

**POSTOPERATIVE VOIDING PROTOCOL  
LIFE HOUSE GYNAECOLOGIC ONCOLOGY GROUP**

Document catheter  
removal time on  
Fluid Balance Chart

Encourage patient to drink normal  
amount of fluids; not more than  
1L, and record intake

Encourage patient to void after 4 hours at latest following catheter  
removal  
Measure the voided volume  
If patient **cannot** pass urine, perform a bladder scan

Check post void residual using bladder scanner

Is the void volume **more than  
150ml** with post void volume on  
scan **between 150-400ml**?

Yes

Notify Team  
Repeat void and residual check  
in 2 hours and encourage  
patient to double void

Is the post void volume (or bladder volume  
if unable to void) **greater than 400mL**?

Yes

Notify  
Team

No

Repeat void and residual  
volume check in 2 hours

Is the void volume **more than  
150ml** with post void volume on  
scan **less than 150ml**?

Yes

No further  
checks  
needed

**References:**

Buchko BL, Robinson LE. An evidence based approach to decrease early post operative urinary retention following urogynaecologic surgery. Urology Nursing 2012; 32(5):250-264  
Royal Cornwall Hospitals, NHS Trust Voiding Protocol following benign gynaecology operation.