



Improving the patient experience of toileting and management of postoperative urinary retention following elective hip and knee replacement surgery: an evidence-based approach

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Project background

This project was based on the elective orthopaedic ward at University Hospital Southampton NHS Foundation Trust, in south-west England. It aimed to improve the patient experience of toileting and bladder care following elective hip and knee replacement surgery. Retention of urine is a frequent and distressing complication for patients following hip and knee replacement surgery. It is managed by assessment using a portable bladder ultrasound scanner, support with toileting and, where necessary, bladder catheterisation. Previous audit and research activity on the ward found considerable variation in the use of indwelling urinary catheters, delays in recognising postoperative urinary retention and unnecessarily prolonged use of catheters. Patients reported that the temporary changes in bladder function experienced following surgery, together with increased dependency in the immediate postoperative period, had a negative impact on their comfort, privacy and dignity.

Aims and objectives

The aim of this project was to implement an evidence-based approach to practice in order to improve the patient experience. To achieve this aim, the objectives identified were to:

- Develop a more robust approach to establishing patients' preferences and information needs, enabling a more responsive, individualised approach to care
- Review practice, including the use of bladder scanning to inform postoperative bladder care
- Trial alternative toileting approaches

Implications for practice

- Having a shared interest can be a good way of developing closer working relationships with other clinical teams
- Sharing project activity widely within your organisation can create broader opportunities for influencing practice and enhancing care
- Fun/novelty initiatives can be an effective way of encouraging people to become involved and engaged
- Developing new ways of working and being open to unplanned happenings can be beneficial

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Online

Further information about the project can be accessed from: fons.org/library/report-details?nstd=71452

Key activities and outcomes

• Engaging with ward staff

A core project team was established and met at regular intervals throughout the duration of the project to review progress towards goals and agree actions. Regular meetings were also held on the ward to consult with the wider nursing team and gain their input into refining the project goals/actions.

• Enhancing care through improved use of bladder scanning

An audit was undertaken to establish how quickly patients were assessed using the bladder scanner on return to the ward following surgery. This was regularly fed back to staff via a noticeboard and a 'scanner of the week' competition was introduced, which proved to be a popular way of encouraging staff to scan patients within an hour of returning to the ward. The timeliness of bladder scanning was further improved by actively engaging with staff in theatre recovery. They are now scanning patients while in recovery, resulting in more timely insertion of catheters when required, improved fluid balance documentation and better handovers. The project has facilitated a closer working relationship between recovery and ward teams.

• Reviewing practice

A practice review raised awareness among the nursing team of the length of time a catheter remained in situ. As a consequence, they have become advocates for the timely removal of catheters and alternative methods of monitoring urine output. The use of measuring scales to weigh urine has supported this and helped to overcome doctors' concerns about the accuracy of fluid balance monitoring in the absence of a catheter. Additionally, the project prompted action to cease the use of antimicrobial prophylaxis before catheter removal, which has also reduced the duration of catheterisation as nurses no longer have to wait for doctors to prescribe this.

• Trialling alternative approaches

A number of alternative toileting aids were trialled by a few patients, including handheld female urinals and absorbent gel granules. Access to a wider range of products has increased the options available to patients, ensuring that a catheter is not used unless it is truly needed. The use of alternatives needs to be determined on an individual patient basis, as not all patients found them beneficial.

• Wider developments

The project team has shared this work both within and beyond the trust and a number of wider developments have resulted. These include joining with the trust's acute kidney injury working group to design an algorithm to assess postoperative oliguria, and collaborating with the trust's catheter working group on the implementation of intermittent catheterisation as a care option.