

Impact of Tamsulosin on Urinary Retention in Patients with Neuromuscular Scoliosis

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INTRODUCTION

The purpose of this study is to investigate the prophylactic effect of tamsulosin (FLOMAX[®]) on post-operative urinary retention (POUR) after posterior spinal fusion (PSF) in neuromuscular scoliosis (NMS) patients. It is hypothesized that the use of tamsulosin (FLOMAX[®]) will be associated with a lower rate of POUR in this complex patient population.

METHODS

The electronic medical records of all patients who underwent PSF for management of NMS between 2015-2019 were retrospectively reviewed. Patients were stratified based on whether they were given tamsulosin (FLOMAX[®]) no later than postoperative day 1 or not. POUR was classified as any patient who required a temporary or permanent catheter reinserted.



RESULTS

There were 18 patients (40.9%) who received tamsulosin (FLOMAX[®]) and 26 patients (59.1%) who did not. None of the patients who received tamsulosin (FLOMAX[®]) experienced POUR compared to 11.5% of patients who did not receive tamsulosin (FLOMAX[®]). Tamsulosin (FLOMAX[®]) administration was associated on average with a one-day reduction in hospitalization, but this failed to reach statistical significance.

DISCUSSION

This analysis demonstrated that POUR following PSF for NMS is rare regardless of tamsulosin (FLOMAX[®]) administration. The shorter length of stay in patients who received tamsulosin (FLOMAX[®]) warrants further investigation but optimizing recovery and discharge after PSF can play a major role in reducing hospital resource utilization.