



**FLORIDA HOSPITAL  
Altamonte**

January 27, 2004

To whom it may concern:

I met Dan North (purely by accident), when he had visited Florida Hospital Altamonte to demonstrate the Bladder Scanner to the Nurse Manager of the Urology Unit. This Nurse Manager showed no interest in the Scanner, making a statement that, if the nurses need to check for residual or bladder volume, they would catheterize the patient.

I was the Nurse Manager on the Surgical Unit, and our nurses had been concerned about the number of times they were having to catheterize the post op gynecology patients for residual. Some physicians were writing orders to catheterize for residual after each voiding

We decided to trial the Bladder Scanner, and do a small research study, using the post op Gynecological patient as our sample population. It did not take long for us to realize that this was a piece of equipment that would not only help the patients, but also, the nurse.

Dan took his time to orient our nurses to the proper use of the scanner, and we developed a competency for all nurses on our unit.

The results of our study showed that we not only decreased the occurrence of UTI's, but also reduced supply costs, and, most importantly, the patient's length of stay. Our cost savings paid for the scanner in less than 3 months.

We now have 2 bladder scanners, and Florida Hospital has purchased scanners for units throughout the hospital system. I also receive calls from other hospitals in Florida, wanting information on the Bladder Scanner.

Dan North has always "gone the extra mile", and has been available whenever we need his expertise.

By the way, the Urology Nurse manager (mentioned above), now works for a hospital in Jacksonville. She has asked for a copy of our study to present to her Administrator. SHE WANTS A BLADDER SCANNER.

Sincerely,

A handwritten signature in black ink that reads "Margie Bourne RNNM".

Margie Bourne, Administrative Nurse Manager  
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601 East Altamonte Blvd.  
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## Feature Article

# The Effectiveness of Bladder Scanning to Determine the Need for Catheterization of Post Operative Patients

Submitted by: Margie Bourne, RN

The Southeastern Surgical Nurses Association has accepted the abstract, "The Effectiveness of Bladder Scanning to Determine the Need for Catheterization of Post Operative Patients" to be presented by Margie Bourne and Phyllis Estep on February 6, 2000 at Lake Buena Vista.

The 1998 study was conducted on the 3 East Surgical Unit at Florida Hospital Altamonte. A follow-up Performance Improvement study is in progress for 1999.

### ABSTRACT

Bladder scanning has been used for several years to determine the need for intermittent catheterization of the spinal cord injury patient. The purpose of this descriptive study was to evaluate the effectiveness of bladder scanning to prevent unnecessary catheterizations in post operative patients.

The same consisted of all 61 female gynecology patients and two male urology patients admitted post operatively to the hospital surgical unit between 4/1/98 and 5/13/98. Sixty one patients (60 females and one male) had indwelling catheters inserted during surgery. The other two patients had difficulty voiding post operatively.



Pictured to the left are:  
Margie Bourne, RN, NM 3 East Surgical Unit at Florida Hospital Altamonte and Phyllis Estep, RN, Education & Research at Florida Hospital Altamonte

The bladder scanner was not used on the patients (n=30) admitted during the first three weeks of the study. Some patients were catheterized because of difficulty voiding after removal of the catheter, or because there was a physician's order to catheterize for residual urine. The bladder scanner was used during the last three weeks of the study to evaluate the patients (n=33) for residual urine, or if the patient perceived difficulty in voiding. The patient was catheterized if the scan indicated >300mls of urine in the bladder.

Forty one patients voided without difficulty, and six patients were discharged with the catheter still in place. The study indicated that 11 of 16 patients would not have been catheterized if the bladder scanner were used to measure residual urine. Results showed that patients who were catheterized post operatively had an average length of stay of 1.22 days longer in the hospital than the patients who did not require catheterization. A cost analysis showed that the cost of supplies, a reduction in the potential (3%) for urinary tract infection from catheterizations, and a reduction in the average length of stay, would pay for the bladder scanner in less than three months.

Bladder scanning was shown to be an efficient procedure for reducing costs and improving patient outcomes. Implications suggest that bladder scanning could be utilized for: other surgical areas, immune compromised patients, patients who need a full bladder for pelvic ultrasound, patients who have suprapubic catheters and need "bladder training," and other areas where bladder scanning could avoid catheterization.

The study was limited by the small number of subjects selected from a specific hospital unit. Further studies are recommended, using larger numbers of subjects in surgical or other hospital areas.