SYDNEY ADVENTIST HOSPITAL
CENTRE FOR PELVIC RECONSTRUCTIVE SURGERY

DOCTOR PROTOCOL

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STANDARD POST-OPERATIVE VOIDING PROTOCOL

Last updated 3/1/2006
Last updated by Dr Bruce Farnsworth

OPERATING THEATRE

Check catheter is secure and draining normally prior to transfer to recovery.

RECOVERY WARD

Ensure catheter is secure and draining normally prior to ward transfer.
Notify any unexpected haematuria.

POST-OPERATIVE WARD

Patient will return to ward with an indwelling catheter on free drainage.
Catheter may be removed after a minimum of 2 hours unless otherwise indicated in operation report.

Check residual urine using bladder scanner or in-out catheterisation after voiding or whenever patient complains of discomfort. Maximum time allowed without performing residual measurement is 4 hours. Note: Perform in-out catheterisation if scan is unsatisfactory or patient complains of discomfort and scan is inconclusive.

Patient may be discharged home after three normal voids with residual measurements less than 100mls.

If residuals measure more than 200mls then perform intermittent catheterisation and wait for three normal results.

If residuals measure > 500mls at ANY time. A 14 Gauge Foley catheter must be inserted and left on free drainage for 48 hours.

Protocol is repeated after subsequent removal of Foley Catheter.

Management of Prolonged Voiding Difficulty (> 72 hours)

Option 1: Reinsert Foley Catheter and wait a further 48 hours.

Option 2: Patient may be discharged home with indwelling catheter and a leg bag. Plan to return in 1 week for removal of catheter.

Option 3: Patient is taught Clean Intermittent Catheterisation technique (CISC) and advised to continue until residuals are consistently below 100 mls.