Delirium in TURBT post-operative period, more confusion than usual

Furtado I, Linda F, Estela P, Pedro S

Anesthesiology Department, Garcia de Orta Hospital, Almada, Portugal

Postoperative delirium is a common complication with an incidence of up to 80%. In elderly patients it is usually undervalued even though it is often the first indicator of underlying serious complications. Bladder perforation, although rare – 1/5000 - is a complication that should not be forgotten in the postoperative period of transurethral resection of bladder tumor (TURBT).

Case Report

- 80-year-old male
- Ischemic heart disease;
- Hypertrophic cardiomyopathy;
- Hypertension;
- Chronic bronchitis;
- Hiatal hernia

Elective TURBT surgery under general anesthesia

- Patient refused regional anesthesia
- 1h surgery without complications
- Rapid sequence induction + sevoflurane maintenance
- Bladder irrigation with NaCl 0.9%

TURBT Surgery

1h post-op

- Psychomotor agitation, disorientation
- Dyspnea
- SatO2 94%, HR 100bpm, PAM>100 mmHg

1.5h post-op

- Increased abdominal girth + Retention of the bladder irrigation fluid (NaCl 0.9%)
- Abdominal ultrasound with large amount of fluid in the abdominal cavity

Emergent Surgery

- Exploratory laparotomy
- Bladder perforation repair

30min post-op

- New episode of delirium + Bibasal crackles

1h post-operative

- Hypertension + Tachycardia
- Acute pulmonary edema
- Furosemide + Isosorbide dinitrate
- Hemodynamic and clinical improvement

Patient was admitted to the Critical Care unit and discharged home 5 days later

Postoperative delirium may be a nonspecific finding but it should serve as a warning sign especially in geriatric patients. Interestingly in this case two serious complications, medical and surgical, first presented with delirium. This prompted a careful physical examination and led to an opportune diagnosis.

References: