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Title

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Permalink

<https://escholarship.org/uc/item/6xj124qr>

Journal

Journal of Urology, 201(Supplement 4)

ISSN

0021-0005

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Publication Date

2019-04-01

DOI

10.1097/01.ju.0000557008.62426.1e

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Peer reviewed

MP67-12 ASSOCIATION OF BUCCAL MUCOSAL GRAFT HISTOLOGY AND MOUTH ANATOMY TO BULBAR URETHROPLASTY GRAFT TAKE AND FACIAL MORBIDITY

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INTRODUCTION AND OBJECTIVES: Buccal mucosal grafts (BMGs) are the standard graft material for urethroplasty. Graft take is dependent on a proper host bed and graft. Quality of BMGs can be variable. A leak on post op voiding cystourethrography (VCUG) is believed to be from poor graft take. The effect of BMG histology or oral health or graft take is unknown. The role of oral health or mouth dimensions on postoperative facial morbidity is unknown.

METHODS: Prospective review of 10 patients undergoing augmentation urethroplasty with BMG for bulbar strictures. Pre-op and post-op day 1 and 3 wks, patients completed oral health questionnaires: The Kayser-Jones Brief Oral Health Status Exam (BOHSE), McGill Pain Questionnaire (McGill), Oral Health Impact Profile Questionnaire (OHIP 14), and Oral Patient Reported Outcomes Measures (PROMS). Mouth dimensions and measurements were also obtained. Post-op VCUGs were evaluated for leak at 3 weeks. Histology of harvested BMGs were assessed by staff pathologist (CAP) using calibrated eyepiece to measure thickness of each anatomic layer, and grade the graft by a validated oral mucosal inflammation and ulceration index (Oral Mucositis Index).

RESULTS: Mean age 38.7yrs, Q max 6.1 ml/s, IPSS 22, SHIM 17. Types of urethroplasty: Palmintieri double buccal urethroplasty-3, dorsal onlay with ventral inlay-1, combined ventral bulbar BMG with dorsal penile BMG-1, dorsal BMG-2, augmented anastomotic-2, Asopa-1. Mean pre-op oral health scores were low or normal. Mean McGill and Oral PROMS scores at POD 1, 2.1 and 2.0, and at 3 weeks, 17.9 and 17.7, respectively. Mean pre-op mouth dimensions: opening, 4.9 cm (4.5-6.0) and commissure to TMJ length- 4.1 cm (3.5-8). Mean size of BMG harvested = 4.8 x 1.6 cm, and on stretch 5.4 x 2.0 cm; mean delta 9.8% (0-28%) and 18.1% (0-34%), respectively. Patients with the highest pain and oral PROMS scores post op had bilateral BMGs or the smallest mouth opening and shortest length. Mean microscopic thickness of each layer of BMG: epithelium- 692 μ (500-1200), lamina propria- 97 μ (50-200), and submucosa-1093 μ (400-1900). Average mucositis score 2.9(0-11) and BMG friability - 2 (1-3). The patient with a VCUG leak had the highest mucositis index score, lowest SHIM and thickest submucosa.

CONCLUSIONS: Harvested BMG vary in quality as to elasticity, thickness, friability and histology. Smaller mouth dimensions appear to be associated with worse post-operative morbidity and pain. Worse BMG histology as to mucositis and submucosa thickness appear to negatively affect graft take. A larger multi-institutional study is currently underway.

Source of Funding: NONE

MP67-13 QUALITATIVE ANALYSIS OF ONLINE DISCUSSION BOARDS FOR URETHROPLASTY

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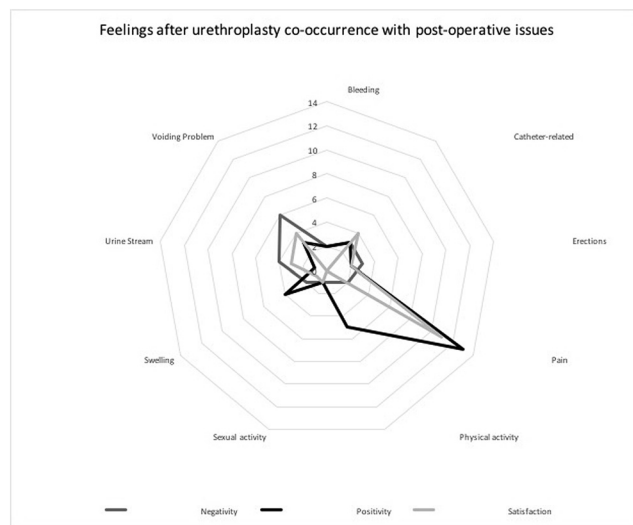
INTRODUCTION AND OBJECTIVES: Online discussion boards allow patients with urethral stricture disease (USD) to connect with others afflicted with the disease. It is unknown how men use these web resources and what information is available related to urethroplasty, the definitive treatment for USD. In this study, we aimed to describe the patient experience and chief concerns with urethroplasty in order to improve physician understanding and patient education.

METHODS: Three online discussion forums featuring urethroplasty were identified by a Google search. Codes were created to capture and categorize the content of patients' posts using a thematic analysis process. Three graders practiced applying codes to the same posts to assess agreement and came to a consensus on proper code

rules. Codes were applied and descriptive statistics generated using Dedoose (Los Angeles, CA).

RESULTS: A total of 141 unique posters contributed 553 posts to the forums. There were 5,151 code applications. The categories of posts included information support (n=651), feelings towards other posters (n=312), considerations before urethroplasty (n=134), own experience pre-urethroplasty (n=336), issues post-urethroplasty (n=472), feelings after urethroplasty (n=233), and what to expect post-urethroplasty (n=265). Experience navigating the healthcare system with urethral stricture disease (n=141) and weak urine stream (n=70) were the most prevalent pre-urethroplasty codes. Post-operative pain (n=166) was the most frequent issue. Patients expressed more positivity (n=126) and satisfaction (n=120) than negativity (n=38) with urethroplasty. Feelings after urethroplasty are summarized by their co-occurrence with post-operative issues (fig 1). Post-operative pain did not necessarily correlate with patient dissatisfaction.

CONCLUSIONS: Patients participated in online discussions to share their experiences with USD and urethroplasty, connect with others for emotional support, and find answers to their questions. Men were more often satisfied than not with the outcomes of urethroplasty. This study provides physicians with valuable insight into the experiences of their patients and how best to educate and guide them through the process. These resources could represent a novel avenue to elicit content for a PROM for USD.



Source of Funding: None

MP67-14 BULBAR SPARING "Z" ANASTOMOTIC PRIMARY REPAIR OF URETHRAL STRICTURES

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INTRODUCTION AND OBJECTIVES: Primary repair of bulbar strictures has been introduced using the "Z" anastomotic method by this author as a means to bridge gaps using available tissue, albeit with division of the urethra in the process of scar excision. Progress continues in attempts to preserve bulbous spongiosum perfusion and avoid unnecessary tissue disruption. We hereby report our experience in the performance of the "Z" anastomotic technique without division of the bulbous spongiosum and thus vascular preservation of the urethra.

METHODS: 27 patients with a mean age of 37 years (15 - 63) underwent repair of bulbar urethral stricture measuring 1-2 cm. The urethra was dissected off the penile corpora extending from the suspensory ligament to the external sphincter. The stricture was dorsally incised longitudinally. The strictured mucosa was dissected off the underlying healthy bulbous spongiosum tissue without division of either the remaining bulbar tissue or the bulbar arteries. The spatulation of the