

# Reducing Urinary Catheterizations after Atrial Fibrillation Ablation

A Collaborative EBP Project between PACU and Electrophysiology Lab

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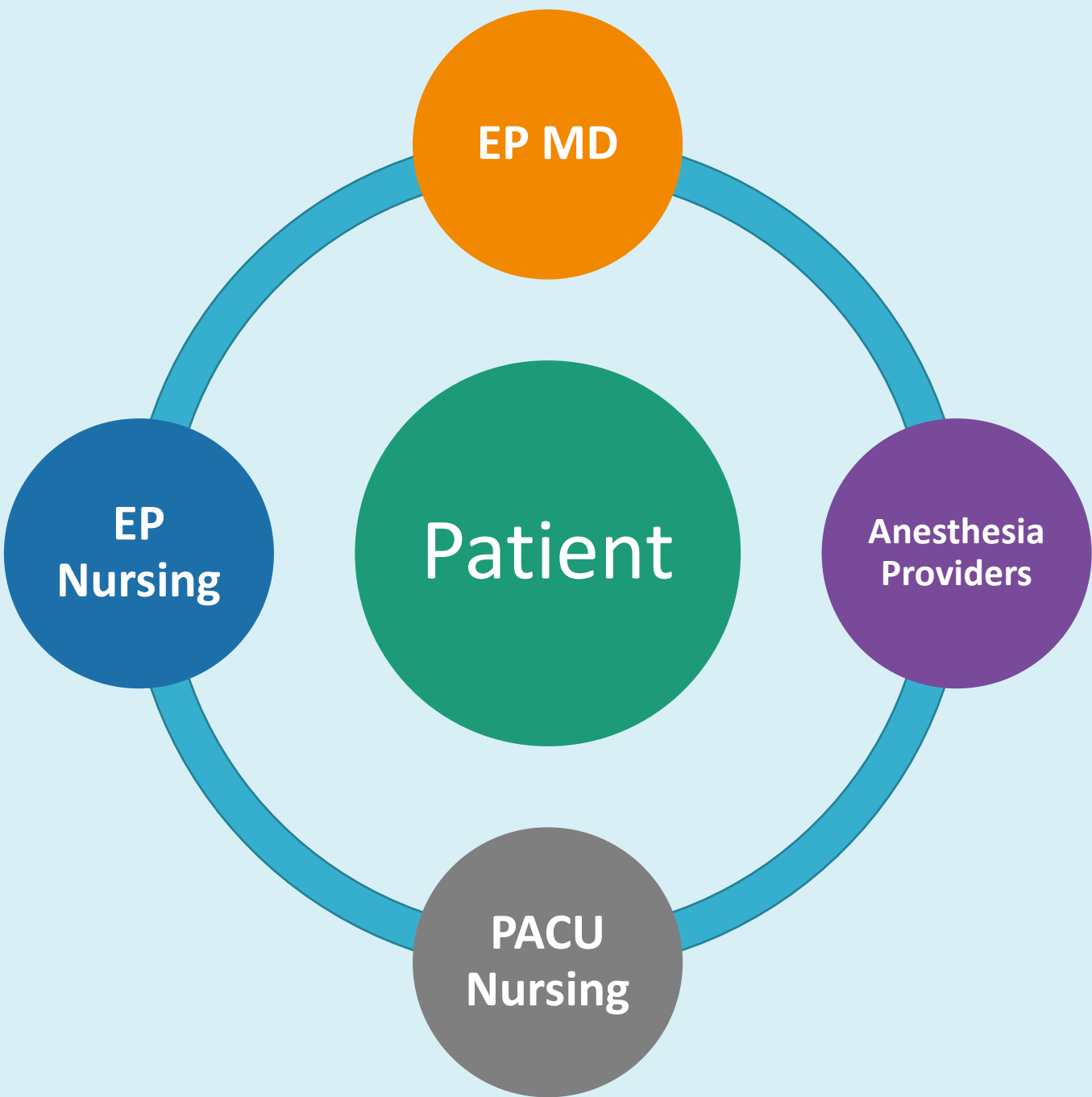
## The Problem

AF ablation patients have a bladder scan at the end of the procedure and intermittent catheterization performed for bladder volumes = 500 mL.

Our team questioned whether patients are catheterized unnecessarily before they are allowed to wake and void spontaneously

## Recommended Changes

- Continue bladder scans post ablation
- No catheterization if volume > 500 mL
- Allow patients to wake from anesthesia and attempt to void
- If unable to void within 8 hours or if signs of retention, follow the urinary retention protocol

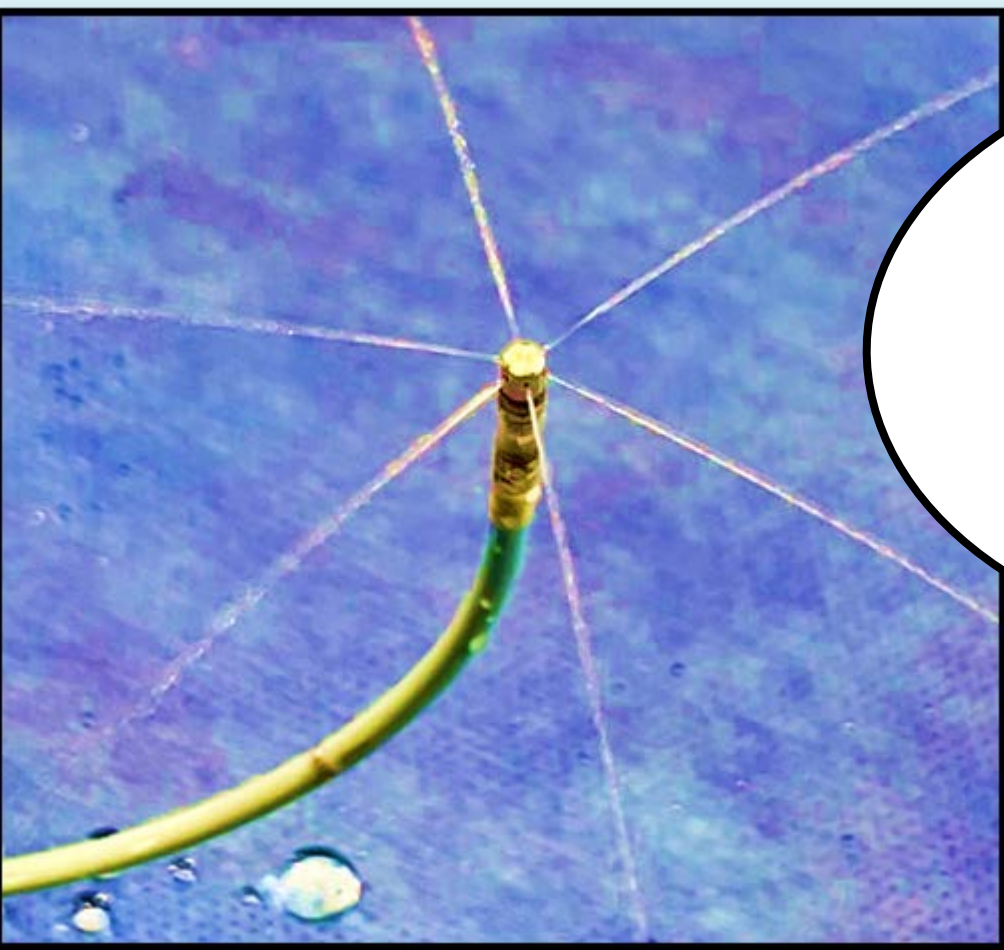


## Literature Review

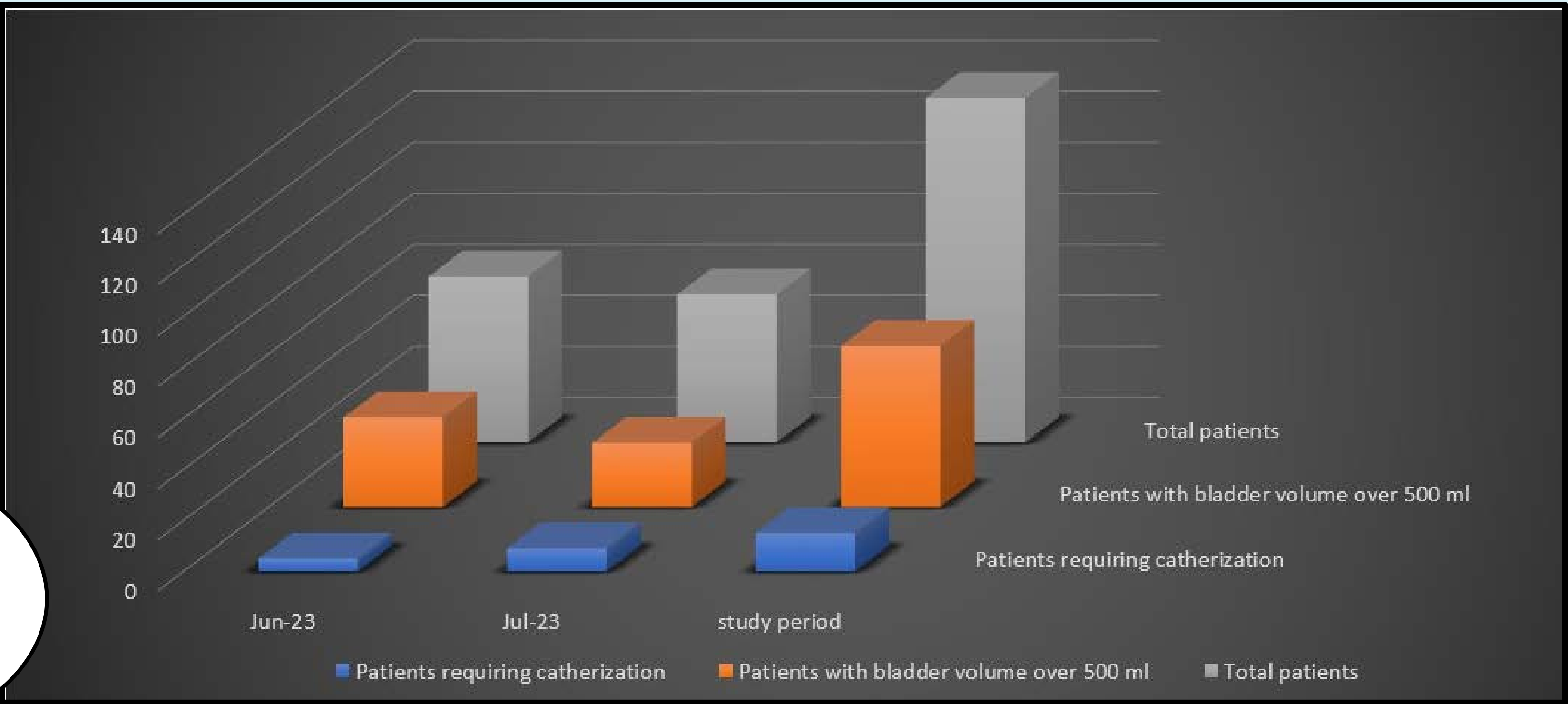
- 2 high quality Level II studies using a 600mL and 800mL thresholds.
- 1 RCT comparing 500mL to 800mL
- Higher thresholds showed no increase in adverse events and decreased the number of catheterizations

## PICO Question

In adult patients after AF ablation with GA, does allowing patients to wake and void voluntarily reduce bladder catheterizations while maintaining patient safety and comfort compared to catheterization at a bladder scan volume  $\geq$  500 mL?



Irrigated catheter delivers IVF during radiofrequency ablation.



## Outcomes

Data collected over a 2-month period on 135 patients. 15 out of 135 (11.11%) were catheterized. If these patients were treated using the 500 mL threshold, 63 patients (46.67%) would have been catheterized. This project eliminated the need for catheterization in 48 patients.

## Conclusions

Catheterization reduced by 35%

Fewer catheterizations decreases the risk of infection and urethral injury.

This project could translate to other procedures and patients that require general anesthesia.