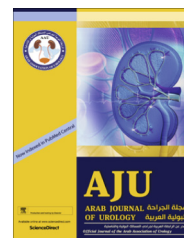




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Laparoscopic and cystoscopic-assisted suprapubic catheter insertion: A case study and technical note



Mohamed Tourky^{a,*}, Ross Knight^b, Ramesh Rajagopal^c

^a Department of Urology, Morriston Hospital, Morriston, Swansea, UK

^b Department of Urology, Glan Chwyd Hospital, Rhyl, Denbighshire, UK

^c Department of Colorectal Surgery, Glan Chwyd Hospital, Rhyl, Denbighshire, UK

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KEYWORDS

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Bowel adhesions

Abstract Objective: To describe a new technique for suprapubic urinary catheterisation that can be used in selected patients with high anaesthetic risk, and previous lower abdominal surgery and bowel adhesions.

Patient and methods: In a 33-year-old woman, laparoscopic guidance with cystoscopic vision was used to ensure the safe passage of a suprapubic catheter.

Results: The suprapubic catheter was successfully inserted in this challenging patient; release of adhesions allowed for the passage of the catheter without bowel injury.

Conclusion: Laparoscopic and cystoscopic-assisted suprapubic catheter insertion is a novel technique to avoid significant morbidity and mortality in selected patients with high anaesthetic risk, and previous lower abdominal surgery and bowel adhesions.

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Introduction

Long-term urinary catheterisation is usually employed for difficulty in storage with incontinence or difficulty in voiding with retention of urine. Urinary catheterisation is indicated to maintain a continuous outflow of urine for patients with voiding difficulties, as a result of neurological disorders that cause paralysis or loss of sensation affecting urination [1–4]. Intermittent catheterisation or an indwelling catheter can be used for long-term urinary catheterisation. The most

* Corresponding author at: Department of Urology, Morriston Hospital, Morriston, Swansea SA6 6NL, UK.

E-mail address: muhammadturki@hotmail.com (M. Tourky).

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commonly used indwelling catheters are urethral and suprapubic catheters.

Different techniques for suprapubic catheter insertion are described; including cystoscopic-guided, ultrasound-guided, open technique, and 'blind' technique for emergency suprapubic catheter insertion. However, suprapubic catheterisation can be technically challenging and simply contraindicated in certain cases.

In the present case report, we describe a new technique for suprapubic catheter insertion in a complicated case with previous abdominal surgeries and known adhesions associated with multiple co-morbidities.

Background

The patient was a 33-year-old woman with multiple co-morbidities. She was wheelchair bound after an emergency L5 laminectomy for cauda equina syndrome and had also had multiple cerebrovascular accidents. The patient had a permanent colostomy following a recto-sigmoid perforation 2 years before. She had bowel adhesions that were managed conservatively. Also, she was on long-term anticoagulant therapy for antiphospholipid syndrome.

Presentation

The patient had a long-term urethral catheter for 3 years secondary to cauda equina syndrome and multiple cerebrovascular accidents with poor bladder emptying. She decided to have suprapubic catheter after detailed consultation and considering alternative options.

Technical difficulty

A CT scan showed loops of the small bowel sitting on the dome of the bladder and impinging on the anterior bladder wall (Figs. 1 and 2). The patient had multiple abdominal adhesions following her previous abdominal surgery and this was managed conservatively. After discussion with her gastrointestinal surgeon, a laparoscopic-assisted procedure was suggested as an alternative to open surgery to avoid significant morbidity and possible mortality associated with open surgery in such a high-risk patient.

Technical note

The procedure consisted of laparoscopic adhesiolysis and insertion of the suprapubic catheter under direct laparoscopic and cystoscopic vision.

With the patient in lithotomy position, a preliminary cystoscopy was performed to exclude bladder tumours.

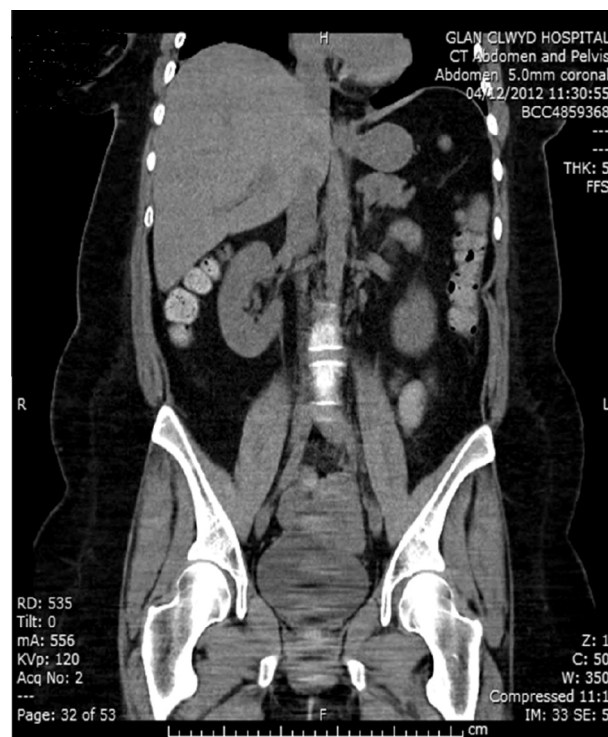


Figure 1 CT showing small bowel on the dome and anterior bladder wall.



Figure 2 CT showing small bowel on the dome and anterior bladder wall.

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