

# Post-Op Pitstop: When Urinary Retention Delays the Finish Line

Christa Rogers, BSN, RN, CCRN, CPAN and Valerie Suarez, MBA, RN, CCRN

## Trigger for Change

- PACU staff identified a need for standardized postoperative management of patients undergoing inguinal hernia repair who were waiting to void prior to discharge.
- Simultaneously, the hospital's Orthopedic Program Coordinator was leading an initiative to reduce postoperative urinary retention (POUR) in total joint patients following spinal anesthesia.
- These two needs converged to support development of a unified, evidence-based algorithm.

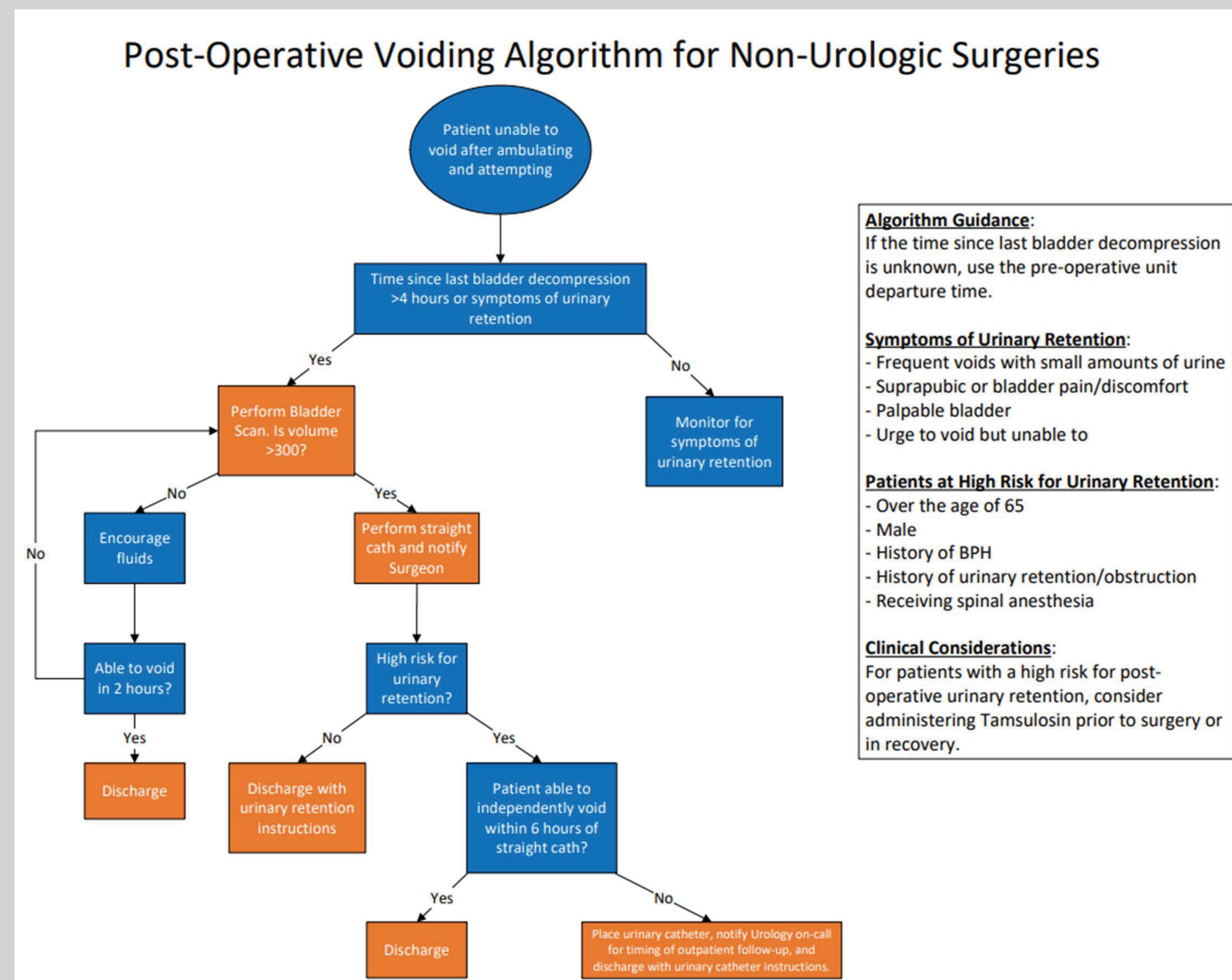
## PICOT Question

For non-urological outpatient surgery patients over the age of 18, does implementation of a postoperative voiding protocol shorten length of stay in the PACU?

## Evidence Synthesis

- Postoperative urinary retention (POUR) is a common complication that increases recovery stress and negatively affects patient experience. Early intervention and prevention strategies can improve comfort and satisfaction.
- POUR management often requires frequent surgeon communication, which can interrupt workflow and delay decision-making.
- Standardizing care with a clinical algorithm can reduce callbacks, streamline processes, and support physician satisfaction.
- Evidence synthesis guided adaptation of an existing inpatient postoperative guideline to fit the ambulatory surgery environment.

## Algorithm



## Conclusions

- Evidence-based algorithms improve consistency, enhance clarity of care plans, and support efficient clinical decision-making.
- Implementation encouraged additional physicians to develop their own postoperative protocols, reducing unnecessary communication loops.
- Surgeons began pre-emptively prescribing Tamsulosin for high-risk patients as a preventive strategy.
- POUR is multifactorial; additional research is needed to better understand risk factors and optimize early intervention strategies.
- The project identified the need for improved documentation and ongoing data collection.

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## Team-Driven Change

- The clinical algorithm was developed and refined by a multidisciplinary team including Anesthesia, Surgery, Nursing, and the Medical Executive Committee.
- CE-granting education sessions supported knowledge dissemination and ensured readiness for implementation across key departments.
- Post-implementation, the Medical Executive Committee approved a bylaw change authorizing clinical nurses to insert Foley catheters per algorithm criteria and notify the on-call Surgeon and Urologist.
- This update supported timely discharge planning and improved patient throughput.

## Evaluation & Outcomes

- During a 1-year period, 509 patients were screened, and 455 met high-risk criteria for POUR.
- 11 high-risk patients required an in-and-out catheter, and 2 required both an in-and-out and a urethral catheter.
- Algorithm adherence remained low due to limited physician adoption, and PACU recovery times showed no significant change.
- Review showed that algorithm use could have prevented 3 admissions and 1 emergency department return.

References

