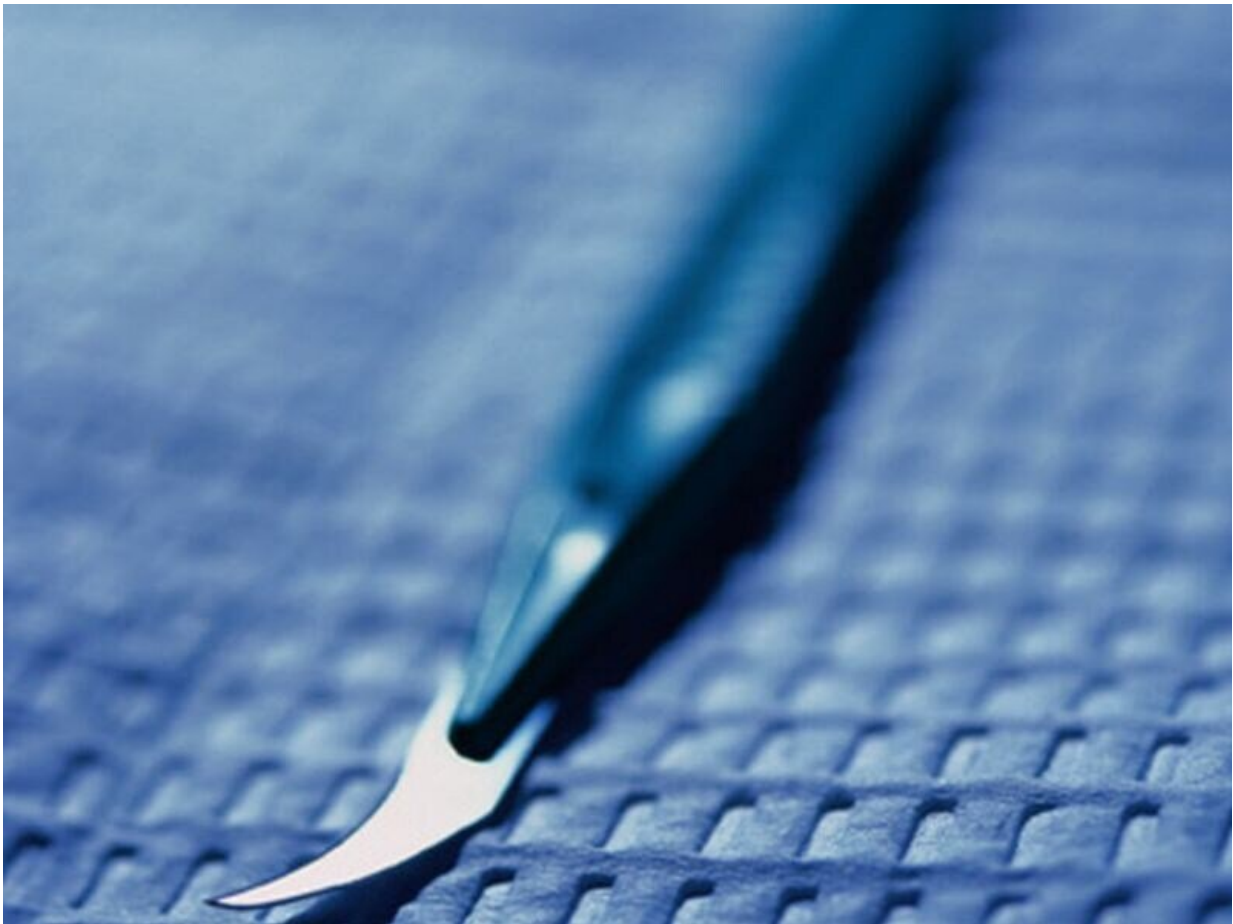


Urinary catheters not needed for joint replacement surgery

October 3 2019



Patients undergoing joint replacement under epidural anesthesia have no

increased risk for postoperative adverse genitourinary (GU) complications by skipping preoperative indwelling urinary catheters, according to a study published in the October issue of the *Journal of Arthroplasty*.

Oliver J. Scotting, M.D., from the Henry Ford Health System in Detroit, and colleagues retrospectively reviewed data from 335 consecutive male and [female patients](#) who underwent primary total joint arthroplasty (hip and knee) using epidural anesthesia. The analysis included 103 patients who received a preoperative urinary catheter, which was maintained until the morning of the first postoperative day, and 232 patients who did not receive a preoperative urinary catheter.

The researchers observed no differences in the percentage of patients with postoperative GU complications between the groups. There were no differences in GU complications among patients with [benign prostatic hyperplasia](#) or [prostate cancer](#). However, the urinary tract infection rate was higher in the catheter group among patients with a history of prostate disorders (benign prostatic hyperplasia or prostate cancer). An association was observed between postoperative GU complications and increased median age and increased average length of stay.

"Until now, we didn't have the research to show that we could perform the surgery without a Foley catheter," Michael Charters, M.D., a Henry Ford [joint replacement](#) surgeon and the study's senior author, said in a statement. "All of our patients are now undergoing surgery without the catheter. It's a huge benefit for patients because it improves their mobility immediately after surgery. They can get up and walk around without being impeded by catheter tubes."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Urinary catheters not needed for joint replacement surgery (2019, October 3) retrieved 15 May 2023 from <https://medicalxpress.com/news/2019-10-urinary-catheters-joint-surgery.html>

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