

# Extraperitoneal injury

## Extraperitoneal injury

The management of extraperitoneal rupture consists of urethral catheterisation with free bladder drainage for 10–14 days, followed by a cystogram to ensure that the injury has healed prior to removal of the catheter. If the extraperitoneal injury is iatrogenic and recognised at the time of open or laparoscopic surgery, it can be repaired at the time in two layers with 2/0 Vicryl absorbable suture. If the bladder injury is associated with a pelvic fracture and the patient is undergoing surgery for open fixation, or repair of a rectal or vaginal perforation, the bladder should be repaired at the same time. - - - -

## Figure 83.38 Computed tomography showing intraperitoneal bladder injury after transurethral resection of the bladder tumour (arrow point

ing to intraperitoneal urinary extravasation). TABLE 83.18 Grading of bladder trauma. Grade Injury Description I Haematoma Contusion, intramural haematoma Laceration Partial thickness II Laceration Extraperitoneal bladder wall laceration <2 /uni00A0 cm III Laceration Extraperitoneal  $\geq$  2 /uni00A0 cm or intraperitoneal <2 /uni00A0 cm bladder wall laceration IV Laceration Intraperitoneal bladder wall laceration  $\geq$  2 /uni00A0 cm V Laceration Laceration extending into the bladder neck or ureteral ori /f\_i ce (trigone)

---

Revision #1

Created 2025-12-31 15:30:08 UTC by Omar Ayman

Updated 2025-12-31 15:30:08 UTC by Omar Ayman