

Benefit of intraoperative urinary catheter questioned in hernia repair

June 20 2022



Intraoperative urinary catheters do not reduce the risk for postoperative

urinary retention (PUR) after laparoscopic inguinal hernia repair, according to a study published online June 15 in *JAMA Surgery*.

Aldo Fafaj, M.D., from the Cleveland Clinic, and colleagues randomly assigned patients undergoing laparoscopic inguinal [hernia](#) repair at six academic and [community hospitals](#) to placement of a urinary catheter after induction of general anesthesia and removal at the end of the procedure (241 patients) or no urinary catheter placement (250 patients).

The researchers found that overall, 44 patients (9.1 percent) developed PUR, but there was no difference in the rate of PUR between the catheter and no-catheter groups (9.6 and 8.5 percent, respectively). While there were no intraoperative bladder injuries reported, one patient in the catheter group had postoperative urethral trauma with presentation to the [emergency department](#) with PUR leading to a suprapubic [catheter](#) placement.

"The lack of apparent immediate clinical benefit accompanied by the potential for rare but devastating complications offer a compelling argument in favor of abandoning routine use of catheters during laparoscopic inguinal hernia repair in patients who void urine preoperatively," the authors write.

More information: Aldo Fafaj et al, Effect of Intraoperative Urinary Catheter Use on Postoperative Urinary Retention After Laparoscopic Inguinal Hernia Repair, *JAMA Surgery* (2022). [DOI: 10.1001/jamasurg.2022.2205](#)

Martin Almquist, Urinary Catheters for Inguinal Hernia Repair—The Challenges of Deimplementation of Routine Procedures, *JAMA Surgery* (2022). [DOI: 10.1001/jamasurg.2022.2203](#)

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