

Laparoscopic Management of Cecal Injury From a Misplaced Percutaneous Suprapubic Cystostomy

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Surgical Laparoscopy, Endoscopy & Percutaneous Techniques: December 2005 - Volume 15 - Issue 6 - p 378-379

doi: 10.1097/01.sle.0000191629.89376.6e

Case Report

Abstract **Author Information** **Authors** **Article Metrics** **Metrics**

Iatrogenic bowel injury is a recognized complication of percutaneous suprapubic cystostomy. In the present report, we describe a case of misplacement of suprapubic catheter into cecum, in which laparoscopic technique was used successfully to identify and treat this condition. A 72-year-old woman with severe multiple sclerosis underwent her fourth change of suprapubic catheter 3 months after initial insertion. At the time of catheter change, the urologist performed a cystoscopy via the suprapubic tract and found feculent material in the presumed bladder. A diagnosis of colovesical fistula was made, and patient was referred to the acute surgical service. Cystogram via suprapubic catheter showed passage of contrast straight into colon in the region of cecum with no evidence of a fistula. Computed tomography of abdomen and pelvis confirmed the position of the catheter in the cecum. At laparoscopy, the cecum was seen to move when tension was applied to the suprapubic catheter, confirming the catheter tip and balloon in the lower pole of cecum. Laparoscopic transection of the cecum above the point of entry of the catheter was performed using an Endo GIA linear stapler. Under laparoscopic visualization, a new suprapubic catheter was inserted into the bladder. Intraoperative bleeding was minimal and the postoperative course was uneventful.

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Received for publication November 9, 2004; accepted October 8, 2005.

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