



22. POSTOPERATIVE URINARY RETENTION: RISK FACTORS AND PREVALENCE

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Introduction. Postoperative urinary retention (PUR) is a known and frequent complication of the immediate period after surgery, representing the inability to urinate postoperatively despite the presence of a full bladder. PUR can be a source of stress for the patient or can go unnoticed. Recognized early and with appropriate management, PUR is reversible, rarely having long-term consequences.

Aim of study. Assessment of the prevalence and identification of risk factors for the development of postoperative urinary retention with the development of a prevention strategy.

Methods and materials. A literature review of the Google Scholar, PubMed, Elsevier, Cochrane databases, was done with the selection of articles from the last 10 years.

Results. In the specialized literature, the prevalence of PUR varies a lot, values between 5% and 70% being quoted. The variability with which the phenomenon is registered can be explained by the lack of a standardized definition for PUR, each clinical study adapting different definition criteria. Risk factors involved in the development of PUR may be related to medical procedures: type of surgery (previous pelvic surgery may increase the risk, probably as a result of direct damage to the nerves innervating the lower urinary tract), anesthetics used (general anesthetics cause bladder atony by interfering with the autonomous nervous system), duration of the intervention (this finding may be associated with the volume of intravenous fluids administered and the increase in opioids used), volume therapy (the administration of intravenous fluids more than 750 ml in the perioperative period increased the risk of PUR by 2.3 times) or with the patient: comorbidities (DM has been implicated in impairing capacity and decreased contractility), age (patients over 50 years of age have 2.4 to 2.8 times higher chance of having this complication), gender (higher incidence was reported in men (4.7%) compared to women (2.9%)) and preoperative urinary function (80% of patients who developed PUR had some form of prior urinating difficulty).

Conclusion. The diagnosis of PUR is often arbitrary, the real prevalence of the phenomenon remains unknown. By identifying and stratifying patients at risk for PUR and the implementation of ultrasound monitoring of bladder volumes, PUR can be prevented, with the implicit reduction of its associated morbidity. Failure to identify RUP in a timely manner can lead to significant morbidity: prolonged hospital stay, urinary tract infections, detrusor muscle dysfunction, delirium, cardiac arrhythmias, permanent bladder dysfunction, etc.