

OBJECTIVE	MATERIAL & METHODS	RESULTS	CONCLUSION
To compare the frequency of complications in immediate versus late removal of urinary catheter in patients with uncomplicated total abdominal hysterectomy.	Total 140 (70 in each group) female patients of age 35-75 years undergoing hysterectomy were selected. Patients with malignant conditions, complicated surgical procedures and positive urine culture were excluded. All patients received one dose of antibiotic prophylaxis at the time of surgery and continued postoperatively as per department protocol. 16F Foley’s catheter inflated with 10 cc distilled water in balloon was used. Catheter was kept for the duration of surgical procedure. Later, on the basis of study assignment, catheter was removed either in the operating room immediately or 06 h postoperative. Types of anesthesia, amount of blood loss, duration of surgery were noted. Frequency of re-catheterization, febrile morbidity, symptomatic UTIs and time for ambulation were compared in both groups.	In Group A (immediate removal), febrile morbidity was found in 14 (20.0%) patients, early ambulation in 36 (51.43%), re-catheterization in 04 (5.71%) and urinary tract infections in 04 (5.71%) patients. While in Group B (late removal), there was febrile morbidity was found in 34 (48.57%) patients, early ambulation in 20 (28.57%), re-catheterization in 12 (17.14%) and urinary tract infections in 26 (37.14%) patients. All these complications have shown p-value <0.05 between both groups which was statistically significant.	This study concludes that the immediate removal of urinary catheter after uncomplicated abdominal hysterectomy reduces the rate of re-catheterization, febrile morbidity, time to ambulation and urinary tract infections.