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“Initial Approaches to Urethral Injury”

Introduction: The American Urological Society (AUA) has published guidelines for the management of traumatic urethral injuries. For blunt urethral injuries due to pelvic trauma, the guidelines state that most patients should receive urinary drainage with a suprapubic tube (SPT). For uncomplicated penetrating injuries, it is recommended to perform primary repair of the injury. The purpose of this ongoing study is to examine how the actual initial practices used to treat urethral injuries at a Level I trauma center aligned with current AUA guidelines.

Methods: Retrospective chart review of 763 patients presenting with lower urinary tract injuries to a Level I trauma center was performed. 47 patients who sustained urethral injuries were identified. These were divided into 2 groups by injury mechanism: urethral injuries caused by blunt pelvic trauma (BLUNT, n=31) and injuries caused by penetrating trauma (PENETRATING, n=16). The initial management for each of these patients was then recorded, whether that was placement of a foley catheter alone, placement of an SPT, or primary repair of the injury.

Results: In the BLUNT group, 32.3% (n=10) patients only received a foley catheter, 67.7% (n=21) received a SPT, and none underwent primary repair. In the PENETRATING group, 43.6% (n=7) patients received only a foley catheter, 6.3% (n=1) patients received a SPT and 50% (n=8) patients underwent primary repair.

Conclusion: Despite AUA guidelines for the management of these types of injuries, the initial management of these patients was inconsistent. The majority of patients in the BLUNT group received the recommended management of a SPT, but a large number were treated solely with a foley catheter. In the PENETRATING group, only half of the patients received the recommended intervention of primary repair. Research is currently ongoing to determine the causes for the discrepancies between guideline recommendations and actual practice.