

Title: Foley Catheter Removal after Cesarean Section		Policy			
Patient Age Group:	<input type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input checked="" type="checkbox"/> Adult

POLICY STATEMENT

Use of an indwelling urinary catheter is associated with risks including urinary tract infection and reduced likelihood of ambulation. Minimizing the duration of urinary catheterization is in patients' best interest.

PURPOSE: To determine length of foley catheterization for scheduled cesarean sections.

EVIDENCE: In one clinical trial, women randomized to no catheterization versus foley catheterization prior to cesarean section had improved outcomes, including earlier ambulation, shorter hospital stays, less time to first void, less voiding discomfort, lower incidence of UTI and less use of post-operative antibiotics. There was no increase in urinary retention (Pandey, 2015). In a similar randomized controlled trial where women were assigned to no catheterization versus foley catheterization prior to cesarean section, there was no increase in urinary retention and it was more convenient for women (Nasr, 2009).

PROTOCOL: The University of New Mexico will apply the following protocol:

- Eligibility: The policy applies to women with scheduled cesarean sections (primary or repeat), and women with C/S prior to active labor. The woman may not have experienced hemorrhage >1500cc or a blood transfusion during the C/S. If a nurse is unsure of a patient's eligibility for early foley removal, she should refer to the provider.
- Preparation
 - o Patients will obtain teaching and expectations regarding catheter removal at the time of pre-operative teaching with surgical nurses at the Women's Health Clinic and included in the pre-operative packet.
 - o The early foley information sheet is also available on labor and delivery and should be provided to the patient prior to and/or after their cesarean section if they need further education on early foley catheter removal, early ambulation, and pain control.
- Procedure:
 - o Pre-operative information will be given to the patient explaining timing of foley catheter placement and removal both by the pre-op nurses during antepartum care and by the resident/fellow preparing the patient for C/S the morning of the C/S.
 - o Foley catheter will be placed prior to the cesarean section and urinary output monitored throughout the surgery.
 - o Foley catheter will be removed in the Recovery Room prior to transferring the patient to Mother Baby Unit or Women's Special Care as long as they she is eligible for early foley removal.
- Postpartum
 - o If the patient does not void within six hours after foley removal, a straight catheter is performed. If minimal urine output (<30cc/hr) notify provider. If there is no void six hours after straight catheter, notify provider. Encourage early ambulation and hydration to promote void.

References:

1. Pandey D, Mehta S, Grover A, Goel N. Indwelling catheterization in cesarean section: Time to retire it! *Journal of Clinical and Diagnostic Research*. 2015 Sep, Vol-9(9): QC01-QC04
2. Nasr AM, Bigawy AF, Abdelamid AE, Al-Khulaidi S, Al-Inany HG, Sayed EH. Evaluation of the use vs. nonuse of urinary catheterization during cesarean delivery: a prospective, multicenter, randomized controlled trial. *Journal of Perinatology* (2009) 29, 416–421.

APPROVAL

Prepared by: _____


Approved by: _____


Approval: _____
Chair, Department of Obstetrics & Gynecology

8/10/16
Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)