

CASE REPORT

VESICAL INJURY DURING TOTAL ABDOMINAL HYSTRECTOMY - A CASE REPORT

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A 45 years old multipara, who underwent total abdominal hystrectomy two days back a local clinic of Narayanganj district, was brought to Dhaka and admitted in National Institute of Kidney Diseases & Urology with abdominal pain, distension and anuria. Only a few ml. of urine mixed with blood was drained through urethral catheter following abdominal hystrectomy. She had episode of hypertension. She was pale and febrile. CBC showed anemia leucocytosis. Serum creatinine and RBS were normal. Abdominal USG revealed empty urinary bladder, normal kidneys and free fluid in the peritoneal cavity.

After adequate resuscitation including two units of blood transfusion, laparotomy was done through the previous longitudinal incision of total abdominal hystrectomy. Lower abdominal cavity was found full of fluid mixed with blood and clots. The cavity was aspirated, cleaned and on thorough survey, the uterine stamp, Fallopian tubes, ovaries & ureters were found intact. The urinary bladder was found injured and Foley's catheter inside the bladder with inflated balloon. Both the anterior and posterior walls of the urinary bladder were partly incised and a part of the posterior bladder wall was found anchored by stitches with the uterine stamp. The bladder wall was made free from the uterine stamp and repaired in two layers using 3-0 vicryl suture. After putting 5 Fr. baby feeding tube in the ureters, through which urine was found coming freely. The feeding tubes were then removed and the anterior wall of the urinary bladder was repaired with vicryl after putting a 3 way 18 Fr. Foley's Catheter in the urinary bladder also normal saline irrigation was started. The whole abdominal cavity was finally surveyed and toileted and after placing a drain in the pelvic cavity, the incision was closed in layers. Post operative period was uneventful and the patient recovered rapidly and was discharged after removing the stitches

on 9th day with an advised to remove of Folly's catheter in local hospital on 14th post operative day.

Discussion

Total abdominal hystrectomy is an increasingly common procedure now a days in our country for pelvic inflammatory disease & fibroid uterus. Prior catheterization of the patient is mandatory as a preventive measure from vesical injury. But there may be adhesion of the urinary bladder with uterus especially in cases of repeated pelvic surgery and only the drainage of bladder may not be enough to prevent injury to the bladder. So after opening the abdomen during total abdominal hystrectomy, proper assessment of the surrounding structures especially urinary bladder is necessary irrespective of catheterization.

Vesical injury during total abdominal hystrectomy is not an uncommon event but preventable if appropriate measure and care is taken before and during operation.

References:

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