

Decreasing Post-operative Urinary Retention in Patients

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Background Information: Post-operative urinary retention (POUR) is the inability to urinate after a surgical procedure despite having a full bladder. Some factors such as comorbidities, anesthesia-type, and length-of-procedure increase the likelihood of patients experiencing urinary retention. When patients experience POUR, Post-anesthesia Care Unit (PACU) nurses must obtain orders for intermittent straight catheterization. This delays care and negatively impacts the quality-of-care delivery and patient safety, key-drivers of patient satisfaction. To yield best outcomes, a PACU in Northern California started a POUR Program and is implementing preventive measures to reduce the number of patients who experience urinary retention.

Objectives of Project: The POUR Program aimed to reduce the number of patients reported to have experienced urinary retention in the Interventional Platform from 29.1 to 21.85 one-year post-implementation.

Process of Implementation: Retrospective data from January 2021 through September 2023 showed an annual mean average of 29.1 reported patients experienced urinary retention in the PACU. A workflow change was implemented to incorporate an anesthesia order-set that permits PACU nurses to perform intermittent straight-catheterization for patients that meet the following criteria, 1. a bladder scan resulting > 600ml, 2. patient with the urge to void but is unable to on their own.

Statement of Successful Practice: Though the study is on-going, the monthly mean average of patients reported to experience POUR has decreased from 2.56 to 1.0 90-days post-implementation.

Implications for Advancing the Practice of Perianesthesia Nursing: The PACU is a fast-paced, high-acuity unit with rapid turnover. POUR slows down the continuity of care, decreasing patient safety and satisfaction. This creates barriers for PACU nurses with competing priorities that must be completed before post-operative patients transfer to inpatient units or discharge. Patients with POUR who have received spinal anesthetics impose additional barriers. If PACU nurses caring for these patients are unable to resolve retention, there are considerable delays in discharge home, or the responsibility is tasked to the inpatient nurses. Implementation of the POUR Program has empowered nurses to proactively address when patients meet criteria for catheterization and work collaboratively with anesthesia and surgeons. This has reduced waste such as the total number of calls made by PACU nurses to the surgical team and the time to straight catheterization. Thus, improving quality, safety, and patient satisfaction.