

Patient Information and Discharge advice, for patients who have suffered a Traumatic Bladder Injury

Major Trauma Service

Aintree Site

Lower Lane, L9 7AL Tel: 0151-525-5980

Royal Site

Prescot Street, L7 8XP

Broadgreen Site

Thomas Drive, L14 3LB

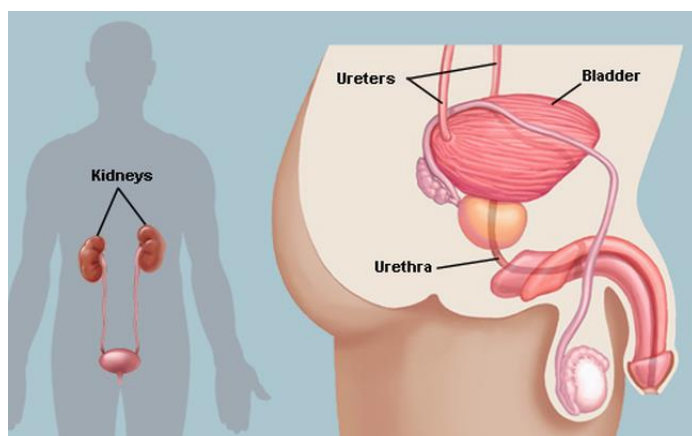
Royal & Broadgreen Tel: 0151-706-2000

This information leaflet is aimed at Adults who have suffered a Traumatic Injury to the bladder.

What is the Bladder?

The urinary bladder is a muscular sac in the pelvis, just above and behind the pubic bone. The bladder is the storage tank for urine; when empty, the bladder is about the size and shape of a pear.

Urine is made in the kidneys, and travels down two tubes called ureters to the bladder. Urine exits the bladder into the urethra, which carries urine out of the body.



Above is a Diagram of the location of a bladder using a male model

How is the Bladder Injured?

Bladder trauma is seen in both sexes and in all age groups but is more common in males. It is much more common in males, due to anatomical considerations and more frequent participation in physical sports, violence and dangerous past times

There is 2 types of injury patterns they are blunt e.g. direct blow to stomach/pelvis from handle bars of a motorbike.

The other is penetrating trauma e.g. knife stab wound to lower stomach.

Blunt trauma (the majority)

The most common mechanisms of blunt trauma are road traffic accidents, falls and assaults.

Because the bladder is located within the bony structures of the pelvis, it is protected from most external forces. Approximately 4% of patients with pelvic fractures also have significant bladder injuries.

The likelihood of the bladder to sustain injury is related to its degree of distention at the time of trauma.

Injury may occur if there is a blow to the pelvis that is severe enough to break the bones and cause bone fragments to penetrate the bladder wall.

Generally the bladder injury in these cases is associated with other injuries as well, the most common being to the spleen and rectum.

Penetrating trauma

The most common cause of penetrating trauma is gunshot wounds and stabbings.

Penetrating trauma tends to be more severe and less predictable than blunt trauma.

Bullets pass through the body with high energy and have the potential for greater destruction. They are most often associated with multiple organ injuries.

How is it diagnosed?

Most bladder injuries are picked up during CT scans as part of a major trauma treatment.

Subtle signs on examination may be found like:

Clinical signs of bladder injury are relatively nonspecific.

The following may occur:

- Visible haematuria (blood in the urine). However, approximately 5-15% of patients with bladder rupture only have non-visible haematuria.
- Suprapubic pain or tenderness. Most patients with bladder rupture complain of suprapubic or abdominal pain.
- Difficulty or inability to pass urine. Many can still pass urine but the ability to urinate does not exclude bladder injury or perforation.
- Bruising in suprapubic region.
- Swelling of the scrotum, perineum, abdominal wall and/or thighs may occur.

There are 2 types of bladder injuries, Injury causing leakage of urine into abdominal cavity v the opposite

Management

The treating team will speak to you regarding treatment plan.

Intra peritoneal bladder ruptures are managed with a urinary catheter into the bladder followed by a surgical repair under a general anaesthetic.

The urinary catheter will be left in for a minimum of 4 weeks a cystogram (x-ray picture taken with dye injected up the catheter into the bladder) is normally performed prior to removal of catheter.

Extra peritoneal bladders ruptures are mostly managed with a urinary catheter for 2-4 weeks a cystogram is normally performed prior to removal of catheter.

Discharge

During admission and discharge nursing staff will go through catheter self-care. You will be provided with equipment and information regarding managing your catheter in the community.

Follow up

You will be seen in an outpatient clinic by a urologist.

It is important that you do not miss any of your follow up appointments.

Your surgeon/nurse will inform you prior to discharge.

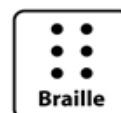
Who do I contact if I have questions or concerns?

- Major Trauma Nurse Co-ordinator: 0151 529 2551 (please leave your name, date of birth, brief issue and contact number)
- Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255

If you think that your condition is serious then your local Emergency Department

Please seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@liverpoolft.nhs.uk