

Information for Patients



Urethroplasty



What is a urethral stricture?

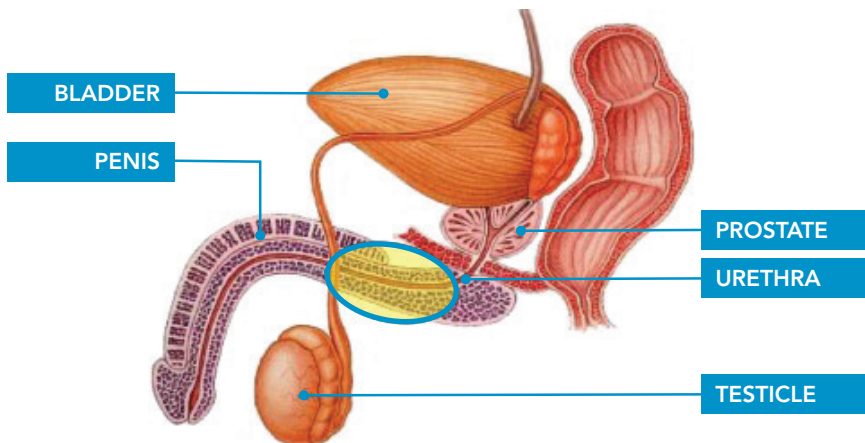
A urethral stricture involves the presence of scar tissue or tissue inflammation which narrows the tube which carries urine out of your body. This can result in obstruction which leads to symptoms such as poor urinary flow, retained urine, painful urination, recurrent urinary tract infections and painful ejaculation.

Some common causes are trauma, infection, injury, some surgeries or urinary catheterisation. Often there is no obvious cause.

The bulbar urethra (***circled below***) is the commonest site for urethral narrowing

The penile urethra is another site that urethral narrowing occurs.

- Urethroplasty is the best form of treatment with a success rate of more than 85%
- Reconstruction involves either removing the stricture and rejoining the urethral ends or grafting the stricture, usually with buccal mucosa (the lining from the inside of the mouth)



What is a urethroplasty?

Urethroplasty is a general term meaning open repair of the urethra. We carry out this procedure for strictures of the bulbar urethra (between the scrotum and the anus) and for strictures in the penile urethra.

Because the bulbar urethra is relatively mobile, it is often possible to remove a narrowing less than 2cm long and rejoin the ends over a catheter (anastomotic urethroplasty).

Longer, recurrent or complicated strictures need to be widened by cutting into the narrowed area and inserting a graft material (buccal mucosa urethroplasty). This graft is harvested from your inner cheek as this tissue is best for this surgery.

Before agreeing to have the procedure, you may be asked to have a urethrogram. This is an X-ray that shows all your urethra and assesses the length of the stricture. It is done by placing a very fine catheter inside the tip of the urethra and injecting contrast medium (a dye that shows up on X-ray) whilst X-rays are taken. This is routine prior to urethroplasty.

What happens during my operation?

Bulbar urethral stricture

We make an incision in your perineum (between the back of your scrotum and your anus).

The urethra is opened lengthwise along the narrowed portion; this is usually on the part of the urethra furthest away from erectile tissue. We identify the ends of your urethra, remove any scar tissue and sew the healthy ends back together over a catheter. If a graft is required we remove a strip of buccal mucosa (the lining inside your mouth) and sew it to your urethra. Your mouth wound will heal very quickly; some surgeons stitch the defect in your mouth whilst others leave it to heal on its own. The skin is closed with dissolvable stitches. There may be a temporary drain. There will be a catheter in your bladder.

Penile urethral stricture

This surgery may be done in one or two operations several months apart

We make an incision in the penis to repair the stricture. This incision may be in the midline or circumferential. We remove any scar tissue and reconstruct the urethra using a strip of buccal mucosa (the lining inside your mouth).

This is either:

1) Left to heal with the graft exposed and several months later a second surgery is done to reconstruct the urethra by rolling the graft into a tube

Or

2) The reconstruction is done as a single operation.

What to expect after my operation

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room.

Urethral Catheter

A catheter will be coming out your urethra (water pipe). The catheter will stay in place for approximately 2-3 weeks. Your nurse will show you how to look after this at home.

After discharge

You will receive a follow-up appointment in the post to see your Urologist six weeks after the operation.

You can do most activities after your operation except any heavy lifting, straining, intercourse or strenuous activity, which should be avoided for 4-6 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 4 weeks), then you can resume driving.

Discharge advice

You may notice some scrotal swelling and/or bruising. Supportive underwear is recommended.

You should seek medical assistance if the swelling becomes severe, increased redness or tenderness around the incision site, fever, increasing pain or if the catheter is not draining.

Possible complications

1) Wound Infection

Your wound may become infected post-operation. Symptoms can include:

- Redness
- Swelling
- Pain
- Hot to touch
- Discharge from wound

You will need to contact Urology Associates if you think you have an infection. The nurses can assess your wound and refer you to a Urologist if treatment is required.

2) Failure/Recurrent stricture (5-10%)

3) Fistula (rare), may require further surgery to fix

4) Facial swelling/numbness (common but lasts only a few days after buccal graft),

5) Post-void dribbling (common after buccal graft), you may be taught how to “milk” your urethra to deal with this



urology

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