SAFETY OF PERFORMING ELECTIVE CÆSARIAN SECTION WITHOUT INTRODUCING A URETHRAL CATHETER.

Hypothesis / aims of study
To determine the appropriateness of performing an elective caesarian section without urethral catheterization safely.

Study design, materials and methods
A prospective comparative study was conducted on 200 women undergoing elective caesarian section. Cases were divided into 2 groups. GROUP A includes 80 women undergoing elective caesarian section following the routine protocol of the department, using an indwelling urinary catheter before surgery. GROUP B comprises 120 women undergoing elective caesarian sections without urinary catheterization, voiding immediately before surgery.

Results
The mean volume of urine measured at the end of caesarian section in group A was 50 ml(range 25-120 ml). There was no significant increase in the rate of bladder injury. Similarly, there was no significant difference in the mean operating time in both groups.

Interpretation of results
The importance of this study lies in the fact that its results will affect the safety and comfort of a big number of patients. It has been known for long times that the dictum is that the bladder should be catheterized in order to protect it from intra-operative injury(1). The results of our study have revealed a number of other dicta. A slightly distended bladder have been found to be more easily identified during the step of surgery at which the peritoneum is entered. Contrary to the previous dictum, a bladder that is has not been drained but is not overtly full would therefore be less vulnerable to injury. While UTI is being recorded as the most common complication of caesarian sections (2), in rates ranging between 1.7% and 31.4%, an incidence that is directly related to bladder catheterization (3). In our study, only 2 cases developed UTI in group B. The best way to prevent UTI would therefore be to avoid catheterization.

Concluding message
The degree of filling of the bladder that occurs during caesarian section will neither increase the incidence of cystostomy or make the surgery more difficult. However, it will reduce the rate of post-operative UTI significantly. Caesarian section without bladder catheterization could be carried out safely provided that the women had recently voided the bladder.

References