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Editorial

THE URERERPHOBIA IN GYNAECOLOGICAL SURGERY

The ancient dictum that the anatomical proximity of the bladder and ureter has created the speciality of the Obstetric and Gynaecological Surgery, is equally true today as in the past. The pathology of the genital tract is often reflected in the lower urinary tract; while the trauma of labour or surgery can lead to the distressing condition of genito urinary fistulae.

Today, Hysterectomy has become the main cause of ureteric trauma and fistulae. Bladder trauma is more easily recognised and repaired. It is the unrecognised trauma at the time of surgery which is the main cause of this complication. Most dangerous is the transfixation of the ureteric wall in the suture line or a pedicle, the urinary leak may be delayed upto three weeks in its appearance. Other effects may be the development of a hydro or pyonephrosis and the rare silent kidney death!

Vascular trauma is the main cause in radical surgery and is to be avoided by minimal handling of the ureter and preventing its devascularisation.

However, repeated observations indicate that it is not the difficult operation but the routine hysterectomy which is associated with the majority of the cases of fistulae. This clearly indicates improper technique or negligence and hence the training of the Gynaecological Surgeon will play an important role in its prevention.

The abdominal hysterectomy—simple or radical—is the more common operation involved with fistulae and not the vaginal operation; a very important fact to be remembered!

Dissection of the ureter in radical pelvic surgery has been the main procedure aimed at preventing trauma to the ureter and its importance remains undisputed. Visualisation, rather than just palpation, has clear superiority since palpation may not be reliable in one fifth of the cases. The use of ureteric catheter which depends on palpation will always remain inferior to dissection. This fact remains true for hysterectomy for benign pathology which has distorted pelvic anatomy. The ability to dissect the pelvic ureter whenever needed must be an essential part of training of every gynaecological surgeon; a fact commonly ignored in centres which do not undertake radical surgery.

The residents-in-training should be taught the dissection of anterior division of internal iliac artery and the ureter even in hysterectomies for benign diseases until they are confident enough to do this on their own, whenever necessary. This should not entail too much

risk to the patient, since it would be carried out under expert guidance and would produce a trained surgeon who would be devoid of the ureter phobia. It will also train the residents to perform the ligature of internal iliac artery when needed in an emergency.

Of late Cruikshank from U.S.A. described a technique of dissection of the ureter for simple vaginal hysterectomy. He has used it for the last decade for over 200 cases and succeeded in ureteric identification at the level of the cervix and infundibulo—pelvic ligament in every case with average blood loss of 200 ml. during hysterectomy. While there is no controversy what-so-ever about dissection of ureter in Radical Vaginal Hysterectomy, similar dissection for Simple Vaginal Hysterectomy has become a highly controversial issue. Experienced surgeons who have performed thousands of Simple Vaginal Hysterectomies over half a century claim that they have never found the need to do so and have never produced a ureteric fistula or have had a case of recognised ureteric injury. It is also felt that this may unnecessarily increase rather than decrease the morbidity and the chance of injury to the ureter. The standard technique of vaginal hysterectomy separates and retracts the bladder and the ureter efficiently and keeps them within their fascial compartments. Hence ureteric dissection is only needed if a wide excision of the parametrium is to be performed.

The final answer in this controversy will come only if several centres of training of Gynaecological Surgery carry out this procedure with a strict protocol for technique and follow up. This could also be an important research project for surgical technique evaluation, a type of research so rarely carried out to-day.

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