



Are we Appropriately Consenting Patients for the Risks of Post Operative Urinary Retention following Groin Hernia Surgery?

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Introduction

Consent is a fundamental process within surgery, which aids patients in making informed decisions. Providing appropriate information allows them to weigh up the potential benefits, risks, burdens and non-clinical issues to create a decision about their ongoing care [1]. The General Medical Council (GMC) provides guidance on consent and advises that any recognised side effect or complication that occurs frequently from a procedure should be discussed [1].

Post-operative urinary retention (POUR) is a frequently encountered risk following some surgical procedures, with groin hernia surgery having a known higher association [2], Despite this it was noted that discussion of POUR can often be missed when consenting in our hospital.

POUR is typically managed with catheterisation, placing the patient through an additional procedure which itself is associated with risks, such as infection. In addition many patients are sent home with catheters, and may require them to stay in-situ up to 7 days, which has further implications for patients. Considering POUR is a commonly experienced, recognised complication following groin hernia repair and has ongoing consequences for patients, we feel that discussion during the consent process should be strongly considered.

Objectives

We aimed to review how often POUR is consented for in elective groin hernia surgery within our hospital and how frequently POUR occurred within this patient group.

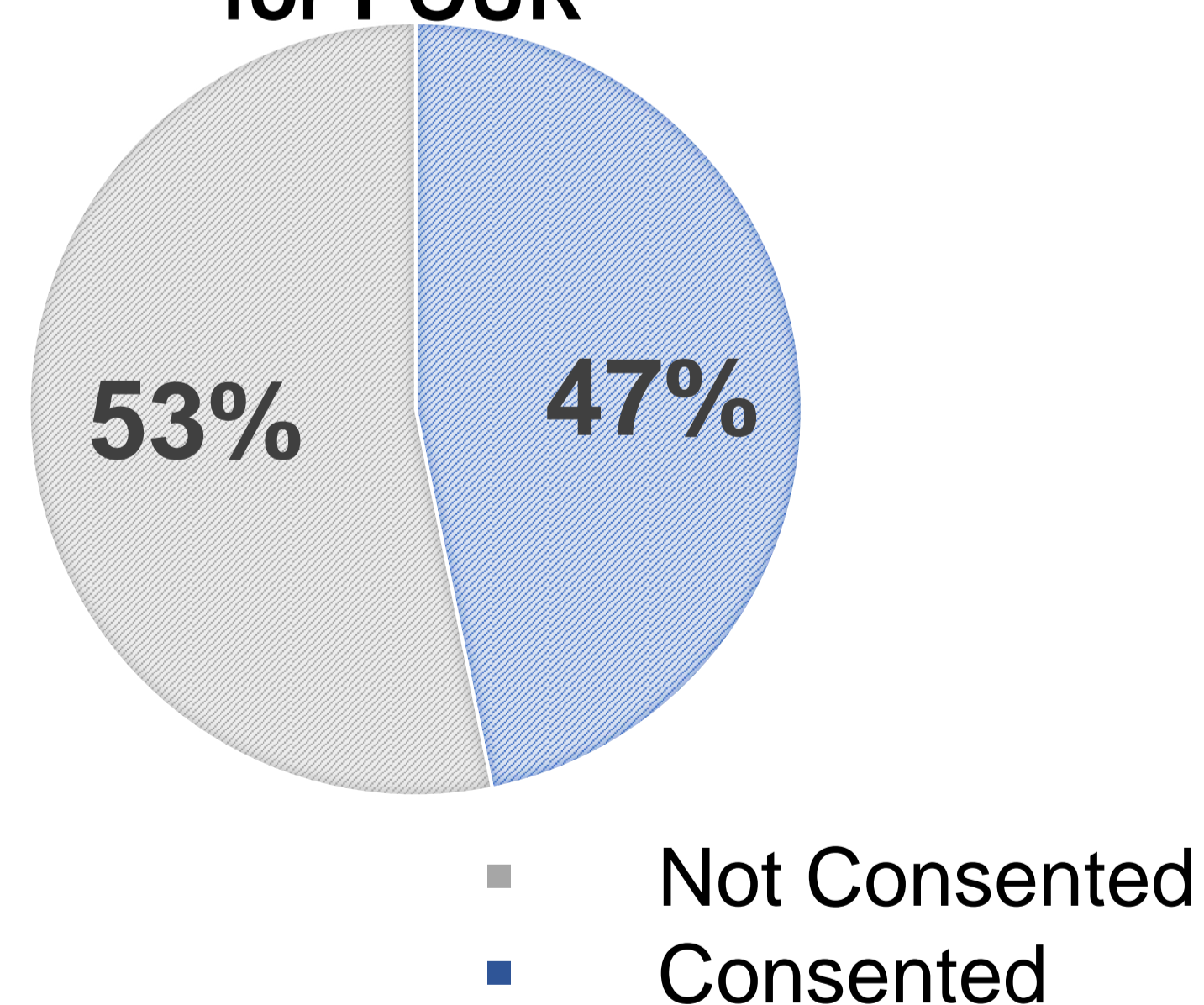
Methods

- Retrospective data was collected on all patients undergoing planned groin hernia surgery in a single centre trust over a 6-month period between March and August 2023
- Data was collected on demographics, post-operative complications including POUR, and any other complications requiring hospital re-admission within 30 days.
- All repair types were included - Open mesh technique, Laparoscopic total extraperitoneal repair (TEP) with mesh and robotically assisted transabdominal re-peritoneal (TAPP) technique with mesh.
- Consent forms were reviewed to identify whether POUR was documented as a risk. The grade of the doctor completing the consent form was also noted

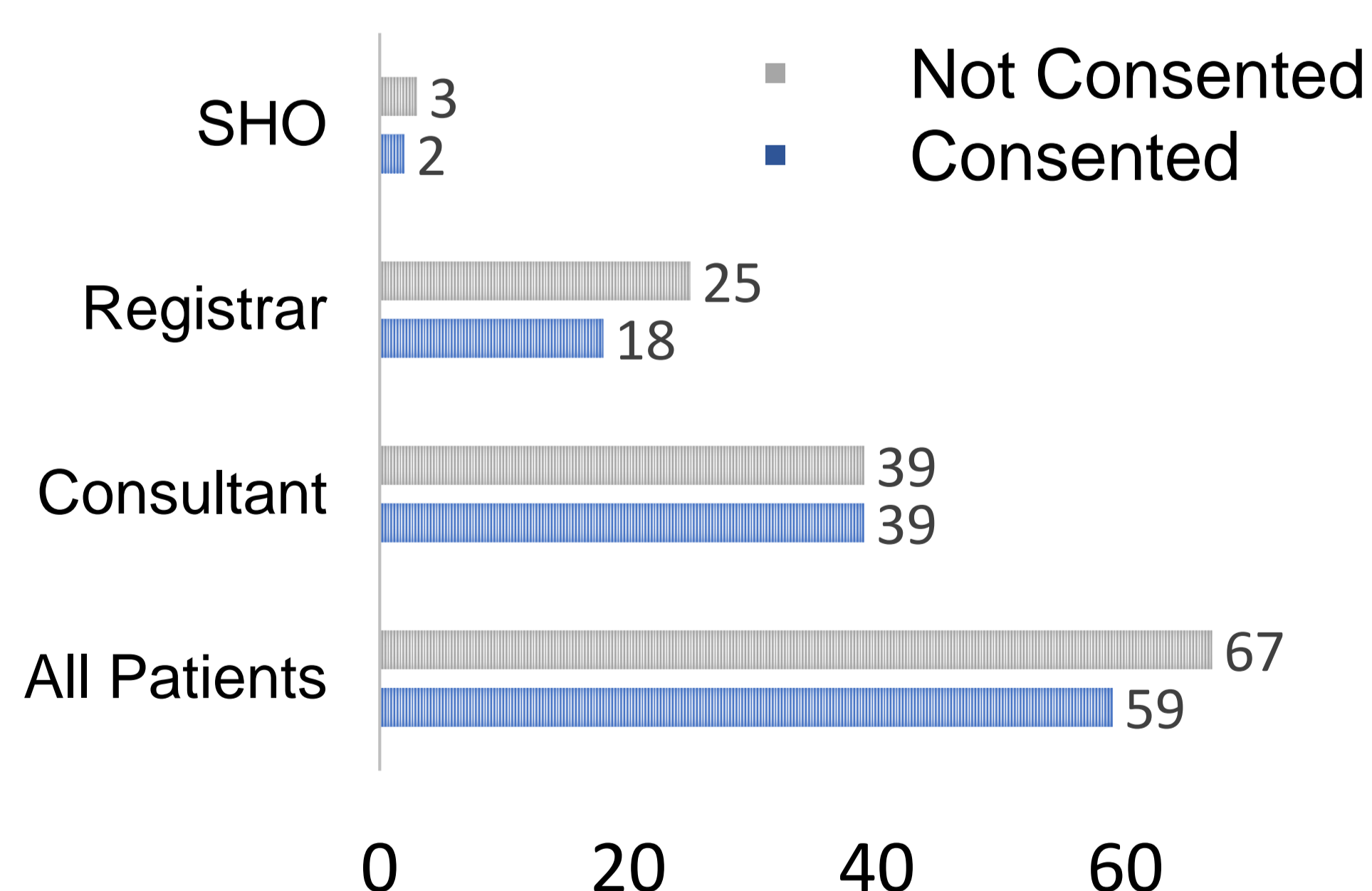
Results

- 127 elective groin hernia surgeries were carried out over the 6-month period. One patient had a long term-catheter so would not be expected to be consented for POUR and excluded from further data collection.
- All patients were deemed to have capacity to provide consent

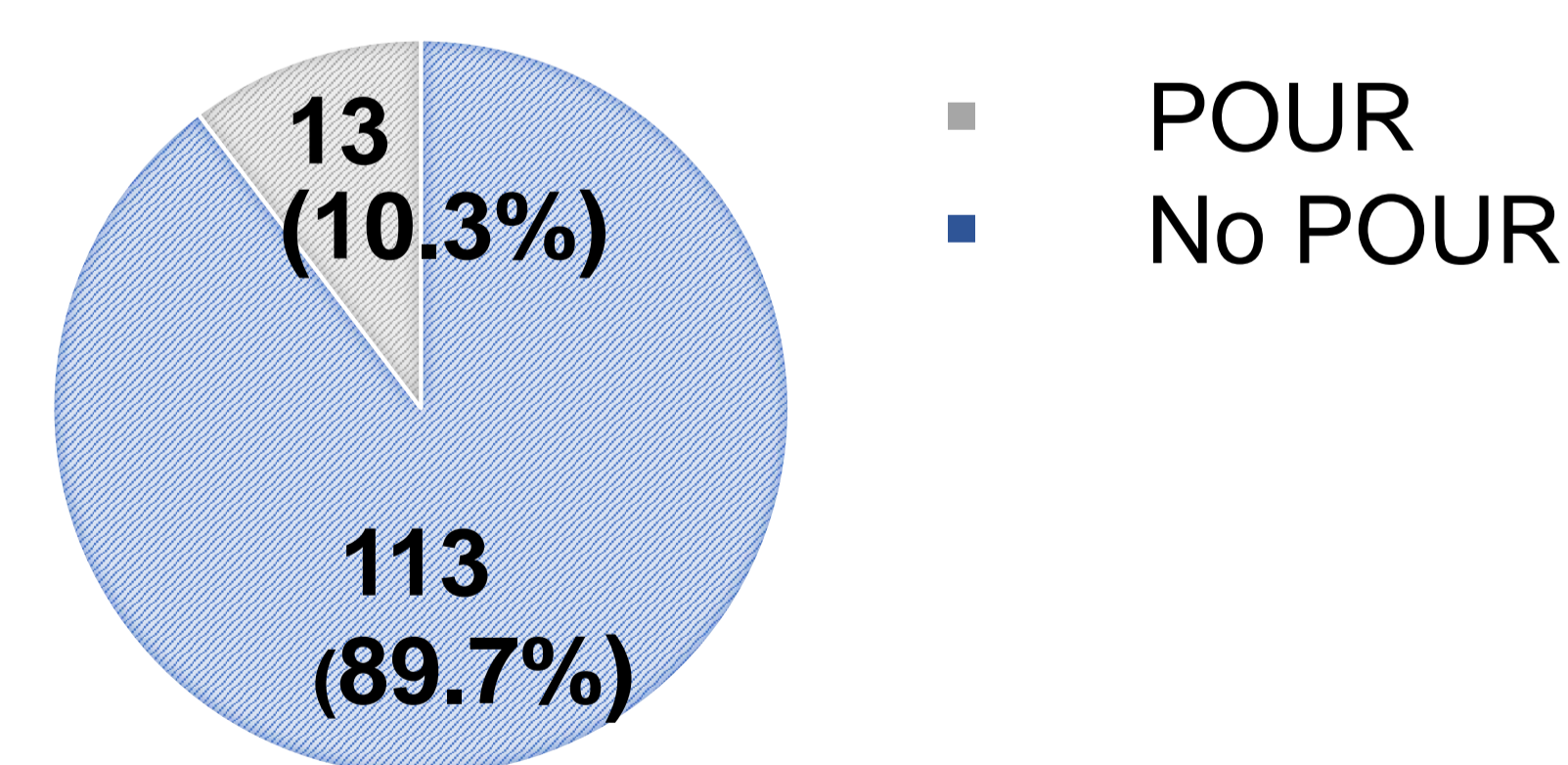
Number of patients consented/not consented for POUR



Patients consented/not consented for POUR by grade of doctor



Number of patients who experienced POUR



- 9 experience POUR during their initial admission and 4 returned to ED within 7 days of discharge
- 7 (54%) of these patients did not have POUR documented as a risk factor on their consent.

Conclusions

- Despite POUR being a common complication following groin hernia surgery, patients are often not being informed of this as part of the consent process.
- Over half of those patients who did experience POUR were not warned about this potential complication.
- Considering its frequency and potential impact on patients, further awareness of consenting for POUR and therefore improvements in consenting for POUR should be made.

References:

[1] General Medical Council (2020) Decision making and consent. Available at: https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf. Last Accessed: 09/04/2024. [2] Crohan SM, Mohan HM, Breen KJ, McGovern R, Bennett KE, Boland MR, Elhadi M, Elliott JA, Fullard AC, Lonergan PE, McDermott F, Mehraj A, Pata F, Quinlan DM, Winter DC, Bolger JC, Fleming CA & RETAINER I Study Group of the Irish Surgical Research Collaborative (2023). Global Incidence and Risk Factors Associated With Postoperative Urinary Retention Following Elective Inguinal Hernia Repair: The Retention of Urine After Inguinal Hernia Elective Repair (RETAINER I) Study (2023). *JAMA Surgery*. 158(8):865-873.