

POSTOPERATIVE URINARY RETENTION AFTER ANORECTAL SURGERY DUE TO INABILITY TO RAISE INTRAABDOMINAL PRESSURE (IRIP)- A COMMONLY MISSED BENIGN CAUSE
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Purpose/ Background

Urine retention(UR) after anorectal surgery is common and spinal anesthesia(SA) is the commonest cause. This usually requires urinary catheterization which has its morbidity and risks. However, our data analysis revealed that there is another simpler cause-inability to increase intraabdominal pressure(IRIP) due to fear of causing bleeding or pain in anorectal operative area. This cause is important to recognize because unlike other causes, catheterization is not required in retention due to this etiology. Only firm reassurance and encouraging the patient that it is absolutely safe for him to strain and increase intraabdominal pressure to pass urine is required. Whereas urinary retention due to spinal anesthesia would occur with in 24 hours of surgery, the retention or incomplete evacuation due to IRIP can happen for even upto a week after surgery.

Methods/ Interventions

All patients who underwent anorectal(fistula-in-ano) surgery under SA were included in the study. The patients with known BPH, urethral stricture or any known cause of urinary obstruction were excluded. When UR happened, then patient reassurance was tried for 1 hour. If this failed, single time urinary catheterization was undertaken (catheter removed after evacuating bladder).

Results/Outcome(s)

Summarised in Figure-1.

Conclusions

Urinary retention/incomplete evacuation commonly happens due to inability to increase intraabdominal pressure (IRIP) in the postoperative period. This usually happens in apprehensive patients. Unlike SA retention, IRIP retention can last for few days, improves on reassurance and doesn't usually require catheterization. Failure to recognize IRIP can increase morbidity due to unnecessary urinary catheterization.

Conflict of Interest: Nil for the authors

FIGURE-1: RESULTS

	Anal Fistula cases operated over 1 year (n=224)
Age in years (Mean)	37.1±11.2
Sex ratio	M/F-179/45
URINARY RETENTION	Total=34 Day 0 (Day of Surgery)=21/34→ 10/21 required single-time evacuation by a catheter →11/21 passed urine after reassurance Day 1-7 after Surgery= 13/34→ 13/13 passed urine after reassurance
In 21 patients in whom UR occurred on the day of surgery, it was difficult to ascertain as in how many patients UR happened due to spinal anaesthesia and in how many IRIP (inability to increase intraabdominal pressure) was responsible. However, in all patients in whom UR occurred from Day- 1 to 7 after surgery, the cause was likely to be IRIP in most of them. IRIP usually happened in apprehensive tense patients. Only 10/34 required catheterization.	