Given the potential impact of postoperative urinary retention (POUR) on morbidity and duration of hospital stay [1–2], I read with great interest Kim et al.’s paper on the risk factors for urinary retention following minor thoracic surgery [3].

Of particular interest was the increased incidence of POUR in patients undergoing lung resection, a finding which has not been apparent in previous research [3]. Kim et al. attribute this to increased pain secondary to chest drain insertion, although they recognize that postoperative pain was not a specific outcome measure in their study [3]. We are informed that in their cohort, intravenous fluid was administered at a rate of 10 ml/h preoperatively. It seems relevant here to consider that increased perioperative fluid administration is a risk factor for lung injury following pulmonary resection [4]. In their randomized controlled trial on fluid management during video-assisted thoracoscopic surgery (VATS) for lung resection, Matot et al. conclude that intraoperative urinary output and postoperative renal function were not affected by fluid administration where Ringer’s lactate was administered in the range of 2 to 8 ml/(kg · h) [5]. Particularly given that 76% of patients underwent VATS procedures in Kim et al.’s cohort [3], arguably it would be interesting to know the composition of fluid administered, the patient’s weight, and whether any individuals experienced pulmonary complications.

As Kim et al.’s paper highlights, recognition of the risk factors for POUR is vital in order to identify at-risk groups preoperatively, with a view to reducing patient burden both in terms of a prolonged postoperative recovery and the potential for long-term implications on quality of life [3]. With increasing numbers of patients undergoing minimally invasive thoracic procedures, this paper provides a valuable contribution to the literature. Comparing these findings with patient outcomes following major and emergency thoracic surgery is recognized by the authors as an area for further research [3].

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References