15 February 2022 **OIA Reference: OIA2021120902**

Andrew McGregor

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Tēnā koe Andrew

Official Information Act 1982 (OIA) – Joint 2DHB Response – OIA2021120902

Thank you for your official information request regarding *guidelines and procedures for management and treatment of patients*, which was received by Hutt Valley (Hutt Valley DHB) and Capital & Coast (CCDHB) District Health Boards on 9 December 2021. You requested the following information:

- *Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR).*
- *Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain.*
- *Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation.*

On 17 January 2022, we notified you that you could expect a response from us on or by 21 February 2022.

Due to our two DHBs sharing information, staff, many services, and a single Chief Executive, you are receiving a joint Hutt Valley and Capital & Coast DHB (2DHB) response. Please be assured that separate data sets will apply to each DHB in this joint response.

Our joint 2DHB response to your request is outlined below.

CCDHB Response

- ***Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR).***

Monitoring for post-operative urinary retention is a routine clinical task carried out for all patients. There is no single policy for this. It is variable depending on the clinical situation and so the patient is assessed and treated based on their specific circumstances (see examples in attachments 1, 2 and 3). For some surgical specialties, many patients will return from theatre with a catheter in-situ. Urinary output is measured as part of the Early Warning Score (EWS) assessment (Attachment 4) as well as through fluid balance. The surgical wards/areas have access to bladder scanners, which are used to identify urinary dysfunction, including retention. All wards/areas follow the Indwelling Urethral

Catheterisation Guideline (Attachment 5) should a patient require catheterisation following a surgical intervention as a result of retention. This guideline also covers trial removals and removals of catheters.

- ***Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain.***

There are no specific guidelines or procedures as requested.

Persistent post-surgical pain would be defined as pain that has persisted beyond 3 – 6 months after surgery.

Management depends on the nature of the surgery and the cause of the pain. The pain service would always recommend a surgical review to exclude treatable causes.

Following this some pointers as to the management of chronic pain can be found in the chronic pain pages of the community health pathways "chronic non-cancer related pain" and "medications in chronic non-cancer related pain".

There are no guidelines for the prevention of persistent post-surgical pain. Intuitively, good pain management in the peri-operative period should lessen persistent pain, but this has not been proven.

There are some more specific management options for specific conditions, such as phantom limb pain and complex regional pain syndromes, but we would need more information to advise on a specific condition.

- ***Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation.***

There is CCDHB guideline/procedure differentiating subtypes of primary (idiopathic) constipation. A 3DHB Health Pathway on constipation can be found here:

https://3d.communityhealthpathways.org/13804.htm

HVDHB Response

- ***Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR).***

Monitoring for post-operative urinary retention is a routine clinical task carried out for all patients. There is no single policy for this. It is variable depending on the clinical situation and so the patient is assessed and treated based on their specific circumstances (see examples in attachments 1, 2 and 3). For some surgical specialties, many patients will return from theatre with a catheter in-situ. Urinary output is measured as part of the Early Warning Score (EWS) assessment (Attachment 4) as well as through fluid balance. The surgical wards/areas have access to bladder scanners, which are used to identify urinary dysfunction, including retention. All wards/areas follow the Indwelling Urethral

Catheterisation Guideline (Attachment 5) should a patient require catheterisation following a surgical intervention as a result of retention. This guideline also covers trial removals and removals of catheters.

- ***Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain.***

We do not currently have a policy on prevention of persistent pain. Chronic pain issues are referred to CCDHB.

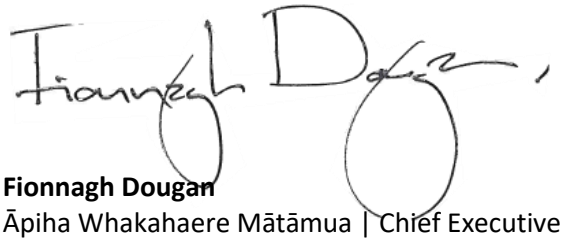
- ***Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation.***

There is no Hutt Valley DHB guideline/procedure differentiating subtypes of primary (idiopathic) constipation. A 3DHB Health Pathway on constipation can be found here:

https://3d.communityhealthpathways.org/13804.htm

I trust this information fulfils your request. You have the right, under section 28 of the OIA, to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or you can free phone 0800 802 602.

Nāku ite noa, nā



Fionnagh Dougan
Āpiha Whakahaere Mātāmua | Chief Executive
Ūpoko ki te uru Hauora | Capital & Coast and Hutt Valley District Health Boards

Encl: Attachment 1 – Catheter management and Trial Removal of Catheter (TROC) for post-operative Gynaecology patients

Attachment 2 – Obstetric Bladder Care and Management (Antenatal, Intrapartum and Postpartum)

Attachment 3 – Fluid Balance Monitoring

Attachment 4 – Wellington Adult Ward Vital Signs Chart (General Use)

Attachment 5 – Indwelling urethral catheterisation (Adults)