

# Post Operative Urine Retention in Outpatients

## Risk Factors - Patient

1. Male gender
2. Age over 50
3. BPH or prostate CA
4. Neurologic disorders
5. Prior pelvic surgery

## Risk Factors – Surgery

1. Anorectal
2. Inguinal hernia
3. GYN genitourinary
4. Total knee or total hip
5. Surgery duration > 2 hr

## Risk Factors – Anesthesia & PACU Management

1. Anticholinergics (Robinul, Demerol, Benadryl, Scopolamine)
2. Beta-blockers
3. Alpha-agonists (Neosynepherine drip)
4. Rapid bladder expansion (inappropriate excess IV fluid)
5. Poor pain control or high narcotic dosages

## PREVENTION MEASURES FOR AT-RISK PATIENTS HAVING AT-RISK SURGERIES

1. Consider fluid restriction intra-op
2. Avoid inadvertent IV fluid bolus in PACU
3. Encourage ambulation
4. Suggest ephedrine to increase heart rate instead of Robinul
5. Suggest ephedrine to increase BP instead of Neosynepherine

## MOST OUTPATIENTS DO NOT NEED TO VOID BEFORE DISCHARGE EXCEPT

1. Females having genitourinary surgery – **consult surgeon for management**
2. Males over 50 years old after:
  - Anorectal surgery
  - Inguinal hernia repair
  - Surgery time > 2hr

**Perform bladder U/S**

## BLADDER ULTRASOUND

If < 600ml, ok to discharge home

If > 600ml, straight cath before discharge

As an alternative to cath, suggest 0.5 mg neostigmine IV

**Patient should be instructed to seek medical attention if 8 hrs pass at home without voiding**