Ureteral Blockage as a Complication of Burch Colposuspension: Report of 6 Cases

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Key Words
Burch procedure
Ureteral obstruction
Stress incontinence

Abstract
Burch colposuspension for correction of urinary incontinence is rarely followed by complications. A very rarely described complication is ureteral kinking, which tends to occur in patients with previous pelvic surgeries. We present 6 additional cases of this rare complication and recommend appropriate intraoperative dissection as well as postoperative alert for early diagnosis, which improves prognosis.

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Introduction
Urinary stress incontinence is a symptom occurring rather frequently in clinical gynecology, usually among women with relaxation of the anterior portion of the pelvic and urogenital diaphragms and of the aponeurotic supports. Urethrovaginal fixation to Cooper’s ligament, first described by Burch in 1961 [1], is a technique commonly used to correct this symptom. The long-term cure rate is 85–90% [2] and the procedure has a low rate of major complications. Ureteral blockage is rare and has been reported thus far on 2 occasions as a consequence of ureteral kinking after colposuspension [3, 4]. In the present paper we report 6 cases of this unusual complication, which may have serious consequences for the patient if not diagnosed early.

A small urethrocele and minimal cystocele. Urinary stress incontinence was diagnosed on the basis of medical history, physical examination, full-bladder stress test, contrasted X rays of the bladder and, when possible, urodynamic study. The surgical technique used consisted of bilateral vaginal fundus suspension to Cooper’s ligament with 3 No. 0 vicryl sutures under moderate tension. There were no intraoperative complications.

Of the 483 patients, 4 had immediate or delayed postoperative lumbar pain and 2 were anuric on the 1st postoperative day. The clinical data concerning these patients are presented in table 1. The 6 patients were diagnosed to have ureteral blockage on the basis of intravenous pyelography and cystoscopy. Each patient was submitted to further surgery for removal of sutures that caused
ureteral kinking unilaterally (cases 1, 2 and 3) or bilaterally (cases 4, 5 and 6), with intraoperative cystoscopic control. Control intravenous pyelography performed in each case was normal. An early complication was reversible acute renal infection in 1 patient. A delayed complication was continued urinary stress incontinence in 2 patients (cases 2 and 4).

Case Reports
A total of 483 patients were submitted to Burch colposuspension at the Department of Gynecology and Obstetrics, University Hospital of Ribeirão Preto, University of São Paulo, over a period of 5 years. All of these patients presented urinary stress incontinence,

Conclusions
Burch colposuspension has been widely used to treat urinary stress incontinence. The cure rate ranges from 85 to 90% and the incidence of complications is low,

References