

Background/Problem Statement

Post Operative Urinary Retention (POUR)

- Frequent complication among patients receiving Spinal Anesthesia.²
- Inability to voluntarily void despite a distended bladder with a bladder volume greater than 600 ml.⁵
- If unaddressed, POUR may lead to bladder over distention, significant discomfort, vital signs alterations, all resulting in prolonged recovery and increased catheterizations.⁹
- Prevalence varies from 5%-70% according to cited literatures.⁹
- Occurrence in the PACU at HMSL is 41.7% between June and August 2024.

Purpose/Objective

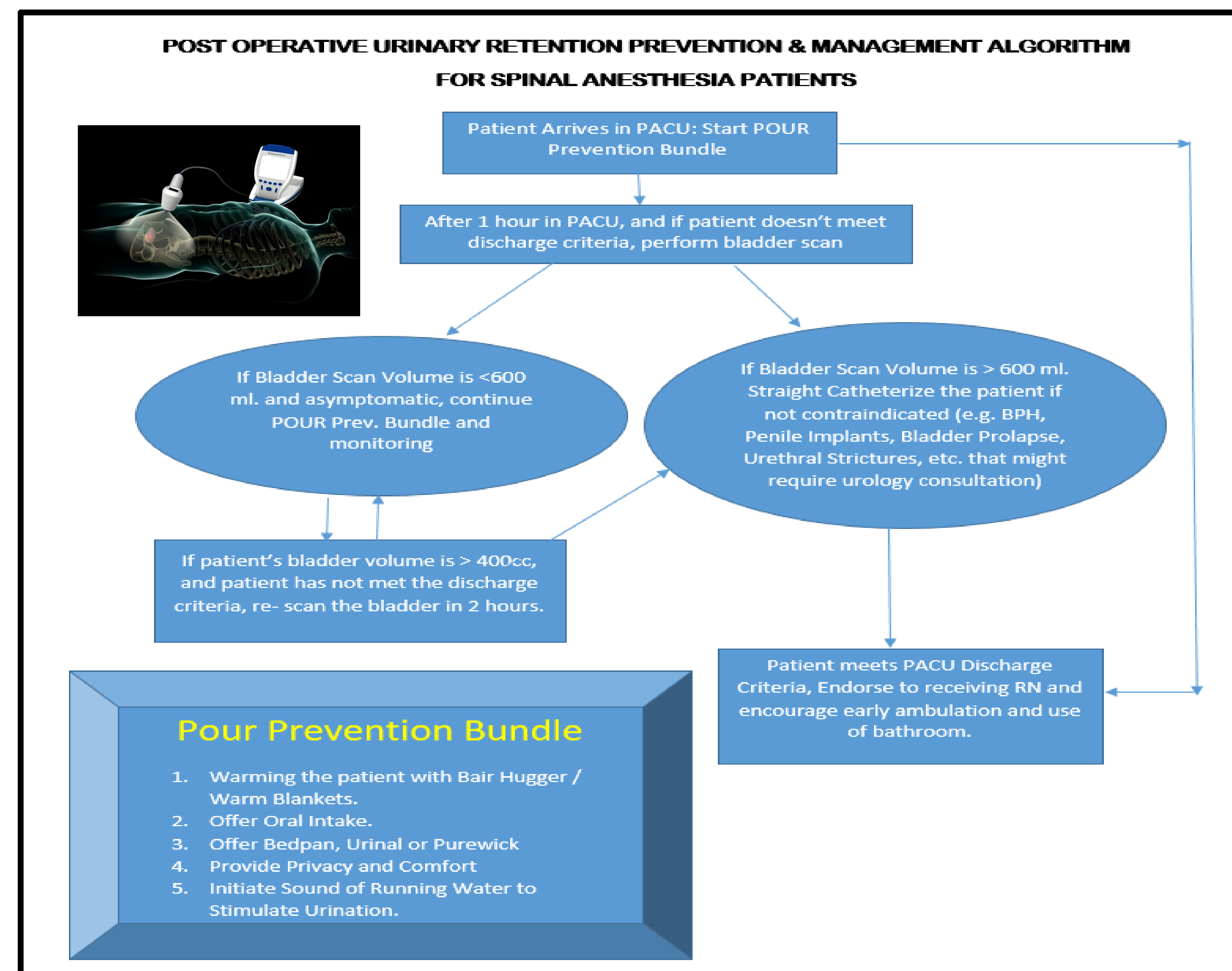
The aim of this project is to design and implement a nurse-driven protocol that supports the early identification, management, and prevention of POUR in patients undergoing joint replacement surgery with spinal anesthesia.

Methods

POUR Prevention Management Algorithm

- Team Formation
 - PACU RNs (2)
 - Department of Anesthesia
 - Joint Replacement Coordinators
- Inclusion Criteria
 - Joint replacement surgery patients
 - =/>18 years of age
 - Had spinal anesthesia
- Exclusion Criteria
 - Patients below 18 years of age
- Baseline data collection from June to August 2024
- Staff education on POUR, patient population, and the proposed algorithm
- Bladder scan use and data documentation
- Pilot implementation started in January 2025 with data collected from February 2025 to April 2025
- Process and outcome evaluation
- Results presented to Department of Anesthesia for approval
- Desired outcome implementation
- Dissemination of information

POUR Prevention Management Algorithm



Change in Practice

- The standardized POUR management protocol has been fully implemented in the immediate post-operative care areas for joint replacement patients undergoing spinal anesthesia.
- Future studies are required to determine its applicability in the general surgical patient population.

Nursing Implications

- Standardized nurse-led POUR management improves patient safety, reduces delays, enhances workflow, and increases patients' satisfaction.
- Evidence-based protocols, combined with heightened nursing vigilance, empower perianesthesia nurses to deliver high-quality, autonomous care by efficiently and proactively managing POUR in the immediate postoperative period.

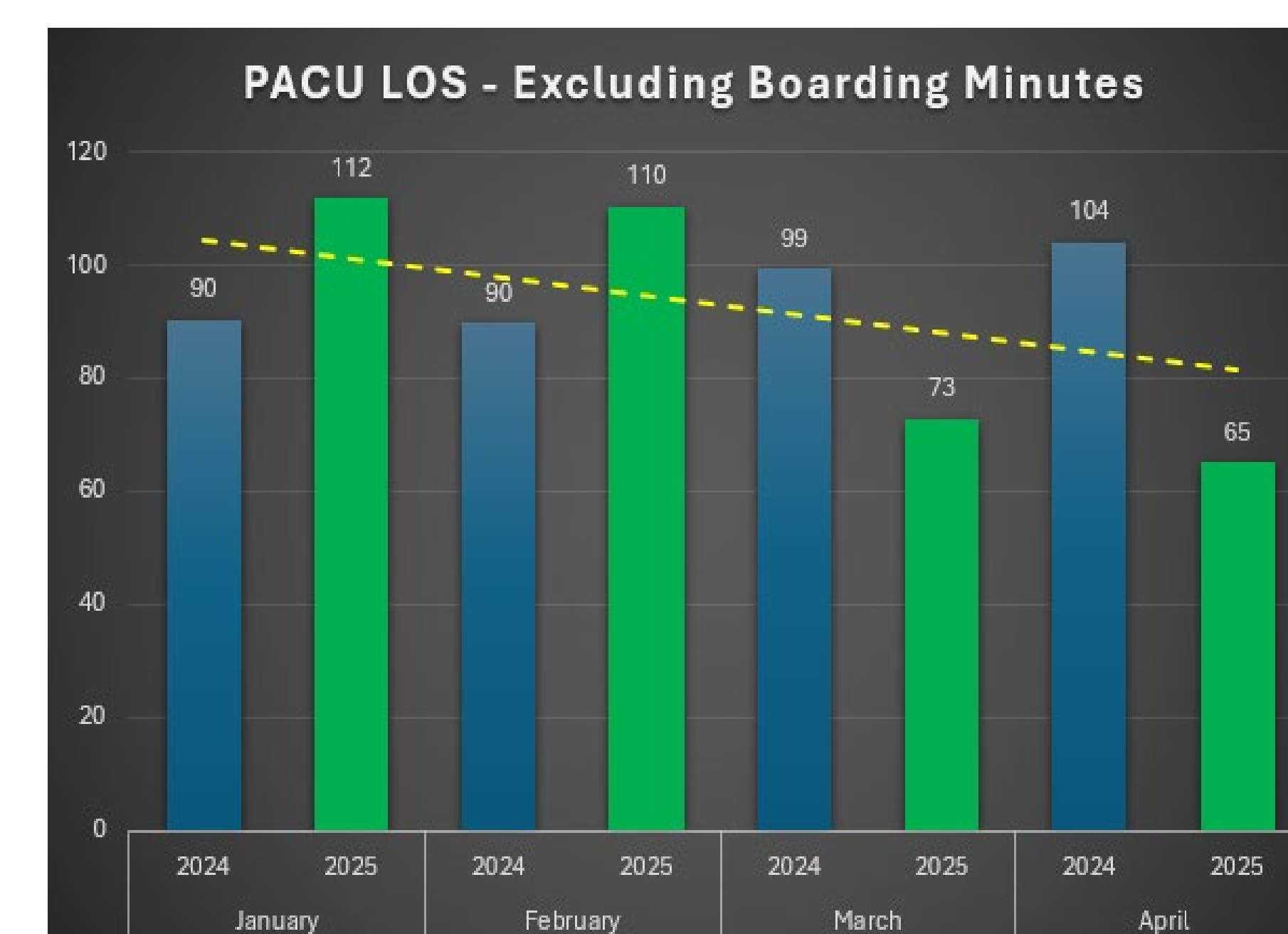
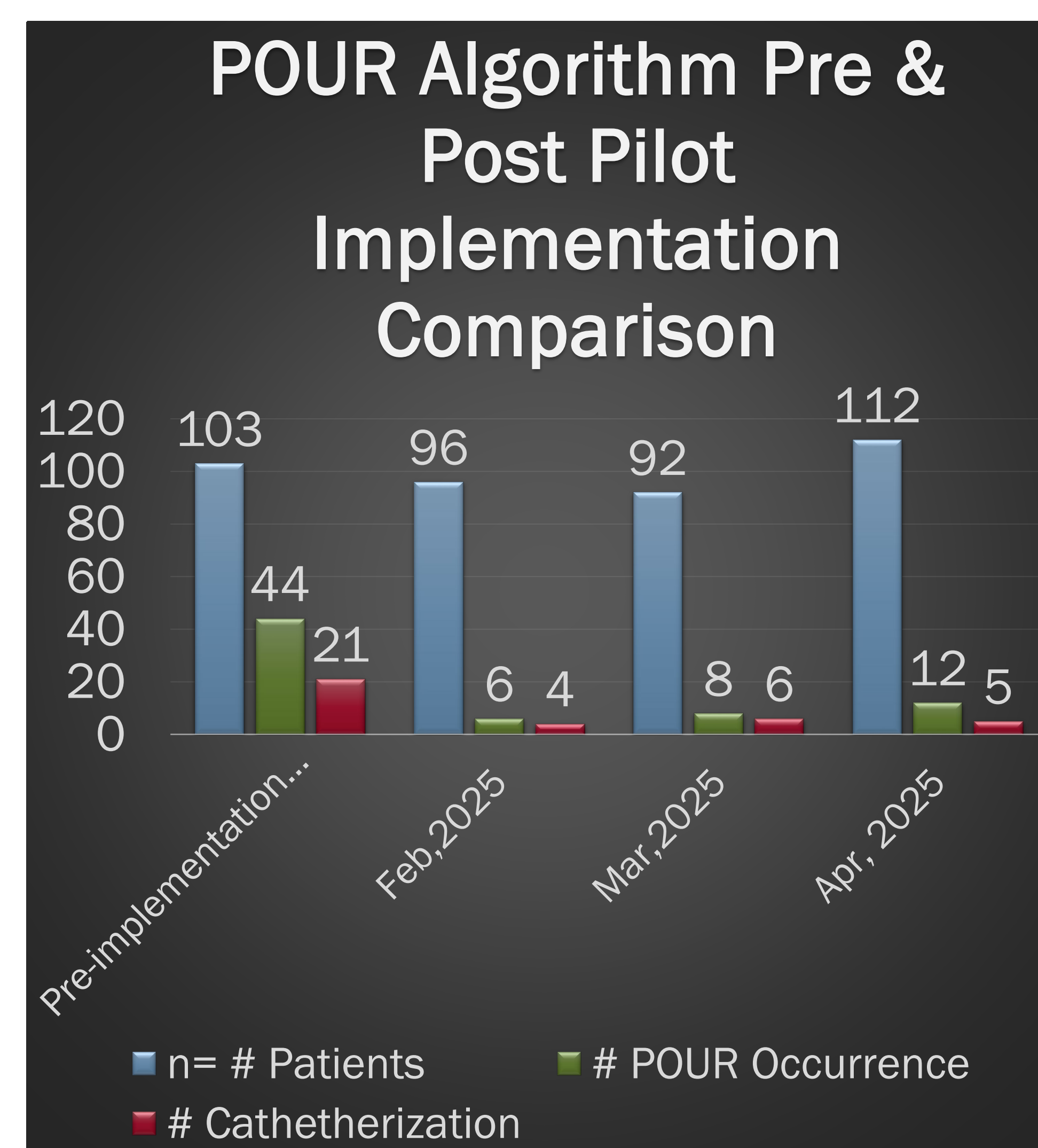
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Results



Results Summary:

- Pour Incidence decreased from 42.7% (Pre-implementation) to an average of 8.6% Post Pilot Implementation (February – April, 2025)
- PACU Length of Stay (LOS) decreased by an average of 30 minutes.