



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

POSTOPERATIVE VULVECTOMY AND GALLBLADDER CATHETERISM: INTEGRATIVE REVIEW

PÓS-OPERATÓRIO DE VULVECTOMIA E CATETERISMO VESICAL DE DEMORA: REVISÃO INTEGRATIVA

POST-OPERATORIO DE VULVECTOMÍA Y CATETERISMO VESICAL DE DEMORA: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to identify the benefits and risks related to the use of postoperative vesical catheterization for vulvectomy in oncology. **Method:** integrative review, with a temporal cut from August to December 2016 and with search in the databases MEDLINE, COCHRANE, LILACS. The articles were analyzed according to the Content Analysis technique, in the Categorical Analysis modality. **Results:** four categories were presented: <<Urinary retention>>; <<Infection risk>>; <<Catheter permanence time>> and <<< Differential use of catheter >>. **Conclusion:** the benefits contribute to the prevention of complications in the nurse's practice in oncology gynecology, highlighting the urinary tract infection, urinary retention and prolongation of the duration of the gallbladder catheter. **Descriptors:** Urinary Catheterization; Wound Healing; Postoperative Care; Vulvar Neoplasms.

RESUMO

Objetivo: identificar os benefícios e riscos relacionados ao uso do cateterismo vesical de demora no pós-operatório de vulvectomia em oncologia. **Método:** revisão integrativa, com recorte temporal de agosto a dezembro de 2016 e busca nas bases de dados MEDLINE, COCHRANE, LILACS. Os artigos foram analisados de acordo com a técnica de Análise de Conteúdo, na modalidade Análise Categorical. **Resultados:** foram apresentadas quatro categorias: <<Retenção urinária>>; <<Risco de infecção>>; <<Tempo de permanência do cateter>> e <<Uso diferenciado do cateter>>. **Conclusão:** os benefícios contribuem para a prevenção de complicações na prática assistencial do enfermeiro em ginecologia oncológica, destacando-se a infecção do trato urinário, a retenção urinária e o prolongamento do tempo de permanência do cateter vesical de demora. **Descritores:** Cateterismo Urinário; Cicatrização; Cuidados Pós-Operatórios; Neoplasias Vulvares.

RESUMEN

Objetivo: identificar los beneficios y riesgos relacionados al uso del cateterismo vesical de demora en el post operatorio de vulvectomía en oncología. **Método:** revisión integrativa, con recorte temporal de agosto a diciembre de 2016 y búsqueda en las bases de datos MEDLINE, COCHRANE, LILACS. Los artículos fueron analizados de acuerdo con la técnica de Análisis de Contenido, en la modalidad Análisis Categorical. **Resultados:** se presentaron cuatro categorías: << Retención urinaria >>; << Riesgo de infección >>; << Tiempo de permanencia del catéter >>; << Uso diferenciado del catéter >>. **Conclusión:** los beneficios contribuyen para la prevención de complicaciones en la práctica asistencial del enfermero en ginecología oncológica, destacándose la infección del tracto urinario, la retención urinaria y prolongación del tiempo de permanencia del catéter vesical de demora. **Descriptores:** Cateterismo Urinario; Cicatrización de Heridas; Cuidados Posoperatorios; Neoplasias de la Vulva.

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INTRODUCTION

Vulvar cancer accounts for about 2% to 4% of malignant tumors in the lower genital tract, accounting for two out of every 100,000 women in developing countries.¹ It originates from human papillomavirus (HPV) or predisposing factors, such as immunological factors, age and smoking.²

Surgery is the first treatment option in the early stages.³ The surgery performed is vulvectomy, which is a broad excision or removal of the vulva, and is very effective in increasing the survival of the disease.³⁻⁴

In the postoperative recovery from vulvectomy, surgical complications may occur, either immediately or late. Therefore, in the preoperative, there is a planning of measures to be adopted to prevent the risks of complications.

Among the measures adopted, to prevent the delay in the surgical recovery of vulvectomy is the insertion of the bladder catheter of delay.⁵ Bladder catheterization is the introduction of the bladder catheter, through the urinary meatus to the bladder, to drain the urine, and, it can be classified as intermittent (of relief) or delayed.^{3,6-7}

In the vulvectomy surgeries, bladder and ureter manipulation may occur. In this way, the bladder catheter should remain until the woman feels no more pain and is able to assist in urination, since, manipulation of the urinary tract can usually, lead to urinary retention.^{5,8} In radical surgeries, where there is great interference in the vascular, lymphatic and nervous supply of the bladder, the damage is greater, and the reestablishment of the motor can take months.⁹

In addition, the delayed bladder catheter prevents overdistension of the bladder, which can result in pain, cause infection, and interfere with vaginal suture and healing.^{5,8} Catheterization should be maintained until there is good healing of the wound around the urethra and vaginal canal, which, usually, occurs between two and three weeks.^{1,9}

Early withdrawal of the bladder catheter can result in collection of urine in the operative wound and consequent complication. And, the more adequate the catheter stays the longer the woman can resume her activities of daily living.¹

Continuing education for the Nursing team, regarding the management, insertion, early removal of the catheter and specific intervention units for the procedure, decreases the number of days with the catheter and the rates of urinary tract

infection associated with it.¹⁰ However, it is necessary that the nurse, who acts in the postoperative care of vulvectomy, and manipulates the bladder catheter, understands the risks and benefits of its use, according to the literature, to improve the practice based on evidence.^{3,11-2}

A gap in the identification of the benefits of using bladder catheterization for delay in women with vulvar neoplastic conditions who underwent vulvectomy surgery is observed in the literature. When searching for articles related to the topic, it was observed the need for discussion and publication of synthesis on the subject.

OBJECTIVE

- To identify the benefits and risks related to the use of postoperative vesical catheterization for vulvectomy in oncology.

METHOD

Review of literature¹³⁻⁴ performed from six stages. first stage - identification of the theme and selection of the research question; second stage - establishment of the inclusion and exclusion criteria; third stage - identification of pre-selected and selected studies; fourth stage - categorization of selected studies; fifth stage - analysis and interpretation of results; sixth stage - presentation of the review and synthesis of knowledge.¹⁴

In the first stage of the research, the guiding question was formulated: What are the benefits and risks related to the use of vesical catheterization for delayed postoperative vulvectomy?

The search of the articles was carried out in the databases: MEDLINE, COCHRANE and LILACS, from August to December 2016.

For data collection, the English descriptors were used: "Vulvar Neoplasms"; "Urinary Catheterization" and "Postoperative Care".

The strategy defined was to use the descriptors: "Vulvar Neoplasms", "Urinary Catheterization", "Postoperative Care", with the Boolean operator "AND" between them. However, the result was no article in all three databases. After that, the following search was carried out: "vulvar neoplasms AND urinary catheterization"; "vulvar neoplasms AND postoperative care", and "urinary catheterization AND postoperative care".

In the second stage, the criteria for inclusion of the study were defined: articles that addressed the proposed theme, answering the guiding question; articles published in the last ten years (defined due to the complexity of publication of the theme);

articles in English, Portuguese and Spanish and provision of full text. As exclusion criteria: articles that did not address a clear methodology.

In the third stage, the primary selection of the articles, was carried out by reading the titles and abstracts, and the secondary

selection, after reading the complete text and evaluating the appropriateness of the content with the proposed objective.

Thus, figure 1 shows the relationship of the articles found and the primary and secondary selection, according to the strategies and database.

Findings				
Database / Strategies with descriptors	Vulvar Neoplasms AND Urinary Catheterization AND Postoperative Care	Vulvar Neoplasms AND Urinary Catheterization	Vulvar Neoplasms AND Postoperative Care	Urinary Catheterization AND Postoperative Care
Medline	0	1	21	231
Cochrane	0	0	9	135
Lilacs	0	0	1	4
Primary selection				
Database / Strategies with descriptors	Vulvar Neoplasms AND Urinary Catheterization AND Postoperative Care	Vulvar Neoplasms AND Urinary Catheterization	Vulvar Neoplasms AND Postoperative Care	Urinary Catheterization AND Postoperative Care
Medline	0	0	6	23
Cochrane	0	0	1	9
Lilacs	0	0	1	0
Secondary selection				
Database / Strategies with descriptors	Vulvar Neoplasms AND Urinary Catheterization AND Postoperative Care	Vulvar Neoplasms AND Urinary Catheterization	Vulvar Neoplasms AND Postoperative Care	Urinary Catheterization AND Postoperative Care
Medline	0	0	1	11
Cochrane	0	0	0	2
Lilacs	0	0	0	0

Figure 1. Association of strategies and database. Rio de Janeiro (RJ), Brazil, 2016.

According to the data presented in figure 1, 402 articles were found in the whole, and 40 pre-selected articles. In the secondary selection, following the inclusion and exclusion criteria, 14 articles were chosen, but two articles were repeated between the databases. Therefore, 12 articles were obtained, in the sample.

After selecting the articles, an instrument was used to collect and extract data from each study, validated by Ursi.¹⁵

For the fourth step, the critical analysis and the categorization of the articles selected, according to the Oxford criteria were followed.¹⁶

In the fifth step, data analysis, was performed with the characterization of the sample, using simple descriptive statistics, for total articles found according to the selected descriptors and databases used, related to the inclusion criteria and the number of articles, which after the secondary selection, were relevant to the research objectives. After that, the data regarding the characterization of the articles were analyzed, and the categories, were formulated from the selections of the studies.

In the sixth step, the evidence obtained in the selected studies was analyzed, synthesized and discussed, to provide an

estimate of the benefits and risks of bladder catheterization for delayed postoperative vulvectomy recovery.

RESULTS

For the initial analysis of the studies, the periodic evaluation was used, considering the variables: year of publication, periodical, country, language and level of evidence, according to figure 2.

Study	Year	Academic Journal	Country	Language	Degree of recomend ation	Level of evidence
Outcome of vulvar reconstruction in patients with advanced and recurrent vulvar malignancies.	2015	BMC cancer	USA	English	B	2B
Development and psychometric properties of a measure of catheter burden with bladder drainage after pelvic reconstructive surgery.	2016	Neurourol ogy and Urodynam ics	USA	English	B	2B
ISC in women following urogynaecologic surgery.	2015	British Journal of Nursing	England	English	D	5
Use of Inflated Foley Catheters to Prevent Early Empty Pelvis Complications Following Pelvic Exenteration	2015	Anticance r Research	Romania	English	C	4
Post-operative urinary retention.	2009	Anesthesi ology Clin	USA	English	D	5
Does an integrated recovery pathway (ICP) encourage adherence to prescribing guidelines, accelerate postoperative recovery, and reduce the length of stay for gynecological oncology patients?	2013	Journal of Obstetrics and Gynaecolo gy	England	English	B	3B
Suprapubic compared with transurethral bladder catheterization for gynecologic surgery: a systematic review and meta-analysis.	2012	Obstetrics & Gynecolog y	Ireland	English	A	1A
Postoperative management and restrictions for female pelvic surgery: a systematic review	2013	The Internatio nal Urogynec ological Associatio n	USA	English	A	1A
National incidence and outcomes of postoperative urinary retention in the Surgical Care Improvement Project.	2011	The Journal of Urology	USA	English	B	2B
High risk of urinary tract infections in post-operative gynecology patients: a retrospective case analysis.	2011	European Journal of Cancer Care	England	English	B	2B
A randomized controlled trial comparing short versus long-term catheterization after uncomplicated vaginal prolapse surgery.	2010	The Journal of Obstetrics and Gynaecolo gy Research	India	English	B	2B
Predicting short-term urinary retention after vaginal prolapse surgery.	2009	Neurourol ogy and Urodynam ics	Holland	English	B	2B

Figure 2. Characterization variables of the studies. Rio de Janeiro (RJ), Brazil.

Although the inclusion criterion was ten years, no articles were obtained for the years 2007 and 2008, and the year 2015 had a larger number of studies - three(25%).

All articles are in English. Of these, six (50%) come from the European continent; five (41.7%), from North America and one (8.3%), from Asia. During the selection, two articles provided suitability for the topic, but, when requesting the full text, they were in the Czech and Japanese languages, being excluded according to the criteria adopted.

Regarding the degree of recommendation, degree B, prevailed with seven (58.3%) studies.

According to the complete reading of the studies, four categories were created: Urinary retention; risk of urinary tract infection; length of catheter stay and differentiated use of the catheter.

For the vulvectomy, risk is identified as, urinary retention, associated with early removal of the bladder catheter from delay and bladder and ureter manipulation,

depending on the extent of surgery; the risk of infection related to increased time of use of the bladder catheter; the length of time the catheter was associated with urinary tract infection; influence on the patient's quality of life; decreased mobility and increased length of stay.

The post-operative benefit of vulvectomy, is identified as, the adequate time of permanence of the bladder catheter, to avoid urinary retention, and to condition good local healing, and differentiated use of the Foley catheter during pelvic exenteration, to avoid complications.

DISCUSSION

The use of the late bladder catheter, in gynecological surgeries, presents a risk-benefit relationship, since its permanence may prevent urinary retention, but the number of days elevated postoperatively may lead to urinary tract infection and consequent delay in the return of the urinary tract activities of the patient, and at hospital discharge.^{3,5,17}

◆ Urinary retention

Urinary retention is the patient's inability to empty the bladder sufficiently, as a small amount of urine will remain (less than 75 ml), called residual urine. Urinary retention may be chronic, characterized by persistent inability to fully empty the bladder, maintaining the residual urine value.⁸ Prolonged urinary retention in the postoperative period is commonly observed in patients undergoing complex pelvic surgery for the treatment of cancer.¹⁷

The capacity of the adult bladder ranges from 400 to 600 ml. When the volume of the bladder exceeds approximately 300 ml, the impulses from the stretch receptors in the bladder wall reach the sensory cortex through the pelvic splanchnic nerves. The micturition reflex can then be facilitated by centers of the brain or inhibited by the centers of the midbrain. The micturition control is a complex process, involving multiple afferent and efferent neural pathways, central and peripheral reflexes and neurotransmitters.^{8,17}

In the perioperative period, several aspects of surgery, anesthesia and perioperative experience can interrupt the urination reflex, and promote the development of urinary retention. Anesthesia, sedation and analgesics interfere with the sensation and perception of bladder fullness, allowing painless urinary retention to develop.¹⁷

The risk factors found in the studies were: advanced age; neurological disease; some medications (anticholinergics, NSAIDs,

opioids); Diabetes Mellitus; previous history of problems with urination, type and duration of surgery, and type of anesthesia.^{8,17-8}

Low perineal or abdominal pain, stress, anxiety and privacy may also inhibit the perineal relaxation that is necessary for urination and contribute to urinary retention.¹⁷

Postoperative urinary retention may complicate surgical recovery, due to bladder distension, causing urinary tract infections and poor surgical outcomes. Retention prolongs hospital stay, increases costs and can result in significant morbidity.¹⁷

To assess the presence of urinary retention, studies indicate not only the physical examination with palpation of the abdomen, but, also, the verification of bladder volume post-micturition with ultrasound.^{8,17-8}

In a randomized clinical study, 200 patients were planned for vaginal prolapse surgery and randomized into two groups. In group I, the catheter was removed on the first postoperative day, and in group II on the fourth postoperative day. After removal, if the patient could not urinate or when the residual volume of urine exceeded 150 ml, the catheter was inserted again for another three days. The mean duration of catheterization was significantly lower (1.64 vs 4.09) and the mean duration of hospitalization was shorter by 1.2 days in the first group. However, a significantly greater number of residual urine or urine retention of more than 150 mL was found in the early removal group (OR 3.10).⁵

Catheterization is a fundamental part of gynecological surgery, as it assists in postoperative bladder dysfunction, and consequently, postoperative retention.³ Long-term catheterization, intermittent catheterization, and suprapubic catheterization are used for drainage of the bladder.^{5,7-8}

During the comparison between types of catheterization, the studies highlighted, as a disadvantage the high risk of urinary tract infection related to the use of the bladder catheter, but no specific catheterization for drainage of the bladder in postoperative patients of surgeries may be considered significant.⁷⁻⁸

◆ Risk of urinary tract infection

The prevention of nosocomial infections should be a priority for health professionals, since infection increases the morbidity and mortality of patients.³

Urinary infections account for about 40% of hospital infections and 80% of urinary infections acquired at the hospital are associated with urinary catheters.⁵ The

occurrence of a urinary tract infection combined with advanced age, severity of underlying disease, and duration of catheterization been significantly correlated with increased morbidity and mortality in patients.³

Drainage of the bladder, through the urinary catheter, is one of the routine perioperative care in gynecological surgery. Women undergoing gynecological surgeries are particularly, vulnerable to post-operative urinary complications and to developing urinary tract infection due to the proximity of most gynecological surgeries to the bladder.⁷

For urinary catheters, the infection rate is about 5% per day and the duration of catheterization is the main determinant of long-term catheter infection.⁵

A retrospective study, to determine the risk factors for the development of urinary tract infections, in gynecological oncology patients identified the duration of catheterization as a risk factor. The odds ratio predicted that an individual was 2.44 times more likely to develop post-operative urinary tract infection if they were catheterized for seven days or longer, which is supported by the literature. The reduction in the number of days of catheterization in women has a substantive effect on the reduction of infection.³

Thirty-one percent (31%) of the study sample population had post-operative urinary tract infection, where the pathogens were *E. coli* responsible for 75.7% of infections; *Proteus*, 3%; *Coliform*, 13.6% and *Pseudomonas aeruginosa*, with 9% (some patients had more than one infection). However, pathogenic infection may occur as a result of the decreased immunity that may result in cancer patients due to the disease itself or the treatment. Perioperative stress also corroborated the results of immunosuppression and increased risk of postoperative infection.³

In a randomized clinical study that addressed vaginal prolapse surgery, the late bladder catheter was associated with a high incidence of urinary tract infection and longer hospital stay. Short catheterization resulted in a significant decrease in rates of asymptomatic bacteriuria and urinary tract infection, in relation to prolonged catheterization (OR 0.10, 95% CI, 0.038-0.277). Early catheter removal was suggested as more advantageous, although it was associated with an increased risk of reinsertion of the catheter.⁵

Also, comparing the types of urinary catheterization, a study where a systematic

review and a meta-analysis, were carried out to determine the benefits of suprapubic catheterization on urethral catheterization, in women undergoing gynecological surgery, presented an analysis stating that suprapubic catheterization significantly reduces postoperative infection of the urinary tract.⁷

He also addressed recent studies that began to examine the elimination of routine postoperative bladder drainage or intermittent catheterization techniques and found reduced bacteriuria and urinary tract infection rates in patients undergoing intermittent clean catheterization compared to catheterism permanent bladder. However, the reduced infectious morbidity, with suprapubic catheterization, can be compensated for by the complication rates resulting from the malfunction of the catheter tube. In addition, the study addressed all gynecological surgeries and not just vulvectomy.⁷

Despite being at high risk for urinary tract infection, urinary catheterization, after gynecological surgeries, is used to prevent urinary retention in the postoperative period.⁵ Therefore, there should be a balance for the use of the bladder catheter, highlighting the prevention of catheter-related post-morbidity.⁷

Preventive measures for the risk of urinary tract infection, related to the use of the urinary catheter, in the postoperative period are necessary, but antibiotic prophylaxis should not be adopted as a preventive measure as it may influence the development of urinary tract infection after catheterization.^{7,19}

One study suggested, the use of silver alloy catheters as a measure to reduce the risk of urinary tract infection. Silver is an antimicrobial and has been shown to be effective against urinary infectious agents such as *E. coli*. But this type of catheter has a higher cost.³

Another measure presented by studies, as effective in preventing urinary tract infection, was health education. Emphasis should be placed on the importance of personal hygiene and catheter care to patients and caregivers.^{3,8,12}

However, one study stated that Nursing knowledge about catheterization was scarce.³ But health professionals should be aware of evidence-based best practices, to educate women about the risk of urinary tract infection associated with urinary catheterization.⁸

Health professionals need to be able to identify women at increased risk of prolonged

catheterization and take effective measures to reduce risk. Few women in this study, had their risk assessment recorded, but evaluation is important in post-operative care planning.³

It is known that, for vulvectomy surgery, there may be a need to prolong the use of the bladder catheter, according to the healing of the operative wound. Therefore, a specific infection risk, assessment is suggested according to the risk factors presented by each patient, with the purpose of promoting individualized care, with the planning of postoperative care.

◆ Catheter Remaining Time

The risk of urinary tract infection is directly related to the catheter's dwell time,^{3,5} but, what is the ideal time for the postoperative delay of the bladder catheter?

As presented in the previous category, two studies related the duration of the catheter to the risk of infection.^{3,5} In a retrospective study, 11.2% (n = 24) of the sample presented vulvar cancer.³ In the analysis, duration of catheterization was the most significant factor in relation to the incidence of urinary tract infection. In the other study, for benign gynecological surgery. However, the duration of catheterization was also the risk factor for risk of urinary tract infection.⁵ In these studies, the authors suggest the early removal of urinary catheters in the postoperative period of gynecological surgeries,^{3,5} However, the duration of the catheter has other implications than urinary tract infection, such as patient quality of life, mobility, length of hospital stay, and other types of catheter-related complications.^{11,19-20}

In a study that described and validated the psychometric properties of an instrument designed to evaluate the Health Related Life Quality (HRQL), reported by the patient with short-term urinary catheter, after pelvic reconstructive surgery, demonstrated that the burden of the catheter, after pelvic reconstructive surgery, is an important outcome of quality of life reported by the patient in research and clinical practice. They used three factors identified in the validation: ease of use, discretion and psychological well-being. The study did not present statistical significance, when related to the catheter permanence time, but, the authors suggest a new study with a long-stay urinary catheter.¹⁹

Regarding the mobility and postoperative rest, associated with the time of use of the bladder catheter, in one study, patients with vulvar neoplasias, submitted to vulvar reconstruction using different types of flaps were retrospectively reviewed. All patients were rested for five to seven days after the

operation and maintained hip flexion and genuflexion position to relieve pressure on the flaps. The patients were then encouraged to participate in the walk beside the bed. The Foley catheter remained in place for at least seven days.²⁰

In a systematic review, we sought to inform health professionals about the postoperative management of female pelvic surgery patients. This review suggests that the time to first ambulation and length of hospital stay was significantly shorter with reduction of catheterization time.¹¹

One study considered that the training of health professionals, who underwent catheterization, reduced non-infectious complications related to the urinary catheter.¹² It should be emphasized that professionals need to be trained and attentive to the occurrence of urinary catheter complications.

In a systematic review, the training of specialized nurses and early discharge with usual care were compared. Women, with the assistance of specialist nurse in early discharge, were more likely to receive information about return to normal activities (lifting, driving, sex, return to work). Intervention resulted in reduced hospital costs, but hospital satisfaction and satisfaction at postoperative visits were not significantly different.¹¹

Health education, regarding catheter care, reduces hospital costs, and its practice requires planning and use of some standardized instruments, in order to unify the information made by the healthcare team involved in care.

In a randomized clinical trial, the use of documentation titled "Integrated Care Guide for Improvement in Recovery" (ICP) was used to encourage adherence to prescription guidelines, and to accelerate postoperative recovery and reduce recovery time. hospitalization for gynecological oncology patients. The ICP guides certain parameters to be reached in the pre and postoperative periods and this stimulated the regular review of the urinary catheters. However, its applicability did not generate statistical significance in the reduction of the mean number of days of removal of the urethral catheters (3.8 days versus 3.1 days p = 0.2). ICP facilitated the improvement in communications between different health professionals within the gynecological oncology team.²¹

◆ Differential use of the catheter.

One study addressed a differentiated use of the Foley catheter. In the case report, the

patient was 56 years old, had previously, undergone total and irradiated pelvic exenteration, and, after six months, had a severe enteroperineal fistula due to tumor invasion.⁴ They decided to reoperate the patient, and underwent an intestinal resection, with enteroenteral anastomosis, and, to isolate the intestinal loops of the pelvic region, three Foley catheters, were placed with their flasks filled, with 60 ml of saline each.

The presence of Foley catheters decreased the risk of early recurrence of an enteroperineal fistula through the small bowel by herniation or direct tumor invasion, and offered, the patient the possibility, of continuing palliative adjuvant therapy with pelvic irradiation. The postoperative was uneventful, and the urinary catheters were removed after six weeks.⁴

♦ Healing

A gap in the identification of the benefits, of using bladder catheterization to delay the healing of operative wounds from vulvectomy is observed in the literature. The included studies do not show the influence of the catheter on the healing of the pelvic region, but report that bladder distension, with urinary retention, may subsid complications at the surgical site.^{5,8,17}

During the literature review to define the research problem, a cross-sectional, retrospective cohort study, with a sample of 16 patients submitted to vulvectomy found that the delayed bladder catheter avoids overdistension of the bladder, directly interfering with healing, besides avoiding the presence of urine in the region.¹

In clinical practice, for oncological surgeries of vulvar lesions, there is a need to stay on the bladder catheter until there is good scarring of the surrounding area, a control of urination and the woman's safety to perform the care and follow the procedures. guidelines given by the health team, which can be evaluated according to the observation of the conditions of personal hygiene, level of orientation and family support.

In addition to the cicatrization conditions, from the social history, the nurse can perform the clinical judgment of the actual conditions presented by the individual to decide for the early or late withdrawal of the bladder catheter of delay.

CONCLUSION

The limitation found for the accomplishment of this review was the scarcity of publications related to the subject. Therefore, it is suggested to carry out

experimental studies to compare the results found in this review.

Urinary catheterization is essential in postoperative care in vulvectomy surgeries, to avoid urinary retention and complications related to local healing. However, the longer the catheter stay the longer the risk of urinary tract infection.

Thus, the improvement in the decision-making of the specialist nurse in oncology gynecology, for the time of permanence of the bladder catheter after vulvectomy directly interferes in the time of hospital stay, patient mobility, quality of life, occurrence of non-infectious complications related to the catheter, and in hospital costs.

It is concluded that the identification of the benefits and risks, associated with the use of bladder catheterization in the postoperative period of vulvectomy, contributes to the prevention of complications in the nurse's practice in oncology gynecology, highlighting urinary tract infection, retention prolonged duration of the bladder catheter.

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Amaral DM do, Coropes VBAS, Paula CL de et al.

Postoperative vulvectomy and gallbladder...

Submission: 2017/04/07

Accepted: 2017/06/26

Publishing: 2017/10/01

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