

Early urinary catheter removal post-pelvic organ prolapse surgery – An RCT

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ABSTRACT

Introduction: Pelvic organ prolapse (POP) vaginal native tissue repair surgeries are performed as same-day surgery in some countries and are postulated to improve cost-effectiveness and patient satisfaction, with same day urinary catheter (IDC) removal being crucial in reducing time to spontaneous void and ambulation. **Objectives:** We hypothesised that early IDC removal after POP surgery reduces time to spontaneous void, length of admission, and pain score, without affecting patient anxiety or urinary retention. **Materials and Methods:** An RCT was conducted with participants allocated equally to two groups: IDC and vaginal pack removal six hours later on POD 0 (study arm group 1), versus removal at 6 am on POD 1 (control arm group 2). The study was double-blinded until the operation was complete. A target of <150 ml post-void residual urine within 6 hours of IDC removal was set. **Results:** 42 and 36 patients were recruited to groups 1 and 2. Patient demographics and operation details were similar in both groups except mean cystocele stage of 2.88 vs 2.58 ($p=0.04$) in groups 1 and 2. Group 1 had a lower rate of successful TOC 40% vs 75% ($p=0.006$) at first attempt. Mean time to ambulation was improved in group 1 at 0.55 vs 0.97 days ($p=0.001$). There was no difference regarding pain and anxiety scores, time to discharge, post-operative UTI rate, unplanned outpatient visits within one week, and complications within one month. **Conclusion:** Earlier IDC removal on POD 0 does not necessarily improve post-operative recovery, given the higher rate of IDC reinsertion and non-significant recovery parameters apart from earlier ambulation.