Objective

• Traumatic combined injuries to the rectum and bladder are uncommon
• We hypothesized that the combination of bladder and rectal injuries would have worse outcomes vs. a rectal injury alone

Methods

• American Association for the Surgery of Trauma (AAST) multi-institutional retrospective study from 2004-2015
• 22 participating centers
• Cohorts - Rectal injury alone vs. combined injury to the bladder and rectum

Results

• 424 patients who sustained a traumatic rectal injury
• 117 (28%) had a combined injury to the bladder and rectum
• No differences in admission demographics, physiology, injury severity score, or surgical management between groups
• Combined bladder/rectal group more often sustained penetrating trauma (85% vs. 66%, p=0.0002)
• Colostomy was performed more often following penetrating trauma (91% vs. 60%, p<0.0001)
• No differences in abdominal complications (13% vs. 16%), mortality (3% vs. 2%), or length of stay (17 days vs. 21 days) between groups

Conclusions

• Traumatic rectal injury and a concomitant bladder injury does not increase the rates of abdominal complications, mortality, or length of stay
• A diverting colostomy did not impact the aforementioned outcomes