Bangalore Advanced Urology
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URETHROPLASTY

Definition of urethral stricture .

A urethral (u-REE-thrul) stricture occurs when scarring narrows the tube that carries urine out of your body. A stricture restricts the flow of urine from the bladder and can cause a variety of medical problems in the urinary tract, including inflammation or infection.

Narrowing of the tube that carries urine out of the body (urethra) can be caused by the buildup of scar tissue due to:

- Tissue damage from a urologic procedure using medical instruments inserted into the urethra, such as an endoscope for viewing urinary tract structures
- Intermittent or long-term use of a catheter, a tube inserted through the urethra to drain the bladder
- Trauma or direct injury to the urethra or pelvis, such as a pelvic fracture
- Enlarged prostate or previous surgery to remove or reduce an enlarged prostate gland
- Cancer of the urethra or prostate
- Sexually transmitted infections

Urethral stricture is more common in males than in females because males have a longer urethra. Signs and symptoms of urethral stricture disease include:

- Slowing of your urine stream, which can happen suddenly or gradually
- Urine leakage or dribbling after urination
- Spraying of the urine stream
- Difficulty, straining or pain when urinating
- Increased urge to urinate or more frequent urination
- Blood or discharge from the penis
- Pain in the pelvis or lower abdomen

What does the procedure involve?

Open repair of the urethra for a stricture close to the bladder

What are the alternatives to this procedure?

Alternatives to this procedure include observation, optical urethrotomy and repeated stretching using metal/plastic dilators.

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What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy. You will be given an injection of a drug called Clexane under your skin. Together with elasticated stockings provided by the ward, this will help to prevent venous thrombosis (clots in your legs)

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards. You will usually be given an injectable antibiotic before the procedure after checking for any drug allergies. Your surgeon will make an incision directly over the stricture either on the penis or in the skin between the scrotum and the anus (the perineum). If the narrowed area is very short, the scar tissue may be cut away and the urethra re-joined over a catheter. If the narrowing is more extensive, the area may be widened with a piece of cheek lining (buccal mucosa) over a bladder catheter. A drain is usually inserted and, often, a second (suprapubic) catheter will be placed in the bladder through your tummy. The wound is closed with absorbable sutures. If a graft has been taken from the cheek lining, this area heals quickly and does not require any stitches.

We usually put a small dressing (pack) into the mouth overnight to prevent bruising or swelling.

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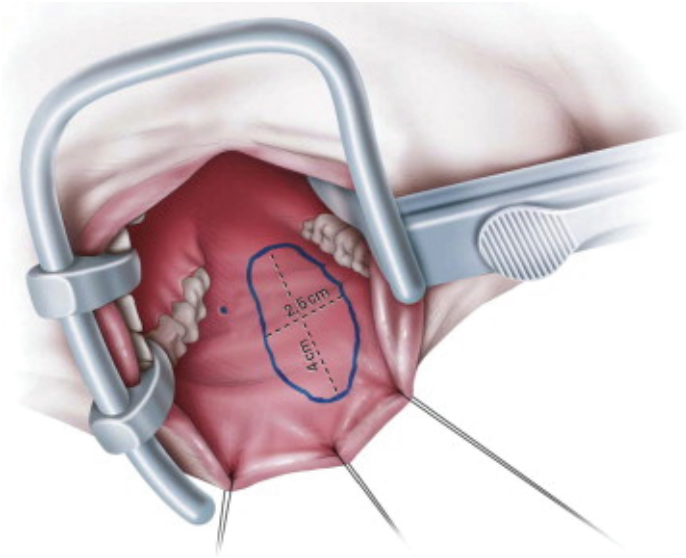

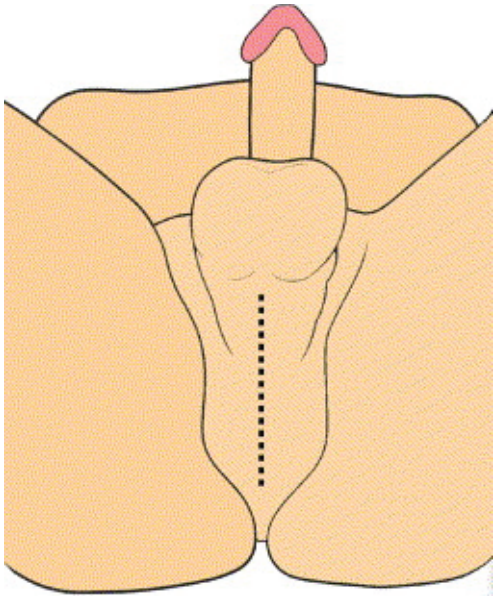

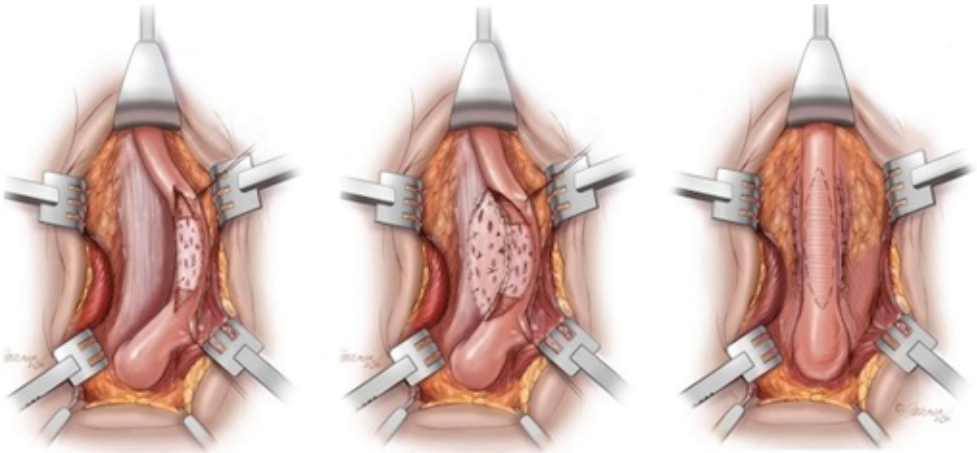

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What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next.

If you have had a graft has been taken from the cheek lining, the pack will be removed from your mouth the following day. Antiseptic and anaesthetic mouthwash will be used regularly and wide opening of the mouth is encouraged. The drain will in the perineum or scrotum be removed after 48 to 72 hours.

The average hospital stay is 3-7 days.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Discomfort in the mouth and restricted jaw opening if a graft has been taken from the cheek lining.
- Swelling and bruising of the wound site.
- Recurrent stricture formation needing further surgery or other treatment.

Occasional (between 1 in 10 and 1 in 50)

- Failure of the procedure needing further surgery.
- Wound infection needing antibiotics.
- Failure of the urethra to join completely, resulting in urinary leakage (a fistula).
- Loss of or altered erections as a result of the injury or the surgery to the urethra.
- Need to carry out self-catheterisation to keep the urethra open.
- Dribbling post-operatively due to “bagginess” of the graft.
- Shortening of the penis.

Rare (less than 1 in 50)

- Painful intercourse with reduced ejaculation.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

Please note: The rates for hospital-acquired infection may be greater in "high-risk" patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You may get some discomfort from the catheters and antibiotics are usually needed until the catheter is removed. Physical activity will generally be restricted for two to three weeks. Jaw movements may be restricted if a graft has been taken from the cheek lining and wide opening of the mouth is encouraged.

What else should I look out for?

Any increasing pain, wound discharge or swelling should be reported to your GP immediately.

Are there any other important points?

Before the catheter is removed, an X-ray (urethrogram) will be arranged alongside the catheter in the penis, usually three weeks after your operation, to ensure that the area has healed. If the X-ray is satisfactory, the catheter in the penis will be removed. If healing is not complete on the X-ray, the catheters will need to remain in place and a further X-ray will be arranged after another three weeks.

Once the catheter has been removed, you will be followed up in the outpatient clinic after 12 weeks with a flow test on arrival. It is important to arrive for this appointment with a full bladder.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.