URINARY TRACT INJURIES AT CAESAR

HELP!

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Aims

- To determine the rate of suspected and confirmed urinary tract injuries at caesarean in Sunshine Hospital
- To examine any common risk factors for urinary tract injury
- To examine management of suspected and confirmed urinary tract injuries at caesarean section
- To report consultations and urology team involvement in any suspected on confirmed injuries

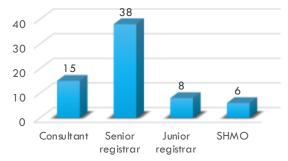
Methods

- Audit of 12 months of caesareans performed at Sunshine Hospital
- 6081 pregnancies, 2087 caesarean sections, 942 elective, 1145 emergency
- Review of operation report to determine whether urological injury was suspected or confirmed
- In depth review of suspected or confirmed cases

Results

- Antenatally identified risk of urinary tract injury pre-op -3 cases
- No previous urinary tract injury but difficulties at time of surgery or measures taken to reduce risk of urinary tract injury - 6.7% (140)
- Haematuria noted post-op but no suspicion of injury 4.2% (88)
- Suspected or confirmed injury 3.2% (66)
- Previous caesar 61.5% (41)
 - 1 previous 60%
 - 2 previous 30%
 - 3 previous 7.5%
- Confirmed injury- 0.81% (17)
- Injury repaired by O&G 82% (14), Urology 12% (2) Combined 6% (1)

Grade of principal operator commencing CS



Caesarean category

Background

- •Associated with:
 - Prolonged operative time
 - *Urinary tract infection Western Health
 - Prolonged IDC time
 - *Formation of vesico-uterine or vesico-vaginal fistulas

Risk factors

Emergency caesarean Previous pelvic surgery

Labour before surgery Endometriosis

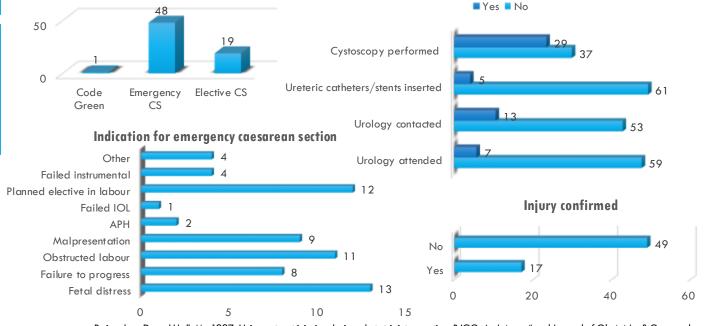
Gestation <32/40 Urinary trace abnormalities

PROM Pelvic irradiation

Previous caesarean Obesity
Skill of operator Fibroids

Incidence in the literature 0.14-0.94%

Management of suspected injuries



Rajasekar, D. and Hall, M., 1997. Urinary tract injuries during obstetric intervention. BJOG: An International Journal of Obstetrics & Gynaecology, 104(6), pp.731-734.

Phipps, M.G., Watabe, B., Clemons, J.L., Weitzen, S. and Myers, D.L., 2005. Risk factors for bladder injury during cesare an delivery. Obstetrics & Gynecology, 105(1), pp.156-160.