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Introdução e Objetivo

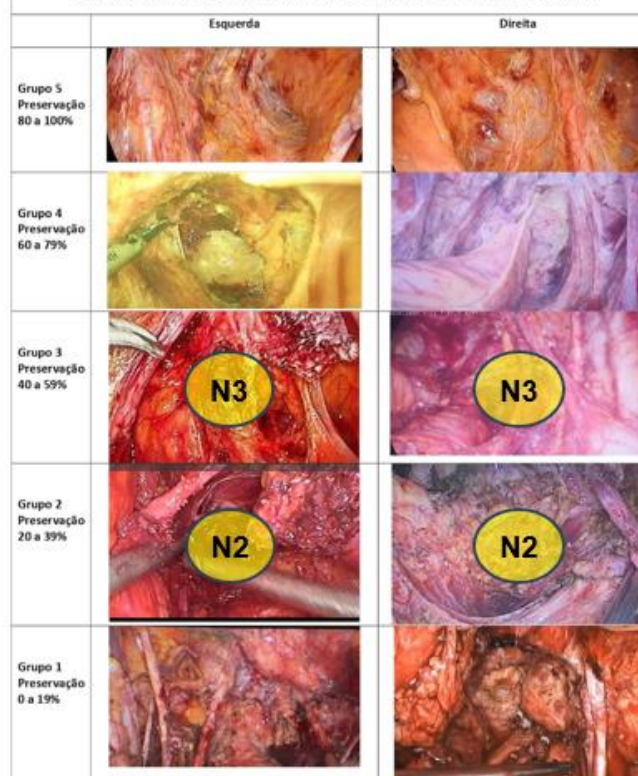
A endometriosis is a chronic and benign gynecological disease. Studies evaluating the consequences of different levels of pelvic nerve preservation during cytoreductive surgery on voiding function are scarce. This observational case series study anatomically classifies the different levels of nerve preservation of the inferior hypogastric plexus in parametrectomies and details the cases in which the bladder catheter was not removed the day after surgery with a focus on the risks of urinary retention and clean intermittent catheterization.

Método

This series included 121 surgeries for deep endometriosis (laparoscopic and robotic) conducted between August/2021 and February/2023 in Rio de Janeiro (Brazil). Parametrectomies were classified into 5 levels of nerve preservation: N5 [80 to 100% preservation]; N4 [60 to 79%]; N3 [40 to 59%]; N2 [20 to 39%]; N1 [0 to 19%]. The criteria for not removing the bladder catheter definitively the next day after the first urination were: (1) residual volume > 250 mL; (2) large resections; (3) extensive parametrectomy with nerve preservation, considered not ideal according to the surgeon's experience. The 4 cases with outcomes considered "undesirable" were analyzed individually.

Figuras

Escala Visual de níveis de preservação nervosa nas parametrectomias – Endometriose Profunda



Resultados

On the day following surgery, the bladder catheter was removed in 86 cases (residual volume < 100mL), 22 cases remained with the catheter (residue > 250mL) and 13 cases remained with the catheter by order of the surgeon, who considered that the resections were extensive. Evolutionarily, 4 cases required clean intermittent catheterization (CIL) in which the residue remained respectively 750, 400, 1200 and 200mL, length of stay was 25, 45, 60 and 120 days (the latter still in use) and the preservation levels were: N2/N3, N3/N4, N2/N5 and N3/N4. The estimated risks of developing the need for clean intermittent catheterization for more than 3 weeks and for more than 4 months were 3.3% (95%CI: 0.8-6.6) and 0.8% (95%CI: 0.0-2.5), respectively. The individual analysis of the cases allowed the elaboration of hypotheses, including groups N3/N4/N5 may evolve with a higher risk of recatheterization in the immediate postoperative period and risk of developing CIL in the following 3 months.

Conclusão

We observed that the patients who evolved with the need for CIL had their nerve preservation included in the N3/N4/N5 groups, all were recatheterized in the postoperative period with residue greater than 200ml.

Referências

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