

## The Use of an Ultrasound Scanning Device in Women Undergoing Urogynaecologic Surgery

### To the Editor:

We are intrigued by the conclusions of Fedorkow et al.<sup>1</sup> Their findings are completely at odds with our experience over the last four years.

We are a Level 1 combined obstetric and gynaecologic unit with an annual urogynaecologic surgery caseload of about 100. We have 12 RNs, all trained in the use of the BladderScan BVI 3000 by Diagnostic Ultrasound. Prior to implementation of regular use, we did a 20-patient combined scan and catheterization for residual urine. In each case we found that the correlation was within no more than +/- 35 ccs. We also asked patients which they preferred, a scanner on the lower abdomen or a catheter inserted into the urethra. Almost universally the patients preferred scanning. The only time we saw pain was with pressure that was

too vigorous when the patient was in retention with large volumes in the bladder.

We have become so confident in using the scanner that we now use it for assessment of postpartum women who have not voided, patients who have had vaginal surgery in addition to bladder repairs, and occasionally newborns with dry diapers.

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## REFERENCES

1. Fedorkow DM, Dore S, Cotton A. The use of an ultrasound bladder scanning device in women undergoing urogynaecologic surgery. *J Obstet Gynaecol Can* 2005;27(10):945-8.

## In Response

### To the Editor:

We thank Ms White and Dr Grunier for their interest in our study.<sup>1</sup>

We elected to study the impact of the use of a bladder scanner in the reported population prior to considering the implementation of a new technology on our unit. Using what we felt to be sound scientific method, we obtained the results reported and we stand by them. Disparate results within the literature are common. That Ms White and Dr Grunier have a different experience serves to emphasize the need for systematic scientific inquiry across various populations. We are reminded of a technique of gastric freezing as a treatment for gastric ulcers that was popularized in the 1960s. Using anecdotal evidence, the technique showed positive results<sup>2</sup> but when exposed to proper epidemiologic investigation, the technique fell into disfavor.<sup>3</sup> In no way do we intend our results to be extrapolated

to applications in women who are post partum or who have undergone vaginal or other surgery, or to newborns.

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1. Fedorkow DM, Dore S, Cotton A. The use of an ultrasound bladder scanning device in women undergoing urogynaecologic surgery. *J Obstet Gynaecol Can* 2005;27(10):945-8.
2. Wangenstein OH, Peter ET, Demetre M, Nicoloff M, Walder AI, Sosin H, et al. Achieving "physiologic gastrectomy" by gastric freezing. *JAMA* 1962;180:439-44.
3. Ruffin JM, Grizzle JE, Hightower NC, McHardy G, Shull H, Krisner JB. A co-operative double-blind evaluation of gastric "freezing" in the treatment of duodenal ulcers. *New Engl J Med* 1969;281:16-9.