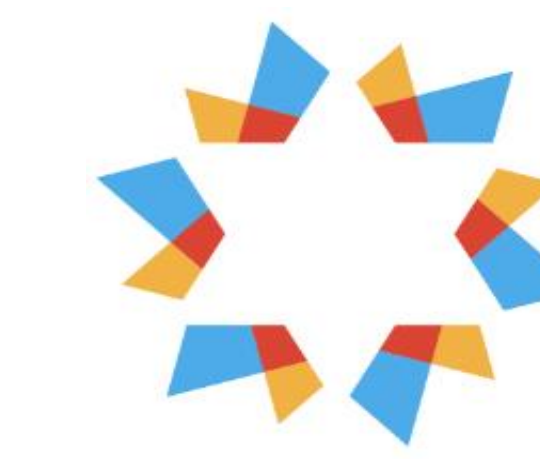


Predictors of delayed urinary catheter removal following enhanced recovery after cesarean delivery: a retrospective cohort study

Sunti Barahi MD, Aswini Kuberan MD, Xiang Ye, Ronald B George MD, Naveed Siddiqui MD

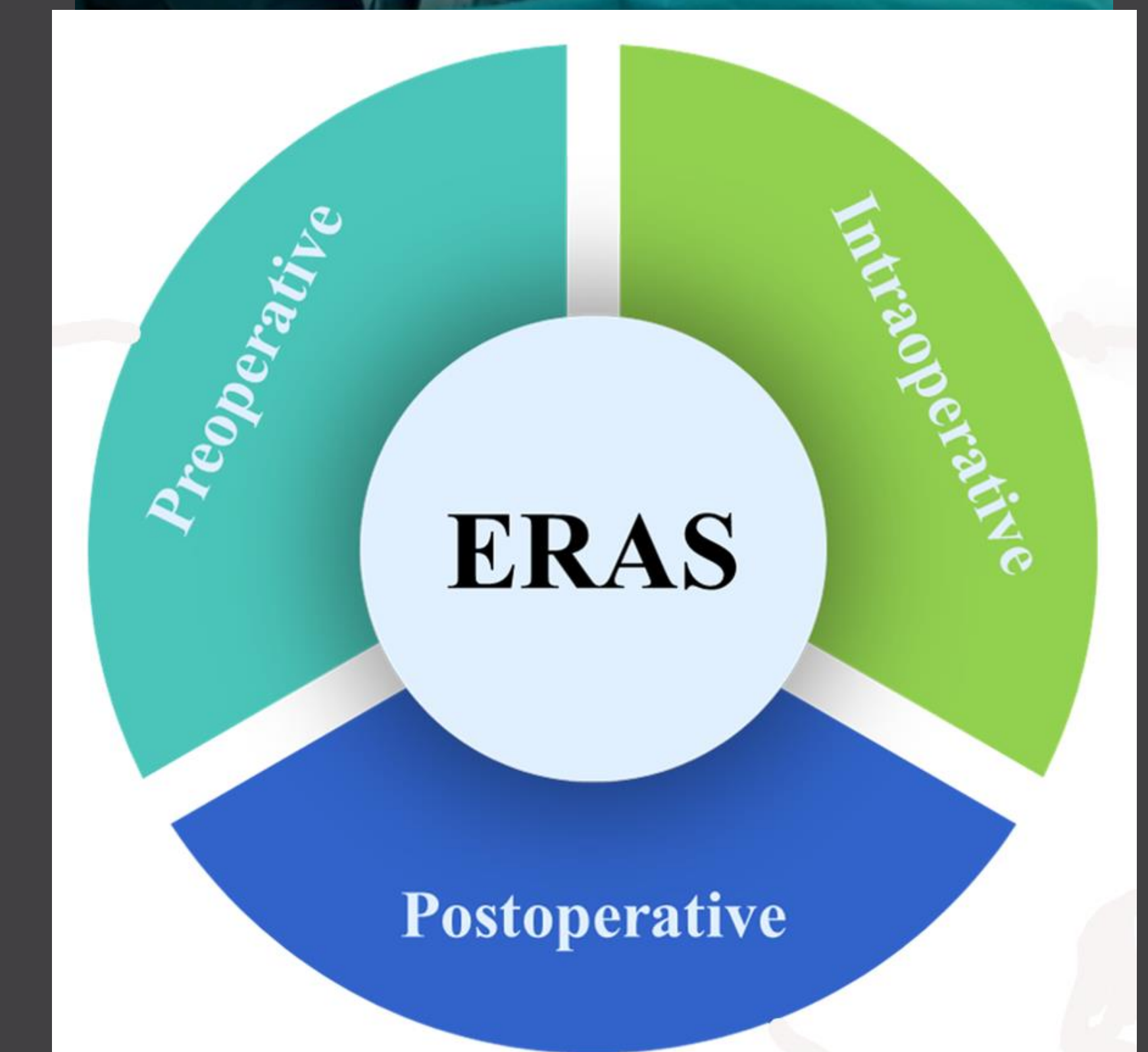


Sinai
Health

Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Background

- ERAC pathways endorse early urinary catheter removal to improve mobilization and reduce CAUTI risk
- SOAP recommends removal within **6–12 hours**
- ERC supports early removal, though optimal timing remains uncertain
- At our center, **30–40% leave PACU with catheter in situ**
- Prolonged catheterization may delay ambulation, increase CAUTI risk, and impair patient experience.

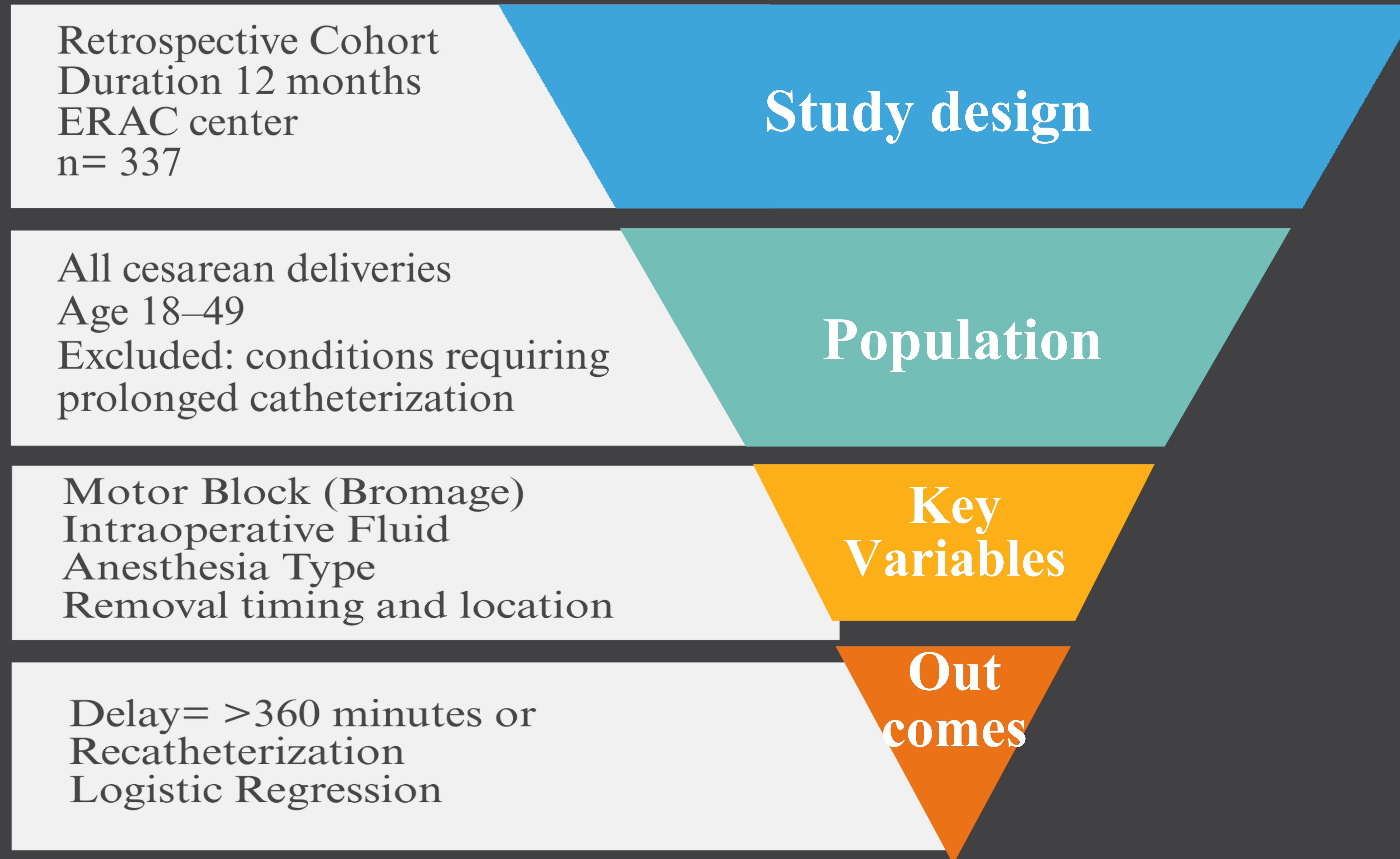


Objective

- Identify clinical and process-of-care predictors of delayed removal
- *Delay = >360 min or recatheterization*



Study Design & Methods



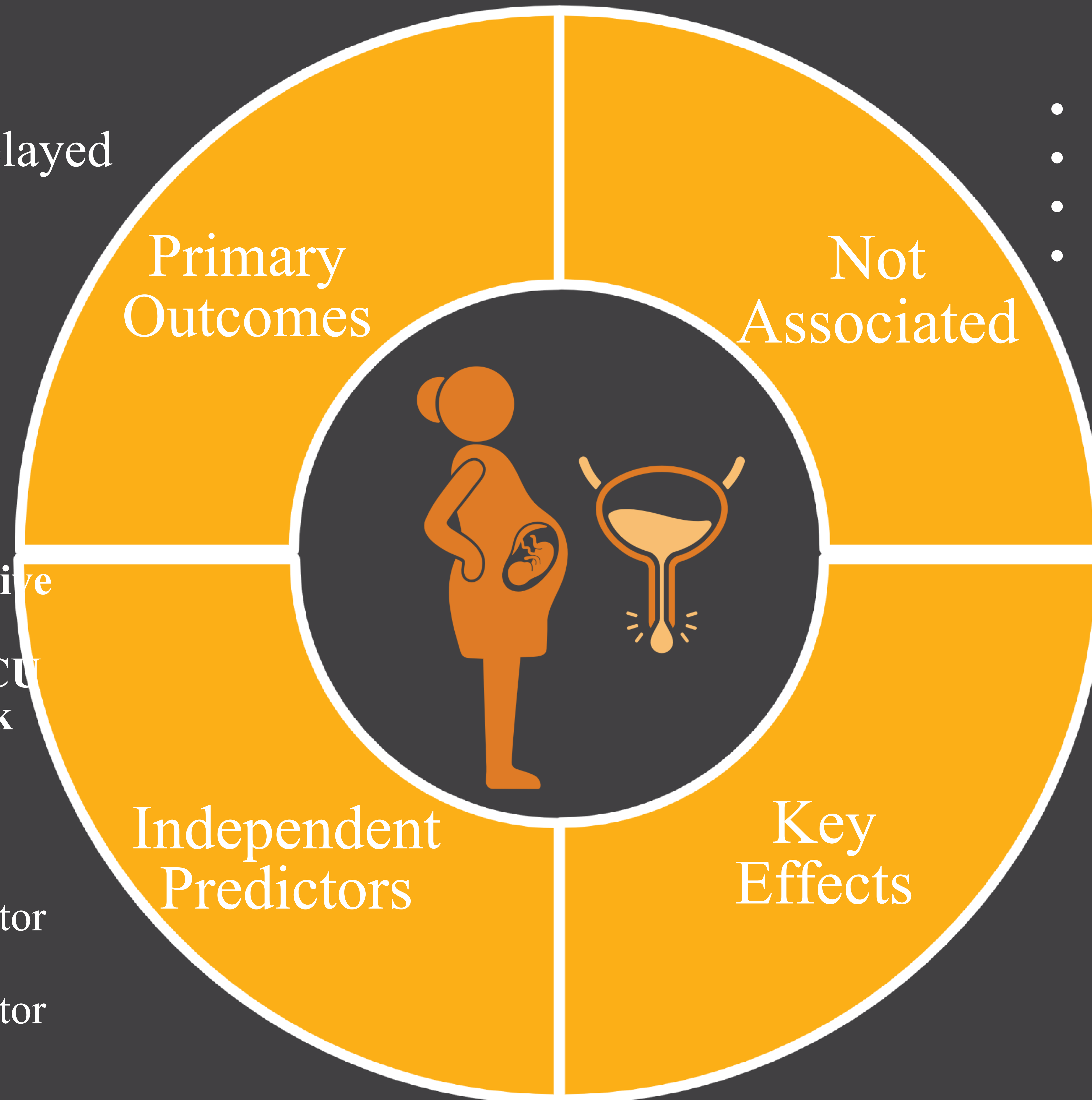
Results

- 151/337
- 44.8% delayed removal

- Higher intraoperative fluids
- Denser PACU motor block
- Ward vs PACU removal
- Delayed motor assessment
- Delayed motor recovery

- Age
- BMI
- Gestational age
- Cesarean urgency

- PACU removal ↓ delay: **OR 0.13 (0.05–0.33)**
- +1200 mL fluids → **OR 3.12 (1.53–6.35)**
- Partial motor recovery ↓ odds vs complete block



Conclusion & Discussion



Key Drivers

- Modifiable perioperative and workflow factors
- Not patient demographics

Clinical Implications

- Standardized PACU based removal
- Use bromage guided timing
- Improve fluid stewardship
- Prioritize early motor assessment

- **Take-Home Message** : Delayed catheter removal remains common (~45%) despite ERAC
- Improving workflow and motor recovery can enhance ERAC adherence and patient