

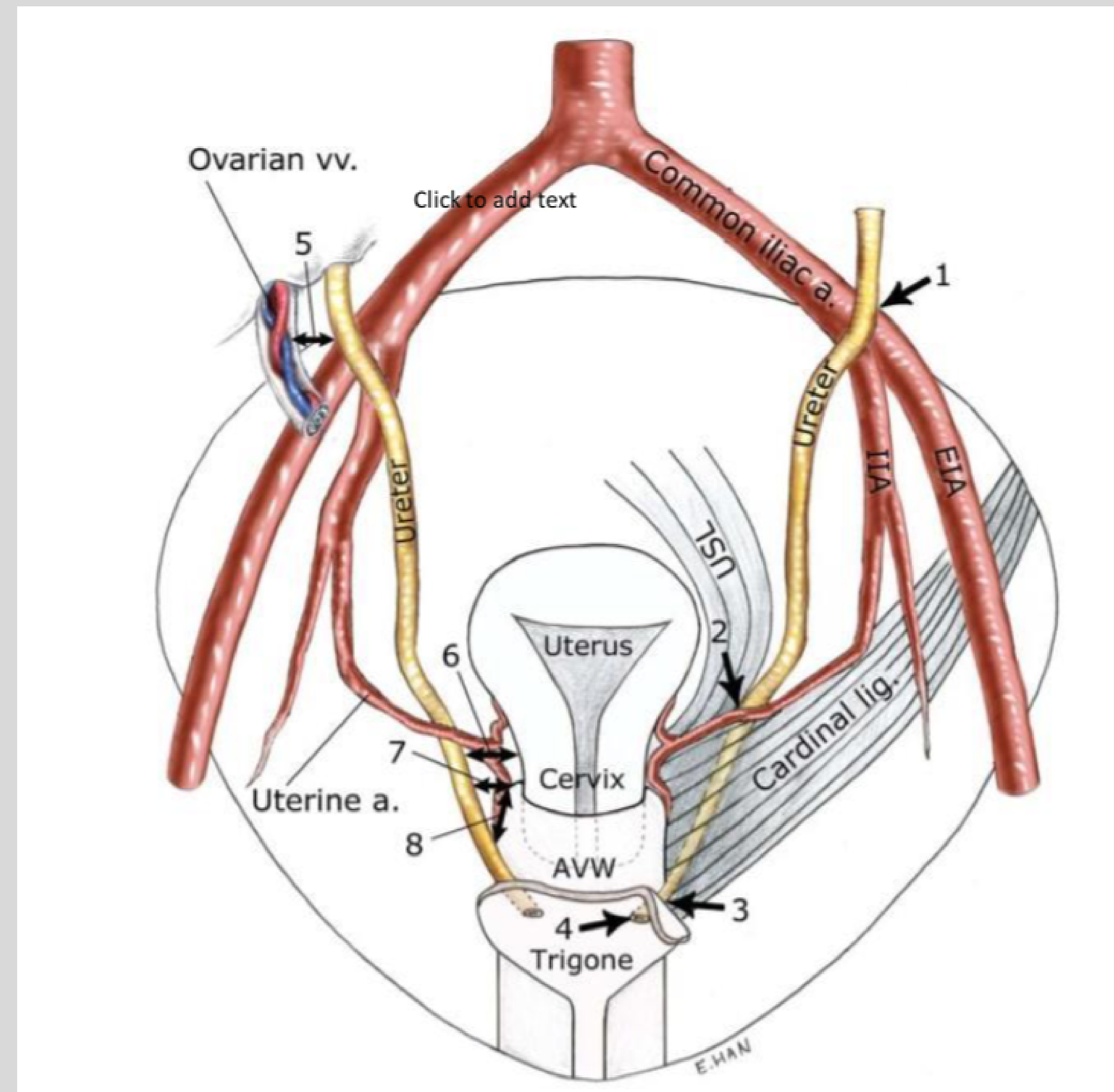
URETERIC INJURY AT THE TIME OF TOTAL ABDOMINAL HYSTERECTOMY

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THIS CASE REPORT HIGHLIGHTS THE IMPORTANCE OF THE IDENTIFICATION OF THE URETERS AT THE TIME OF HYSTERECTOMY AND THE DIFFICULTLY ASSOCIATED WITH THIS. IT ALSO OUTLINES THE POTENTIAL MORBIDITY ASSOCIATED WITH URETERIC INJURY.

A 44 year old woman with previously diagnosed stage 3 endometriosis underwent a total abdominal hysterectomy for the management of pelvic pain. No active endometriosis as noted however there was significant side wall scarring. On dissection of the left infundibulopelvic ligament a tubular structure was seen to fall away superiorly and following left ureteric dissection, a complete transection of the ureter was noted. Cystoscopy and repair of the ureter with end to end anastomosis and insertion of a JJ stent was performed by the urology team. A CT KUB was performed day 1 post op and cystoscopy with removal of JJ stent at 3 months post op.

Normal anatomy of the ureter is to exit the kidney and pass under the ovarian vessels. It crosses the external iliac vessel at the pelvic brim and it is loosely attached to the medial leaf of the pelvic side wall. It then passes under the uterine artery and tunnels through the cardinal ligament and upper anterior vaginal to reach the bladder.



In this case, the ureter crossed the pelvic brim and traversed the left pelvic side wall extremely superiorly to the usual course, running within 1mm of the ovarian vessels.

Ureteric injury is a serious complication of pelvic surgery with an with a reported rate at hysterectomy between 0.02 - 0.78% (1). As a recognised complication, it should be discussed and documented at the time of consent. Abnormal pelvic anatomy, endometrosis , pelvic adhesions, large adnexal masses and unexpected intraoperative bleeding increase the likelihood of ureteric injury (2).

Operating surgeons must be aware of the normal course of the ureter and potential sites of injury. During complicated procedures with risk factors for ureteric injury, it is recommended that ureteric dissection takes place. Common sites of injury include at the level of the pelvic brim where the ovarian vessels are transected, during transection of the uterine arteries, at the ureteric vesical junction and during closure of the vaginal vault. Prompt recognition and management can reduce mortality and if left unrecognised, irreversible loss of renal function leading to chronic renal failure, loss of kidney or sepsis may occur.