

UCSF

UC San Francisco Previously Published Works

Title

88 RE-OPERATIVE URETHROPLASTY FOR FAILED PRIOR URETHRAL RECONSTRUCTION:
OUTCOMES OF A 35 YEAR EXPERIENCE

Permalink

<https://escholarship.org/uc/item/4b74p65z>

Journal

Journal of Urology, 187(4)

ISSN

0021-0005

Authors

Blaschko, Sarah D

McAninch, Jack W

Myers, Jeremy B

et al.

Publication Date

2012-04-01

DOI

10.1016/j.juro.2012.02.135

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

anterior urethral strictures. This procedure results in a long term high success rate with few complications that occurs primarily during the first 12 postoperative months.

Source of Funding: None

87 RECONFIGURATION OF BUCCAL MUCOSA GRAFT FOR URETHROPLASTY: TECHNIQUE AND RESULTS

Yuka Yamaguchi, Ty Higuchi, Hadley Wood, Kenneth Angermeier, Cleveland, OH*

INTRODUCTION AND OBJECTIVES: While buccal mucosa is the most commonly used graft in urethral reconstruction, the size of the graft that can be harvested from 1 cheek may be limited by the patient's anatomy. In order to try to avoid use of other oral sites, we have reconfigured buccal grafts to provide improved length and width. The objective of this study is to report the surgical technique and patient outcomes utilizing this approach.

METHODS: We retrospectively identified patients who had undergone urethral reconstruction using buccal graft reconfiguration from 1997-2011. Reconfiguration was performed by harvesting a trapezoidal graft, excising the widened part of the graft distally and suturing it to the narrower proximal end to create a rectangle. Forty-one patients were identified who met study criteria and were included in the analysis. Data collected included stricture location, urethrotomy defect length, type of repair, complications and postoperative follow-up.

RESULTS: Of the 41 patients, 7.3% (3/41) had penile, 12.2% (5/41) penile-bulbar and 80.5% (33/41) bulbar strictures. The types of urethroplasty performed included 29.3% (12/41) dorsal onlay, 9.8% (4/41) dorsal augmented anastomotic urethroplasty (AAU), 22.0% (9/41) ventral onlay and 39.0% (16/41) ventral AAU. Median urethrotomy defect length was 7cm (range: 5-9.5cm) and median graft length was 6.5cm (range: 5-9.5cm). Thirty-nine patients had three-week post-operative VCUg available for review. All were normal. At a median follow-up of 7.0 months (range 3.9-60.2), 95.1% (39/41) were patent with no evidence of recurrence. Two patients were noted cystoscopically to have focal stricture recurrence at 3.9 and 25.8 months after surgery, but neither has required an additional procedure to date. There was no increased morbidity at the donor site compared to our standard buccal graft population.

CONCLUSIONS: We conclude that buccal graft reconfiguration is a useful technique to increase the size of the graft that may be harvested from 1 cheek. This allows preservation of other oral sites for future use if necessary.

Source of Funding: None

88 RE-OPERATIVE URETHROPLASTY FOR FAILED PRIOR URETHRAL RECONSTRUCTION: OUTCOMES OF A 35 YEAR EXPERIENCE

Sarah D. Blaschko, MD, Jack W. McAninch, MD, Jeremy B. Myers, MD, Benjamin N. Breyer, MD, San Francisco, CA*

INTRODUCTION AND OBJECTIVES: Male urethral stricture disease accounts for a significant number of hospital admissions and health care expenditures. Although much research has been completed on treatment of urethral strictures, fewer studies have addressed treatment of strictures in men with recurrent stricture disease after failed prior urethroplasty. We sought to examine outcome results for re-operative urethroplasty.

METHODS: A prospectively collected, single surgeon urethroplasty database was queried from 1977 to 2011 for patients treated with re-operative urethroplasty after failed prior urethral reconstruction. Stricture length, stricture location, re-operative urethroplasty intervention, and time until re-operative urethroplasty failure were evaluated.

RESULTS: Of 1156 cases, 168 patients underwent a re-operative urethroplasty after at least one failed prior urethroplasty. Patients

median age was 44 years (range 11-75). Median follow-up was 12 months (range 1 month to 20.75 years). Overall, 139 patients (83%, 139/168) were successfully treated. For patients who failed, median time to failure was 18 months (range 7 months and 15.7 years).

CONCLUSIONS: Re-operative urethroplasty is a successful treatment option for most men, but rates of success were lower than for men undergoing their first urethroplasty. Patients who failed treatment had longer strictures and more complex repairs.

Source of Funding: None

89 URETHROPLASTY AFTER FAILED OPEN REPAIR – FUNCTIONAL RESULTS AND PATIENT SATISFACTION

Daniel Pfalzgraf, Luis Kluth, Philip Reiss, Margit Fisch, Roland Dahlem, Hamburg, Germany*

INTRODUCTION AND OBJECTIVES: With good long-term results of open reconstruction for urethral strictures, most pts remain recurrence-free after urethroplasty. However, data on patient satisfaction and quality of life as well as on the results for open reconstruction after failed urethroplasty is limited.

METHODS: Retrospective analysis by chart review and a non-validated standardized questionnaire. 43 pts were treated with open reconstruction after failed urethroplasty 01/2009-10/2010. Previous surgeries, recurrence rates, complications and change in quality of life were assessed.

RESULTS: Mean age 43 years (range, 17-77), mean follow-up 12.4 months (range, 4-23). Stricture length up to 2cm in 12% of pts, 2-6cm in 44% and >6cm in 44%. 22 pts (51.6%) had had stricture dilation before: 6 once, 5 two to five times, and 11 more than 5 times. Stricture incision had been performed on 69.8%: once in 5pts, two to five times in 20 and more than five times in 5. Previous open surgery had been performed once in 30 patients (69.8%), more than once in 13pts (30.2%).

The success rate was 81.4% with all recurrences after buccal mucosa graft (BMG). Urinary dribbling was almost never or rarely seen in 20 pts (45.1.9%), sometimes in 13 (30.2%) and often or nearly always in 5 (11.6%). Urinary stress incontinence grade I was reported by 4 pts (9.3%), in one patient (2.3%) with transsphincteric stricture, an incontinence grade III was found. Penile shortening and deviation: no deviation in 35 pts (81.4%), slight in 4 (9.3%), some in 3 (7%) and strong in 1 (2.3%). Slight shortening in 9 (20.9%), some in 4 (9.3%), strong in 2 (4.7%); no shortening in 28 (65.1%). Glans sensitivity: 29 pts (67.4%) no change, 10 (23.3%) altered (non disturbing), 4 (9.3%) disturbing alteration. Ejaculation was normal in 25 pts (58.1%) and slightly reduced in strength in 9 (20.9%), reduced in 2 (4.7%). No patient experienced relevant pain at ejaculation.

Overall satisfaction with surgery was 69.8%; 7% were indifferent, 18.6% (8pts) dissatisfied (these comprise five with stricture recurrence; in the remaining three, no data about the reason for dissatisfaction is available). An improvement in quality of life (QoL) was found in 76.7%, in 11.6% it was unchanged. A slight reduction in QoL was observed in 4,7%, no serious reduction occurred.

CONCLUSIONS: Urethroplasty after failed open repair gives good functional results and shows a high patient satisfaction rate. However, results are not quite as good as for primary repair, emphasizing the importance of a successful primary repair.

Source of Funding: None

90 IS TRANSPUBLIC URETHROPLASTY PERFORMED FREQUENTLY IN CHILDREN?

Mamdouh koraitim, Alexandria, Egypt*

INTRODUCTION AND OBJECTIVES: Transpubic urethroplasty has been repeatedly reported to be used more frequently in children than in adults. Also, it has been claimed that this is attributed to the confined perineum and delicate structures in children. In this