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Prolapse of Bladder Through Suprapubic Cystostomy Wound – A Case Report

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ABSTRACI

Suprapubic catheter (SPC) insertion is a common urological procedure, which is often referred to as safe and simple even in inexperienced hands with very little long term complications. We had a 45 year old male patient presented with acute urinary retention found to be having protruded urinary bladder through suprapubic wound site. Patient had SPC 12 years back. We repositioned the bladder, made a fresh SPC and discharged the patient after 2 weeks.

KEYWORDS

Suprapubic cystostomy, complication, prolapsed of bladder

Introduction:

A suprapubic cystostomy (also known as a vesicostomy or epicystostomy) is a surgically-created connection between the urinary bladder and the skin which is used to drain urine from the bladder in individuals with obstruction of normal urinary flow.

Complications of SPC are 1. UTIs 2. Blockage 3. Bladder Stones 4. Bladder cancer 5. bypass track by urine.

But we had a rare long term complication of SPC when we found a patient coming to us with acute urinary retention who had prolapsed urinary bladder through 12 years old SPC site.

Case report proper:

A 45 year old male patient attended the emergency with retention of urine & distension of abdomen with something protruding through the suprapubic region. There was history of suprapubic cystostomy 12 years back which is still persisting with lack of proper wound care & infrequent change of Foley's catheter.



Fig1: Prolapsed urinary bladder through SPC wound. Straight X Ray abdomen was normal .

Blood picture showed neutrophilic leukocytosis.

As there was increasing abdominal distension along with pain, retention of urine & tachycardia exploratory laparotomy was done. It was found that bladder was protruding through the suprapubic region. In an attempt to clear all the adhesions bladder was opened inadvertently. Bladder was then repaired & repositioned.



Fig 2: After the repair of bladder. After 2 weeks patient was discharged.

Discussion:

The bladder is mainly an extra-peritoneal pelvic organ with the peritoneal reflection at the dome and upper part of the anterior surface which is reflects upwards to the dome as the bladder fills with urine, thus stripping off the peritoneum from the anterior surface of the bladder this simple looking anatomic situation may be distorted where there is fibrosis from previous laparotomy, previous suprapubic cystostomy and chronic pelvic inflammatory disease in females. In these situations cystostomy may be very complex. [1]

Conclusion:

Although complications related to suprapubic cystostomies are well documented, there is scarcity of literature on long-term complications of suprapubic cystostomy like our case.

References:

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