

AB180. 131. A strategy to reduce the incidence of acute urinary retention post inguinal hernia repair in males

Louise Gobnait Collins, Elena Krombholz, Liam Joyce

Department of Surgery, Galway Clinic, Galway, Ireland

Background: Post-operative urinary retention (POUR) is a common complication following inguinal hernia repair resulting in prolonged hospital stay and increased costs. The aim of this study was to determine the incidence of POUR in our study group, to identify at risk groups and lastly to develop a strategy that may improve this outcome.

Methods: A total of 188 consecutive male patients undergoing open inguinal hernia repair under general anesthetic by a single surgeon over a 5-year period were reviewed. Data was collected by retrospective analysis of

patient charts.

Results: A total of 188 consecutive patients undergoing open inguinal hernia repair over a 5-year period were studied. Twenty-one patients (11%) developed POUR at a mean age of 70 years old. Twenty patients (95%) were >50 years old. Six patients of this group (29%) had a history of benign prostatic hyperplasia while the remaining 14 patients (61%) had no significant risk factor for POUR.

Conclusions: This study suggests that increased age (>50) is the most significant risk factor in developing POUR. Prophylactic alpha blockade has been found to play an important role in reducing POUR following hernia repair. Therefore, a randomized control trial should be performed to assess if the rate of POUR following inguinal hernia repair in patients (>50) is lowered by prophylactic alpha 1 blockade treatment.

Keywords: Post-operative urinary retention (POUR); alpha 1 blockade

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