Case Report

Occult Bladder Perforation with Atypical Localization: A Complication of Laparoscopic Burch Colposuspension

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Background

Laparoscopic Burch colposuspension is an effective treatment modality for stress urinary incontinence [1]. The success rate of laparoscopic technique is similar to open colposuspension and sling operations [2,3]. Complication rates of laparoscopic and open techniques are also comparable [4]. In this report, we present a case who had occult bladder perforation with atypical localization occurred after laparoscopic Burch colposuspension.

Case Presentation

A 46-year-old, gravida 2, para 2 woman had ovarian endometrioma and stress urinary incontinence. Laparoscopic unilateral salpingo-oophorectomy and laparoscopic Burch colposuspension via intraperitoneal route was performed concomitantly. No pathology was detected in cystoscopy examination intraoperatively. A total of 2,000mL urine output was noted, and no hematuria was detected on the 24th postoperative hour. The urinary catheter was removed on the 10th postoperative day. For two months postoperatively confirmed an improvement in incontinence.

Foley catheter was removed on the 10th postoperative day. For two months postoperatively confirmed an improvement in incontinence. Bladder catheterization did not work, because the defect adjacent to the right parareteral space caused an immediate drainage of the urine to the Retzius space. A suture passing through the serosa of the bladder was thought to cause the perforation of the bladder. After removal of the Foley catheter, probable tension created by the sutures during filling and emptying movements of the bladder led to laceration of the bladder wall. Free sutures on the right side were removed, and the defect was repaired via laparoscopic sutures (Figure 2). The Foley catheter was removed on the 10th postoperative day. For two months after the operation and clinical evaluations at 2, 4, and 6 months postoperatively confirmed an improvement in incontinence complaints. Recovery process was related to the elevation of bladder neck via left-sided sutures inserted in the previous operation and probable fibrosis on the right side.

Conclusion

Laparoscopic Burch colposuspension is an effective and minimally invasive alternative to mesh surgery. However, some complications
may occur due to this technique. Clinicians should keep in mind that a laceration in an atypical localization might be present, and detection of the defect via cystoscopy can be very difficult in such a case. Diagnostic laparoscopy with a more careful cystoscopy examination will be useful. Minimally invasive surgery is a convenient approach for both Burch colposuspension and management of its complications in experienced hands.

References


