

Flushing the Myth: Postoperative Urinary Retention Is Not a Barrier to Ambulatory Surgery Center Discharge in Total Joint Arthroplasty

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INTRODUCTION:

Postoperative urinary retention (POUR) has long been cited as a barrier to same-day discharge (SDD) in total joint arthroplasty (TJA), especially in ambulatory surgery centers (ASCs). However, recent evidence suggests this concern may be overstated. A prior study on "failure to launch" (FTL) after TJA at a stand-alone ASC reported no cases of FTL due to POUR. This study aimed to quantify the incidence of POUR and detail the management strategies that enabled successful SDD despite its occurrence.

METHODS:

We retrospectively reviewed all primary TJA cases performed at an academic-affiliated ASC between January 20, 2021, and October 2, 2024. Patients were selected and medically optimized per institutional protocols. Demographics, incidence of POUR, and 30-day readmissions for POUR or related complications were analyzed. A total of 2,412 patients underwent SDD after TJA during the study period.

RESULTS:

POUR occurred in 252 patients (10.4%). Those with POUR were more likely to be male (68.3% vs. 42.5%, $p < 0.0001$) and to have undergone total hip arthroplasty (52.8% vs. 43.6%, $p = 0.0056$). Among men, benign prostatic hyperplasia was a risk factor (7.53% vs. 6.00%, $p < 0.0001$). Most cases (86.9%) were managed with a single in-and-out catheterization. Notably, no patients required hospital transfer, catheter at discharge, or emergency care for POUR or related issues.

DISCUSSION AND CONCLUSION:

While POUR remains common, it does not preclude successful SDD in well-selected TJA patients at a high-volume ASC. With protocolized PACU management, we eliminated POUR as a cause of FTL. These findings challenge traditional discharge barriers and support broader adoption of SDD models in joint arthroplasty.