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Retrospective review of bladder injury in obstetric surgery in Afa-Al Khoud Oman

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Bladder injuries and massive hemorrhage are the major complications encountered in caesarean section leading to peripartum hysterectomy as life saving measures especially with placenta praevia and with history of previous cesarean section with increased risk of placenta accreta. According to the Royal College of Obstetricians and Gynecologist, caesarean sections carry a risk of bladder injury 1 in 1000 cases. Several studies showed post cesarean pregnancy has a chance of injuries increases 3-fold. (0.6% vs. 0.19%; repeat cesarean vs. primary cesarean) whereas in another study repeat cesarean associated with bladder injury in 0.81% cases in compare to primary cesarean 0.27%. There is an increase of risk to 1.5% after 4 or more previous uterine incision. Otherwise during cesarean hysterectomy, the incidence of bladder injury is (1-4%). Anatomical relationship of female genital and urinary tract are closely related. Therefore, it is a must to accurately understand its anatomy, for this is the potential reason for injury during obstetrical or gynecologic procedure. The risk of damage increases when the normal anatomy is altered by primary pathologic factors or when it is insufficiently identified during intra-operative complications, such as severe bleeding or pelvic adhesions. Owing to improvements in gynecological and obstetric techniques that help to prevent urinary tract injury and an emphasis on immediate recognition and repair should any injury occur, long-term complications are less frequent nowadays. The gynecologist must have an accurate understanding of pelvic anatomy, use a meticulous and methodical surgical technique and maintain a constant high degree of vigilance to avoid injury to the bladder. Peripartum hysterectomy has been described in several studies as one of the reason leading to bladder injury, owing to consideration that peripartum hysterectomy is one of the catastrophes of modern obstetrics. The difficulties associated with the procedure are not necessarily the surgical technique but the anatomical and physiological changes associated with late pregnancy and the indications for the surgery as well as the support for such ill patients. Some of these features that pose the difficulties with obstetric hysterectomy include often markedly enlarged and distended uterine and ovarian vessels, edematous and friable pelvic tissues adjacent to the uterus, extensive uterine rupture gives rise to gross distortion of the anatomy and edema of the area surrounding the site of rupture, placenta previa percreta may extend into the bladder and other pelvic organs commonly seen from previous caesarean sections, obliterated utero-vesical space due to adhesions of previous cesarean sections and makes the separation of the bladder from the uterus difficult and injury prone and heavy bleeding interferes with proper exposure hence difficulty in identifying the vaginal angles or the cervix to complete a total hysterectomy in laboring patients where the cervix is fully dilated. The decision to perform hysterectomy is difficult especially in nulliparous women as this brings an abrupt and unwelcome end to their reproductive career. However the delayed decision may cause more blood loss thereby increasing morbidity. Therefore due to increasing cases of peripartum hysterectomy with bladder injuries, this study has been made to find the incidence, risk factors, clinical implication, management and outcome of bladder injuries from Obstetric Surgery in our hospital at AFH-Sultanate of Oman.

Biography

Amal Al Fana has completed Medical degree in Sultan Qaboos University. She has completed Arab Board Residency Program under Oman Medical Specialty 2010. She has completed her Postgraduate Fellowship in Bern University Hospital, Switzerland. She is a Consultant Gynecologist in Sultanate of Oman

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