

**Teaching Time:**  
**Postoperative Urinary Catheter Care in the Preoperative Setting Before Surgery**  
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**Introduction:** This quality improvement project provided postoperative instructions for post-prostatectomy patients discharged with an indwelling urinary catheter in the pre-operative area. Aim was to decrease patient length of stay (LOS) in the recovery unit (PACU).

**Identification of the problem:** Patients who have same day surgery often have little or no recollection of the post-operative home care instructions when delivered in the aftercare area. Moving the post-operative education earlier in the care of the patient, while patient is in the preoperative area, will decrease LOS in the PACU.

**QI question:** Will prostatectomy patients discharged with an indwelling urinary catheter have a shorter PACU LOS when post-operative education is provided in the pre-operative area before surgery compared to patients receiving their care instructions in the PACU over a three-month period?"

**Methods:** Patients received handouts on catheter care in an identifiable discharge folder and watched a video while awaiting their surgery. Hands-on practice with a night bag and leg bag.

**Outcomes/Results:** Despite two outlier surgical patients, the goal of the project was met. Average LOS in the PACU was decreased from an average of 150 minutes to 116 minutes. 100% of the patients included in the trial period received education in the pre-operative area.

**Discussion:** Key findings that impacted the effective change included: preoperative nurses taking ownership of the education as well as avoiding any OR delays. Lessons learned included: the importance of attaining staff buy in, celebrating small wins, be available for the team, weekly rounding, and asking for staff feedback proved advantageous.

**Conclusion:** Providing discharge teaching in the pre-operative area was successfully implemented and resulted in reduction in the PACU LOS for patients discharged with an indwelling urinary catheter.

**Implications for perianesthesia nurses and future research:** By providing education in the pre-operative area, the LOS in the PACU can be reduced. There is potential spread to other services/surgeries that can benefit from education provided in the pre-operative area. Results reflected a shortened PACU stay is achievable with reduction of OR bottlenecks/delays by having to hold the patient in the OR if there is limited bed availability in the PACU.