

# GU INJURY

## 4 Injuries. 4 Imaging Studies.

### Imaging of Choice

- 1) **Kidney injury**  
**imaging:** CT scan of abdomen/pelvis with contrast
- 2) **Ureter injury**  
**imaging:** Delayed CT scan of abdomen/pelvis with contrast
- 3) **Bladder injury**  
**imaging:** Retrograde Cystogram
- 4) **Urethral injury**  
**imaging:** Retrograde Urethrogram

### Approach to GU Trauma

- 1) Get Pelvic Xray 1<sup>st</sup>, because pelvic fractures raise your suspicion of GU injury. Also pelvic fracture can cause severe bleeding into the pelvis.
- 2) Look for blood in the perineum (bruising around the butt/groin/meatus)
- 3) Urinalysis: you are looking for blood in the urine, however amount of hematuria does NOT equal severity of injury. Gross hematuria is a red flag.
- 4) Write down 4 GU injury types on piece of paper:
  - 1) Kidney injury: Occur in 10% of all abdominal trauma. Flank pain, lower rib fracture, penetrating trauma
  - 2) Ureter injury: Rare, usually due to penetrating trauma or during surgery. Almost always need surgery
  - 3) Bladder injury: Due to direct impact to distended bladder and can rupture (Ex: drunk driver who need to pee and gets in MVA)
  - 4) Urethral injury: 2 subtypes= Posterior injury is in the prostatic portion usually due to pelvic fracture or rapid deceleration trauma. Anterior injury is usually due to straddle injury

### References

Gratton MC, French L. Genitourinary Trauma. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016. <http://accessemergencymedicine.mhmedical.com/content.aspx?bookid=1658&Sectionid=109445985>. Accessed November 05, 2016.