Urinary Retention in Postoperative Patients with Scopolamine Patches

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Background

4KS patients with a scopolamine patch were experiencing increased length of stay related to urinary retention.

- Scopolamine
  - An anti-cholinergic often used to prevent postoperative nausea
  - Urinary retention is a known potential side effect

- LVHN Urinary Retention Policy
  - Patients have 8 – 10 hours to spontaneously void after Foley catheter removal
  - If unable to void spontaneously, the patient is straight catheterized
  - After three straight catheterizations 6-8 hours apart, a Foley catheter is placed

- Each time a patient is catheterized, they are made susceptible to infection

Implementation

- Nursing staff was educated in person at huddles and electronically on the protocol and was involved in collecting pre-data and post-data
- Patients who experienced urinary retention while wearing a scopolamine patch were recorded
- For post-data collection, an order was obtained from the provider to remove the scopolamine patch after 8 hours of urinary retention in hopes of eliminating the need for further catheterizations
- Data was reviewed for effectiveness of intervention

Pre-data

Sample size of patients was 55. 10/55 experienced urinary retention

Percentage of Urinary Retention

- 81% Patients who did not experience urinary retention
- 19% Patients who experienced urinary retention

Number of Catheterizations Required

- 80% Patients catheterized only once
- 20% Patients catheterized more than once

Outcomes

Only one patient had experienced post-operative urinary retention while wearing a scopolamine patch. The patient was catheterized once and the patch was then removed 15 hours post-operatively. The patient was then able to urinate spontaneously and avoid any additional catheterizations. Patient had orders received for removal 5 hours after catheterization.

Barriers

- Limited sample size for post-data
- Fewer patches were used perioperatively during post-data collection

References


**More references available upon request**