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 1st, 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**