RETROPUBIČNI HEMATOM PO OPERACIJI TVT – PRIKAZ PRIMERA

RETROPUBIC HAEMATOMA AFTER TVT OPERATION – CASE REPORT

Vladimir Weber

Ginekološko porodniški oddelek, Splošna bolnišnica Celje, Oblakova 5, 3000 Celje

Ključne besede: *stresna urinska inkontinenca; zapleti po TVT*

Izvleček – Izhodišča. *Operacija z nenapetostnim nožničnim trakom TVT za zdravljenje urinske inkontinence je učinkovit in kratkotrajen poseg, ki pa zahteva natančen operativni in pooperativni postopek.*

Materiali in metode. *Bolnica J.B., 51 let, upokojenka, v družinski anamnezi je mati imela raka dojke, imela je blago hipertonijo, na zdravila ni bila alergična, rodila dvakrat, splavila enkrat, jemala je NHT . Imela je hujše inkontinenčne težave stresnega tipa več kot leto dni, pad test pozitiven. Ginekološki status je bil palpacijsko in ultrazvočno v redu. Laboratorijski izvidi so bili na dan operacije normalni.*
Dan po sprejemu je sledila operacija v lokalni anesteziji, nenapetostni nožnični trak smo napeljali brez težav, mehur in uretra so bili cistoskopsko brezhibni.
Dve uri po operaciji je začela bolnica tožiti zaradi bolečin v predelu mehurja, splošno stanje je bilo sicer v redu, pri ginekološkem pregledu smo tipali vaginalno levo elastično resistenco, ki smo jo registrirali tudi z vaginalnim UZ. Ker se je hemogram slabšal, smo se odločili za operativno revizijo, pri kateri smo s suprapubičnim ekstraperitonealnim pristopom našli za pest velik hematom v Retziusovem prostoru in krvavitev iz periostalne arteriole na zadnji strani ravnega kraka sramne kosti levo. Krvavitev smo ustavili s termokavterizacijo in izpraznili hematom. Bolnica je dobila med posegom transfuzijo dveh doz koncentriranih eritrocitov in je bila ves čas stabilna. Pooperativni potek je bil gladek, bolnica je drugi dan po posegu po odstranitvi katetra normalno urinirala. 8 dan smo jo odpustili kontinentno.

Zaključki. *Tudi po operaciji TVT je potreben skrben, 24-urni nadzor.*

Key words: *stress urinary incontinence; complications after TVT procedure*

Abstract – Background. *TVT operation (tension free vaginal tape) for treating urinary stress incontinence is an effective in time spearing intervention, which requires careful operative and postoperative procedure.*

Materials and methods. *Patient, 51 years old retired lady with mild hypertension, gave two births, one abortion, receiving HRT and was not allergic on any medication. She was describing severe stress incontinence for more than a year, pad test was positive. Gynecological status reveals no abnormalities, neither by palpation, nor by vaginal ultrasound examination. Lab tests were normal at the day of admission.*
Next day TVT operation under local anaesthesia was performed with no difficulties during the procedure and cystoscopy revealed no injury of the bladder or urethra.
Two hours after operation, the patient complained on increasing pain retro pubicaly, her general condition was still stabile, gynecological examination revealed an elastic resistance retro pubicaly, which was confirmed by vaginal ultrasound. When the red blood count decreased, we decided to perform operative reintervention. Through supra pubic extra peritoneal approach we explored the Retzius cavity, where we found a haematoma caused by a bleeding small retro pubic periostal artery. We stopped the bleeding by electro coagulation and evacuated the haematoma. During the procedure the patient received transfusion of two doses of concentrated red blood cells and was stabile.
Postoperatively our patient developed no complications, on the second day after operation, we removed the catheter, then spontaneous micturition was established and she left our hospital continent after 8 days.

Conclusions. *Also after TVT operation a careful 24-hours postoperative survey is needed.*