



## UW Cardiac EP Lab – Bladder Management Protocol

In collaboration with Anesthesia, Urology, PACU and EP, here is the bladder management workflow for ablation patients from the EP Lab:

1. For patients with Parkinson's disease, history of stroke or other neurologic conditions or men > age 70 with voiding issues, perform a pre-procedure post void bladder scan and document the results.
  1. If the volume is >150-200 mL, then we will perform a post procedure bladder scan on the procedure table.
  2. If the patient has >500 mL of urine on the bladder scan, perform urinary straight cath in the lab.
2. Ensure the patients are voiding pre-procedure and that the time of the void is documented.
3. Discuss the limiting of intravenous fluids during the procedure with the clinicians involved during the procedure.
4. For other patients, it is reasonable to wait 4-6 hours after the procedure ends before straight cath (500cc OK to wait 4-6, 750cc 2-4hr, 1 liter consider straight cath immediately) unless the patient is reporting bladder discomfort.
  1. If the patient is reporting bladder discomfort, promptly assist the patient with voiding (bathroom if off of bedrest, urinal, Purewick, bedpan or male external catheter) or promptly straight cath the patient if the patient is unsuccessful in voiding.