



The Optimal Time for Urinary Catheter Removal in Enhanced Recovery After Surgery (ERAS) Protocol After Laparoscopic Rectal Cancer Surgery: When and How?

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After rectal cancer surgery, urinary catheterization is required to ensure bladder decompression perioperatively and avoid postoperative acute urinary retention [1]. However, urinary catheterization carries the risk of urinary tract infection and urethral injury and limits the patient's ambulation. For this reason, several studies have investigated the optimal time for urinary catheter removal after rectal surgery [2, 3].

The Enhanced Recovery After Surgery (ERAS) became standard care after colorectal surgery, and most of the surgeons follow the ERAS care program [4, 5]. Within the ERAS program, there may be modifications depending on the patient's condition and the judgment of the care team, as is the removal of the urinary catheter. ERAS guidelines recommend urinary catheter removal on the first postoperative day whenever possible after rectal surgery. However, a suprapubic catheter is recommended for patients at high risk of prolonged postoperative urinary retention, i.e., males, preexisting prostatism, laparotomy, neoadjuvant therapy, large pelvic tumors, and abdominoperineal resection.

As recommended by the guidelines, postoperative 1-day removal may quickly reduce patient discomfort and reduce the possibility of urinary tract infection but may lead to urinary catheter reinsertion or ERAS protocol failure due to urinary retention or other complications.

In this paper, the authors presented a compromised method within the ERAS program to remove urinary catheters within 72 hours after surgery while using alpha blockers [6]. Also, previous studies with low total mesorectal excision (TME) rates, including inflammatory disease or other benign conditions, are not suitable as a reference for optimal timing for urinary catheter removal after a rectal cancer operation. The present study is valuable as a study on the optimal urinary catheter removal time in a homogeneous group with a high TME rate by targeting only rectal cancer patients. This protocol will serve as a good reference for the appropriate timing and method for urinary catheter removal for patients with rectal cancer surgery.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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