

Management of massive retropubic haematoma post-TVT

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Introduction

Tension-free vaginal tape (TVT) is well established for the treatment of stress urinary incontinence (SUI), with a cure rate of 84 % [1]. A known complication is the formation of a retropubic haematoma in 1.5–3 % [1] of cases. A massive haematoma is one >8 cm and/or a 4 gm % drop in haemoglobin. Management is often surgical intervention via a laparotomy or observation until spontaneous resolution (Figs 1 and 2).

Case Report

A 74-year-old patient underwent TVT for SUI. She was discharged home the next day but presented with pain,

urgency and persistent urinary leakage 1 week later. On review, the wound was healing normally but an ultrasound (US) scan revealed a 9-cm organising haematoma. She underwent US-guided drainage of the haematoma, and a size 12-F locking drain was inserted and left on free drainage for 48 h; this was flushed twice daily to prevent blockage. On day 2, the drain was removed; 200 ml of blood was drained. Repeat US 4 weeks later showed the collection to be halved, with a diameter of 5 cm and complete symptom resolution (Figs 1 and 2).

Although not a common complication after a TVT, massive retropubic haematomas can be life threatening due to significant blood loss. A review of the literature demonstrates surgical drainage via a laparotomy in most cases. One study identified 2,091 patients over a 15-year period who underwent a midurethral sling procedure, seven of whom developed a haematoma, with six requiring surgical intervention either by laparotomy, vaginal drainage or suprapubic drainage [2]. Retziusscopy has also been reported as a management technique for haematomas after a TVT [3].

This case demonstrates that US-guided drainage can be an effective treatment for massive retropubic haematomas in stable patients, providing good recovery of bladder function. It avoids repeat anaesthetic and further surgery and therefore is a safe approach.

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Fig. 1 Predrainage transvaginal ultrasound scan of haematoma = 9 cm (ultrasound depth 8.1 cm)

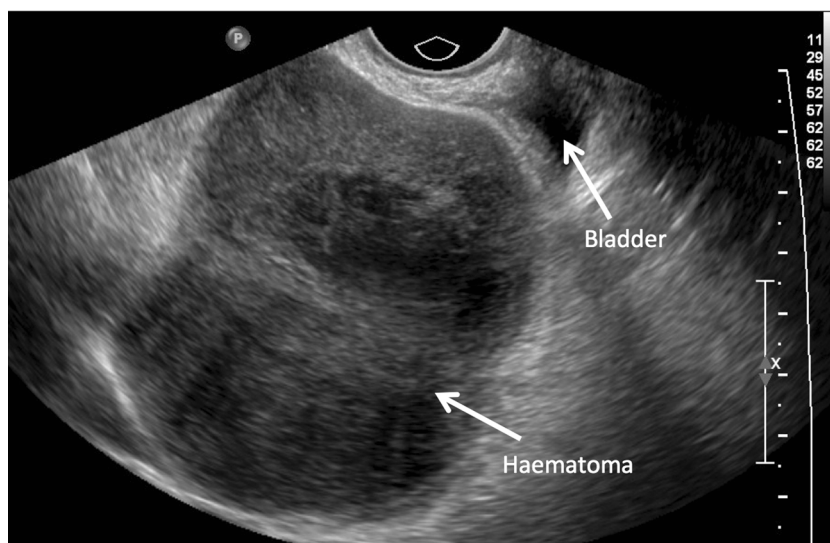
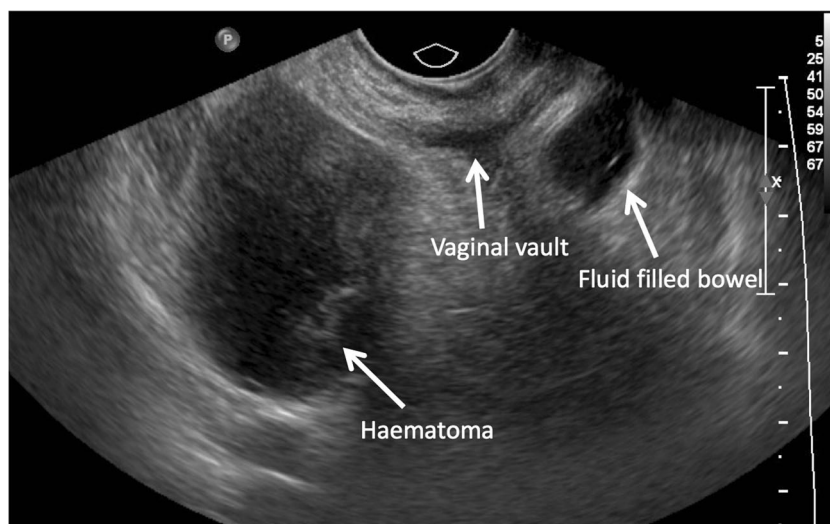


Fig. 2 Predrainage transvaginal ultrasound scan of haematoma = 5 cm (ultrasound depth 7.1 cm, making haematoma more magnified)



Compliance with ethical standards

Conflict of Interest None.

Consent Written informed consent was obtained from the patient for publication of this Images in Urogynecology and any accompanying images.

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