Pathway for Postoperative Voiding Assessment & Management of Voiding Dysfunction for Women Following Surgery for Mid-urethral slings

This applies to patients who were not catheterised postoperatively, or after removal of the urethral catheter (and after stopping IV fluids if applicable).

1. Encourage average fluid intake: 150-200mls/ hour (1 glass/hour).
2. Patients should empty their bladder/ 3-4 hours and encouraged to try to hold in-between if possible.
3. 1st void should be expected within 4 hours (may need prompting by nursing staff); otherwise a bladder-scan assessment is required to rule out retention.
4. Measure Voided Volume (VV) and Post-voiding Residual Urine (PVR) using Bladder-scan following each void. **"Satisfactory Voiding"** is achieved when **PVR ≤ 1/3 of bladder capacity and ≤ 150mls.**
5. Patients can be instructed in "Double Voiding" (void twice with 5 minutes interval & scanned for PVR after the second void; VV is then measured as total of the 2 voids).

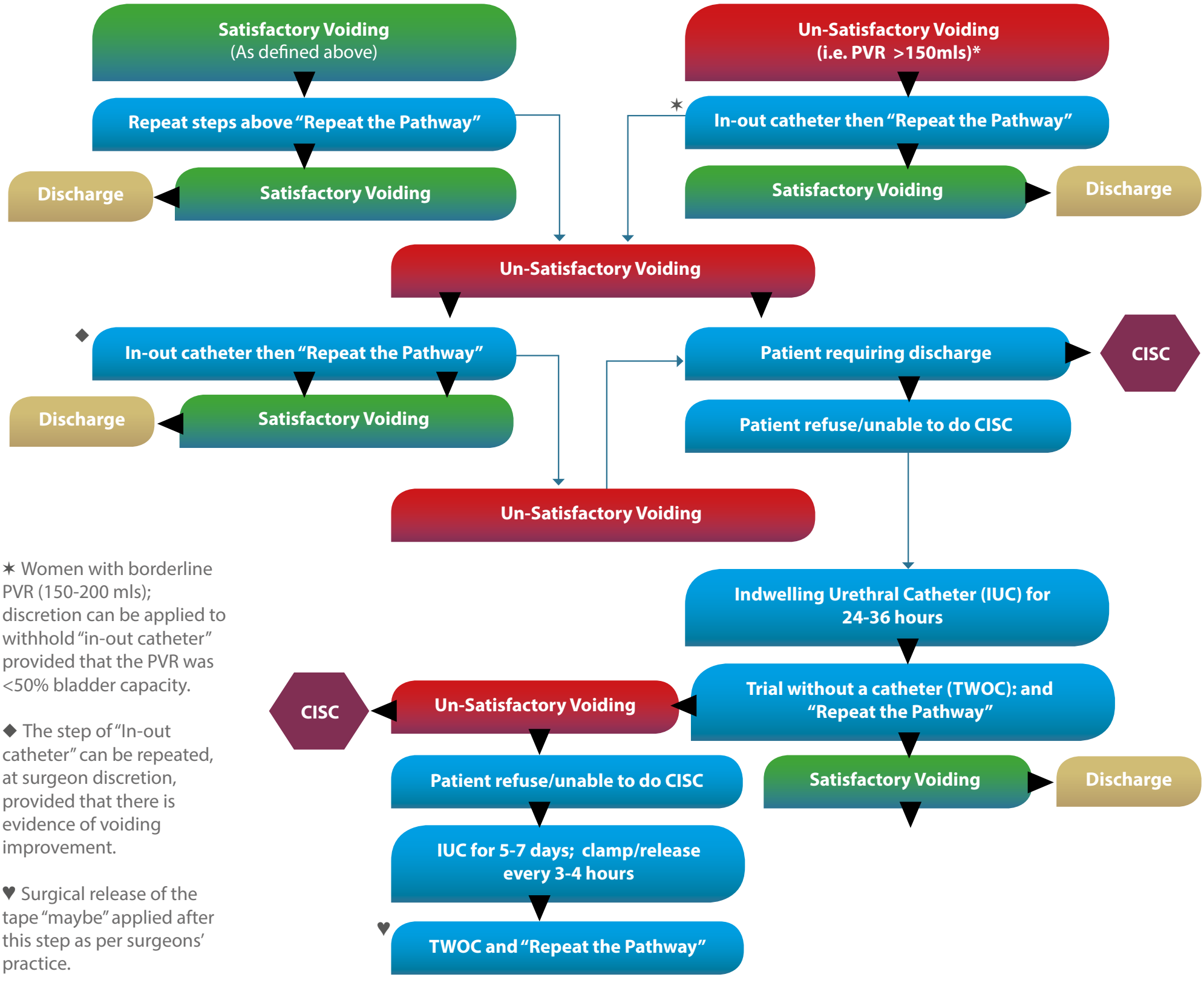
Examples of Satisfactory Voiding	
VV (mls)	PVR (mls)
200	≤120
≥250	≤150

Once satisfactory Voiding is achieved (one assessment); patient can be discharged

N.B. In some units, surgeons leave 200 mls in bladder after cystoscopy so that patients feel the desire to pass urine early.

Management of Patients with Unsatisfactory Voiding Assessment:

Patients with PVR > 150mls after 1st assessment as above; should be encouraged to try to void again within 20min or so and the VV measured



✶ Women with borderline PVR (150-200 mls); discretion can be applied to withhold "in-out catheter" provided that the PVR was <50% bladder capacity.

◆ The step of "In-out catheter" can be repeated, at surgeon discretion, provided that there is evidence of voiding improvement.

♥ Surgical release of the tape "maybe" applied after this step as per surgeons' practice.

Managagement of CISC

Frequency of CISC/ day can be indicated by the level of the PVR (or per surgeon practice as no robust clinical evidence to base a recommendation) – see example below:

PVR (> mls)	CISC/ day
50 - 300	2
300 - 400	3
>400	4

Patients would be instructed to keep records of VV & PVR (for 2 days/ week) and follow-up is arranged (can be phone/ email/ in-person) in 1-2 weeks to check the volumes and the need to continue on CISC. If continuing, please check if any difficulties performing; whether the frequency needs to be altered and date of next review.

No need for "routine prescribing" of prophylactic antibiotics however local estrogen treatment can be considered in postmenopausal women.