



Commentary on: “Does spinal anesthesia lead to postoperative urinary retention in same day urogynecology surgery: a retrospective review”

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This article explores whether spinal anesthesia, compared with general, increases the risk of urine retention after day case pelvic urogynaecological surgeries.

This was a retrospective review of 177 (51 of which had spinal anesthetic) patients undergoing continence and prolapse repair procedures on an outpatient basis who were meant to go home the same day. The primary outcome measure was the number of patients going home with a Foley catheter, having failed a trial of voiding. Successful voiding was defined as passing more than two thirds of the bladder volume (300 ml saline instilled into the bladder) as diagnosed on bladder scan.

The overall rate of postoperative voiding dysfunction in this study was just under 50% with no difference between the spinal and the general anesthetic groups. Multivariate analysis showed that age < 55 years, diabetes, stage ≥ 2 cystocele and posterior repair were risk factors for postoperative voiding dysfunction. Interestingly, isolated sling procedures did not increase the risk and actually slings combined with vaginal hysterectomy and prolapse repair reduced it (Table 4).

This study demonstrated that spinal anesthetic as such does not increase the risk of postoperative voiding dys-

function if urogynaecological procedures are offered as day cases. This is not only important for patient counselling, but also for service planning, especially these days with bed shortages and pressures to reduce the cost of overnight hospital stay. It also identified risk factors for such a complication. However, as with any study caution needs to be taken interpreting and generalizing the results and conclusions. For example, the spinal anesthetic used in this study was pure bupivacaine without epinephrine or morphine and the bladder was artificially filled with 300 ml saline. Similar studies in varied settings and with more patients will help confirm or refute these results.

Compliance with ethical standards

Conflicts of interest None.

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