

Preventing Post Operative Urinary Retention (POUR) in PACU

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Introduction: Post-operative urinary retention (POUR) is an acute and painful inability to void after surgical procedures that can lead to complications and delayed hospital discharge. Co-morbidities, types of surgery, and types of anesthesia influence the development of POUR. Bladder scan has been shown to provide an accurate assessment of urinary volume and a guide to the management of POUR.

Identification of the Problem: Patients audited for October 2023 had joint surgeries (hip and knee replacement) were unable to void during their stay in PACU. No documentation of bladder scan was noted from the chart audited (80%,n=20). Among the patients who had bladder scan done (10%), showed an average of 600-970 ml of urine in their bladder, so straight catheterization was done. The rest of the patients (10%) had foley catheter inserted intra operatively. Historically, performing bladder scan was not a routine practice in PACU.

QI Question/Purpose of the Study: The purpose of this project is to implement a change in practice. Performing a bladder scan on joint patients and managing appropriately as soon as they arrive in PACU will help prevent POUR on this patient population.

Methods: Education was provided to the staff, and the change in practice was implemented on November 14,2023. The expectation is to bladder scan all the joint patients and perform straight catheterization as per provider's order. Compliance audit was done for November 15, 2023-April 30, 2024 with 145 patients total.

Outcomes/Results: The audit showed that 99% of patients were bladder scanned during their stay in PACU. Among these patients, 46% (n=67) needed straight catheterization done. Urine volume ranges from 350 ml to 1100 ml. Of note, majority of the patient population were female (57%,n= 82).

Discussion: Implementing this change in practice showed a positive outcome. Patients who need the proper intervention such as straight catheterization was given priority during their stay in PACU.

Conclusion: This project proves that PACU plays a major role in preventing post operative urinary retention by initiating a process that will benefit the patient during their anesthesia and surgical recovery.

Implications for perianesthesia nurses and future research: Initiating a change in practice and empowering Peri anesthesia nurses to embrace the change, will lead to patient safety and better outcome.