

MAKING THE BLADDER GLADDER; DECREASING POUR IN THE AMBULATORY CARE SETTING

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Identification of the problem – Overview: Postoperative urinary retention (POUR) is often unnoticed until the patient is ready for discharge and cannot void. This could require catheterization and/or an extended stay. 61% of surgical outpatients have asymptomatic bladder distention and are unaware they need to void. Could changing our practice to focus on prevention of POUR make a difference for our patients?

EP Question/Purpose: Can following a POUR protocol return surgical outpatients to their baseline voiding status and decrease evaluation of POUR after discharge by systematically identifying POUR risk pre-operatively, voiding prior to surgery, limiting fluid, bladder scanning upon PACU arrival, and early ambulation/attempting to void?

Methods/Evidence: The Iowa model was used for this EBP project. A literature review using CINAHL, PubMed, and SCOPUS databases yielded 27 articles including a meta-analysis of POUR risk factors. The strongest evidence was related to POUR risk factors; however, evidence was inconsistent for other variables. Key evidence found: 1) POUR incidence ranges from 5-70%; 2) identifying POUR risk is pertinent to prevention; 3) nurses need education in monitoring bladder volume; 4) using bladder scanners for guidance is appropriate; 5) permanent damage to the detrusor muscle can occur if the bladder is distended for as little as 1-2 hours; and 6) requiring all outpatients to void is unnecessary. A protocol was developed for patients at risk for POUR (low risk patients were excluded). The protocol was piloted February to July 2016. Weekly chart audits and compliance feedback were distributed to staff.

Significance of Findings/Outcomes: Comparative data collected (2015 vs. 2016) revealed a decrease in average PACU length of stay (114 vs. 108 minutes), decreased number of patients requiring catheterization (66 vs. 50), and a decrease in patients seeking care for POUR after discharge (4 vs. 3).

Implications for perianesthesia nurses and future research: As ambulatory surgery procedures increase, preventing POUR is of value to our patients and perianesthesia nursing practice. This project supports prevention and is making a positive impact. Further study is needed for the aging male population to determine if a preoperative post-void bladder scan would be of value in assessing POUR.