

# **Prospective Risk Factor Analysis for the Development of Post-Operative Urinary Retention Following Ambulatory General Surgery**

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## **Supplementary Material**

Data Collection Proforma

Patient Questionnaire

**Data Collection Proforma V1**

**Patient ID**

**Demographic Data**

<b>Sticker / Pt Details</b>  Name DOB MRN	<b>Procedure</b>  <b>Planned Overnight Stay?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Op Date</b>
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**Pre-Operative Data**

<b>Co-morbidities</b> <i>(please state diagnosis)</i> <input type="checkbox"/> <b>None</b>  Diabetes: Type 1 <input type="checkbox"/> or Type 2 <input type="checkbox"/>  Prostate: BPH <input type="checkbox"/> or Ca <input type="checkbox"/>  <input type="checkbox"/> Previous pelvic surgery / radiotherapy: .....  <input type="checkbox"/> Other significant: e.g. neurological  .....	<b>Pre-operative medications</b> <input type="checkbox"/> <b>None</b>	
Diabetes: Type 1 <input type="checkbox"/> or Type 2 <input type="checkbox"/>  Prostate: BPH <input type="checkbox"/> or Ca <input type="checkbox"/>  <input type="checkbox"/> Previous pelvic surgery / radiotherapy: .....  <input type="checkbox"/> Other significant: e.g. neurological  .....	<b>α-blocker</b> <input type="checkbox"/> Tamsulosin <input type="checkbox"/> Doxazosin <input type="checkbox"/> Prazosin  <b>Anti-cholinergic</b> <input type="checkbox"/> Oxybutynin <input type="checkbox"/> Tolterodine <input type="checkbox"/> Solifenacin <input type="checkbox"/> Fesoteradine	<b>5α-reductase inhibitor</b> <input type="checkbox"/> Finasteride <input type="checkbox"/> Dutasteride  <b>Pro-cholinergic</b> <input type="checkbox"/> Donepezil <input type="checkbox"/> Rivastigmine <input type="checkbox"/> Galantamine
<b>Other Significant:</b> .....		

**Patient Questionnaire:  Not Done**

<input type="checkbox"/> Previous bladder catheterisation  <input type="checkbox"/> Other condition affecting urination: .....	<b>Total IPSS Score</b>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<b>Voiding Score</b> <i>Qs. A, C, E and F</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<b>Storage Score</b> <i>Qs. B, D and G</i>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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**Peri-Operative Data**

<b>Total IVI Volume (ml)</b>	<b>Peri-operative medications: <i>pre-med, intra-op and recovery</i></b>	
<b>Intra-operative catheterisation?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Anti-cholinergic</b> <input type="checkbox"/> Glycopyrrolate <input type="checkbox"/> Atropine <input type="checkbox"/> Hyoscine	<b>Sympathomimetic</b> <input type="checkbox"/> Metaraminol <input type="checkbox"/> Ephedrine <input type="checkbox"/> Phenylephrine
<b>Anaesthetic Route: <i>may be more than one</i></b>  <input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Local Block <i>(not including infiltration at end of op)</i>	<b>Opiates (dose)</b> <input type="checkbox"/> Morphine..... <input type="checkbox"/> Remifentanyl (IVI) <input type="checkbox"/> Fentanyl..... <input type="checkbox"/> Tramadol..... <input type="checkbox"/> Alfentanyl..... <input type="checkbox"/> Codeine.....	

**Outcome**

**Post-operative urinary retention?** No  Yes  **Residual (ml)**

*Pt. required catheterisation due to inability to micturate within 24hrs of procedure.*

**Did POUR result in an unplanned overnight stay?** No  Yes

**If not in POUR, did patient stay overnight because of delay in passing urine?** No  Yes

<b>Date of discharge</b>	<b>Any other comments</b>
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1. Have you ever had a bladder catheter because of difficulty passing urine? Yes –  No –

2. Do you regularly suffer from constipation? Yes –  No –

- e.g. passing stool less than 3 times per week
- e.g. straining or passing hard stool more than a quarter of the time

3. If you have a condition which affects your ability to urinate or control urination, please note it below.

*Researcher Use Only*

Total Score:

4. Urinary Function: please circle the best answer for each of the 7 questions below

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
<b>A Incomplete Emptying</b> Over the past month, how often have you had the sensation of not emptying your bladder completely after you have finished urinating?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>B Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you last finished urinating?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>C Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>D Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>E Weak Stream</b> Over the past month, how often have you had a weak urinary stream?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>F Straining</b> Over the past month, how often have you had to push or strain to begin urination?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

	None	Once	Twice	3 times	4 times	5 or more times
<b>G Nocturia</b> Over the past month, how many times did you usually get up each night to urinate from the time you went to bed until the time you got up in the morning?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>