

EBP Poster Phase 1

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Poster Title:

Breaking The Seal: Post-Op Voiding 101

Reference:

Alexoudis, M., Perkins, A., DaRosa, K., Bryant, A. L., & Smith-Miller, C. A. (2022). Developing the evidence: A descriptive study of postoperative voiding trials. *MEDSURG Nursing*, 31(3), 169-173. <https://doi.org/10.62116/msj.2022.31.3.169>

Multiple Choice Question:

According to the article, how long after a urinary catheter is removed does a patient need to void?

- a. 3 hours
- b. 6 hours
- c. 8 hours
- d. 12 hours

Multiple Choice Answer:

- b. 6 hours

Page and Paragraph:

Page. 170 and paragraph 5

EBP Poster Phase 2

Introduction-

1. Urinary catheters are most commonly used during surgical procedures because anesthesia disrupts normal voiding patterns
 - a. Causes pain, discomfort, and an increased risk for infection
2. After catheter discontinuation, standard and retrograde voiding trial methods were used
 - a. Standard method: patients' bladder fills over a specific time (hours), voids within allotted time, and post void residual (PVR) is assessed; additional interventions are performed if not
 - b. Retrograde method: patients' bladder is filled with normal saline; the patient is expected to void within minutes after the catheter is removed to pass.
3. Due to the lack of evidence regarding the efficiency of each trial in the acute care setting provides the need to perform this study.

Purpose- "The primary purpose of this study was to compare use of standard voiding and retrograde voiding trials on the following outcomes: pass-fail rates, required nursing time, and number of follow-up interventions" (Alexoudis et al., 2022).

Method-

1. Study took place in a gynecology/gynecology oncology unit
 - a. 46 female volunteers over the age of 18
 - b. Participants underwent a gynecological surgical procedure
2. Data collection was discontinued once 23 incidents were identified for each trial.
3. Standard voiding trial: removal of catheter per hospital policy
 - a. Bladder was allotted 6 hours to fill naturally, if patient needed to void before the 6-hour mark then output was measured
 - b. Target volume was 250-300mL, if patient voided that amount within the 6 hours, then it was a pass, if not they failed
4. Retrograde voiding trial: 300mL of sterile normal saline was instilled in the bladder via the urinary catheter before removal
 - a. Target volume was 250-300mL, but in order to pass, patient had to void within 15-30 minutes, if not, it was considered a failure
 - b. If unable to void or reach target volume LIP was notified
 - c. Interventions included bladder scanning to assess amount of urine in bladder or straight cath, indwelling catheter reinsertion, or allow extra time for spontaneous voiding

Result-

1. 46 voiding trials were collected over 3 months
 - a. 23 standards
 - b. 23 retrograde
1. Nursing time required when completing voiding trial
 - a. Standard: 3.5 minutes with a range of 2-10 minutes
 - b. Retrograde: 21.7 minutes with a range of 7-60 minutes
2. Pass rate:
 - a. Standard: 87%
 - b. Retrograde: 70%
3. Fail rate:
 - a. Standard: 13%
 - b. Retrograde: 30%
 - i. 57% had indwelling urinary catheters reinserted
 - ii. 43% performed straight catheterization and self-catheterization education was performed before discharge

Conclusion-

1. After comparing the statistics between the retrograde and standard voiding methods, more nursing time was required for the retrograde method.
2. The standard catheter removal had more successful voids compared to the retrograde method.
3. The standard voiding method required fewer additional interventions compared to retrograde voiding trials.
4. The standard voiding method is preferred due to higher passing rates along with less post-trial interventions.

