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Title: The Prevalence of silent postpartum retention of urine

Background:

Symptomatic retention of urine is a well known postpartum complication, yet little is known about the residual urine value of asymptomatic patients, who do not present with pain. It is possible that pelvic floor dysfunction associated with childbirth extends to the sensations from the bladder, such that patients may not be aware of the large volumes in their bladders, and also the ability to void completely.

Aim:

The aim of this study was to assess the prevalence of silent postpartum retention of urine.

Methods:

A hundred patients were included in this study. All of them had portable ultrasound scan, Bard bladder scan T~Bt13000, to estimate their residual urine volume. The procedure was carried out within 48 hours of delivery, or removal of urethral catheters in those patients catheterized at the time of delivery, for example when doing a Caesarean section.

The features of these patients are shown in the following tables.

Hours after delivery:

0 - 12: 13
13 - 24: 27
25 - 36: 35
37- 48: 25

Catheterisation during labour:

0 : 53
1 : 39
2 : 8

Regional anaesthesia:

None : 63
Epidural : 23
Spinal : 13
Ep. to sp., emergency C/S: 1

Mode of Delivery:

NVD : 60
Instrumental : 11
Elective C/S : 15
Emergency C/S : 14

Results:

The residual urine volumes of the 100 patients are shown in the following table. Residual Urine Volume (in ml.):

0 :30
 1-50 :12
 51-100 : 6
 101-150 :15
 151-200 : 26
 >200 : 11

Correlation analysis using X2 test showed no association with time interval after delivery, catheterization at the time of delivery, use of regional anaesthesia or mode of delivery.

Parameter	X2 value	P value
Duration after delivery	7.129	0.309
Catheterisation	4.004	> 0.2
Regional anaesthesia	4.970	0.290
Mode of delivery	5.772	0.449

Conclusion:

Silent postpartum retention of urine occurred in a significant percentage of this heterogeneous group of cases (37 % having residual urine > 150 ml). A longitudinal study is required to establish whether these patents have long-term bladder and pelvic floor dysfunction. It would be valuable to establish whether and when this pattern disappears. It is worth mentioning that there is no agreed cut level of normal residual volumes and the figures used in this study were arbitrary. Further research is needed to understand the effect of delivery on bladder function, both sensory and motor, as well as any possible link to pelvic floor dysfunction.