**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.

**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 ≥ 500 mL?

**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

**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.