

Nurse-Driven Early Identification of Post Operative Urinary Retention (POUR) and Decreased Length of Stay in the Ambulatory Surgery Population

Angela Patruno, BSN, RN-BC, CPAN, and Toni Velasquez, BSN, RN-BC, CPAN

Background

- Post operative urinary retention (POUR) is characterized as impaired bladder emptying with retained urine. The management goal is bladder decompression to avoid long-term damage to bladder integrity and function. (Geller, 2014) Post surgical patients and use of postoperative pain medications are risk factors of POUR.
- In the Post Anesthesia Care Unit (PACU), successful urinary void trials are a discharge requirement for many patients.
- Failed void trials can result in patients undergoing intermittent straight catheterization, extended void trials, hospital admission or having an indwelling catheter placed.
- Delays in discharge negatively affect patient satisfaction and PACU bedflow.
- The standard assessment for PACU patients with POUR is a failed void trial within 8 hours of surgery without any interventions.

- P** – Ambulatory post operative patients who are at risk for urinary retention
- I** – Early identification of urinary retention via bladder scan
- C** – Post operative patients receiving no early interventions
- O** – Decreased length of stay

Methods

- This was a quality improvement project
- Prior to staff in-service in July, one month of chart reviews were completed to evaluate baseline length of stay (LOS) for patients that were required to void prior to discharge.
- An in-service was conducted in August educating staff on POUR, rationale for early bladder scanning, and where to appropriately document any interventions.
- From September through November, monthly chart reviews were conducted to measure LOS, use of bladder scanning, and any interventions performed on patients with POUR.

Results

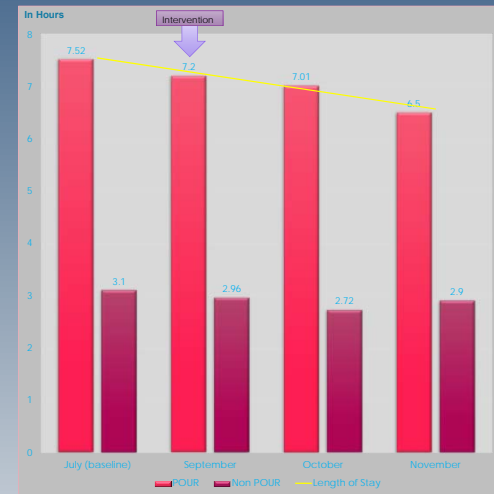
- Measurements used to indicate effectiveness included **LOS** for both POUR and non POUR patients, frequency of bladder scanning and **any resulting ordered intervention** (i.e. fluid boluses, straight catheterization).
- 28% of audited patients were found to experience POUR.
- LOS was decreased by 9% following early identification of POUR through bladder scanning.



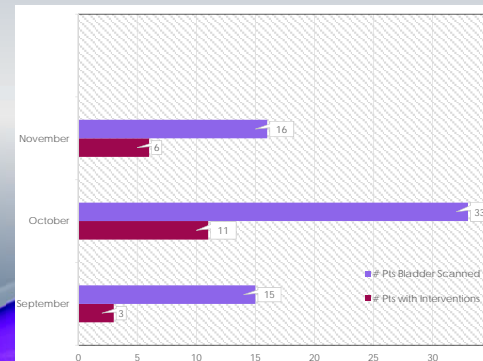
<https://www.southtees.nhs.uk/news/hospitals/bladder-scanner-donation-ms-patients/>

Results (cont'd)

Length of Stay (in hours) for POUR and Non POUR patients



Bladder Scanning & Resulting Interventions



Discussion

- Bladder Scanning is an intervention that nurses can perform without an order to identify increased bladder volumes, prompting early treatment.
- Obstacles encountered included staff compliance with bladder scanning. To ensure compliance, staff received biweekly reminders.
- Another obstacle was resistance from the medical team. Sometimes, the team wanted patients to remain in the PACU for the full eight hours for the post void trial before ordering any interventions, regardless of data supplied.

Next Steps and Conclusions

- Despite the poor compliance, results indicated that early intervention does expedite the patient's LOS. A more in depth study could render results that could be used to change practice in the future.

References

Geller, Elizabeth J. 2014. Prevention and management of postoperative urinary retention after urogynecologic surgery. *Int J Womens Health*. 6: 829-838.

Keita H, Diouf E, Tubach F, Brouwer T, Dahmani S, Mantz J, Desmots JM. 2005. Predictive factors of early postoperative urinary retention in the postanesthesia care unit. *Anesth Analg*. 101(2):592-6.