

# BLADDER TRAUMA

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Bladder trauma can be classified as iatrogenic or non-iatrogenic (blunt or penetrating). Of non-iatrogenic causes, abdominal trauma and pelvic fracture are the most common, with bladder injury reported in 10% of cases. Iatrogenic injury is most commonly the result of TURBT, anti-incontinence surgery or pelvic surgery (e.g. hysterectomy, caesarean section, colorectal surgery). Rarely, spontaneous rupture can occur after bladder augmentation without any history of trauma. This is due to overdistension in those with limited bladder sensation (e.g. SCI), and often presents with vague abdominal pain, fever or sepsis. A high index of suspicion of bladder rupture in patients with a history of bladder augmentation is required.

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