Cost Utility Analysis of Different Forms of Bladder Catheterization after Pelvic Organ Prolapse Surgery

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Background: After pelvic organ prolapse surgery 15 to 45 percent of women develop acute transient urinary retention. Women frequently need some form of bladder catheterization in the acute post-operative period for approximately the first 16 to 72 hours depending. The most common options for bladder catheterization post operatively are transurethral indwelling catheter (“foley”, TIC), intermittent self-catheterization (ISC), and suprapubic tube (SPT). No one strategy is universally superior or standard of practice and all three have their respective benefits and risks. Despite extensive diverse research in this field, no cost utility analysis of this extremely common dilemma has been published.

Objective: To evaluate the cost-effectiveness of different bladder catheterization strategies to address acute urinary retention for individuals who have received pelvic organ prolapse surgery.

Methods: Investigators will determine the range of incidence of acute urinary retention after pelvic organ prolapse surgery, risks, benefits and efficacies of the above listed common treatment strategies and stakeholder preferences. Investigators will establish strategy associated costs. Health utility estimates will be derived from published literature in the context of investigator expertise. A decision analytic model using TreeAge software (TreeAgePro 2020; TreeAge Software Inc, Williamstown, Mass) will be used to compare the costs and outcomes of the three catheterization strategies for acute urinary retention post pelvic organ prolapse surgery.