distended bladder can lead to complications such as infection and persistent bladder dysfunction. Catheterization is used to allow the bladder to void, but routine catheterization of postoperative patients should be avoided because it increases the risk of infection. The use of an ultrasound bladder scanner is a noninvasive measure that determines if the patient has a distended bladder or postoperative urinary retention (POUR) and should be catheterized. However, lack of knowledge and resources with inconsistent use of the bladder scanner demonstrated the need for staff education to maintain patient safety. The lack of a standardized approach for determining whether patients require catheterization to address POUR demonstrated the need for education on POUR and the use of ultrasound bladder scanner.

Objectives: Same Day Surgery and PACU nurses were able to (1) independently perform noninvasive monitoring of the surgical patients' bladder, evidenced by successful completion of the bladder scanner competency, (2) identified patients at risk for postoperative urinary retention (POUR) by achieving a score of 95% or better on the in-service post test, and (3) development of the postoperative urinary retention (POUR) protocol to effectively treat patients to prevent bladder distention and POUR with complete documentation in the Patient Assessment and Intake & Output components of the electronic patient record.

Upon completion of this project, all nurses in the Same Day Surgery and PACU now have knowledge of POUR and use of ultrasound bladder scanner measured by the adoption of a standardized protocol for the use of the scanner as an indicator of the need for catheterization. It was vital for development of a protocol in order to assist the nurses when determining patient discharge readiness.

The increasing number and types of surgeries being performed as outpatient makes it critical for the perioperative nurse know when to successfully apply this knowledge. Further research is needed to update the criteria for at risk populations for postoperative voiding thus eliminating unnecessary delays in discharge.