CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY



e-mail: info@urethralcenter.it

Websites: www.uretra.it www.urethralcenter.it



5th Surgical Workshop of CUGRS SAVA PEROVIC

3-day Live-Surgery Workshop and Lectures 26 - 28 September 2013

Belgrade – Serbia

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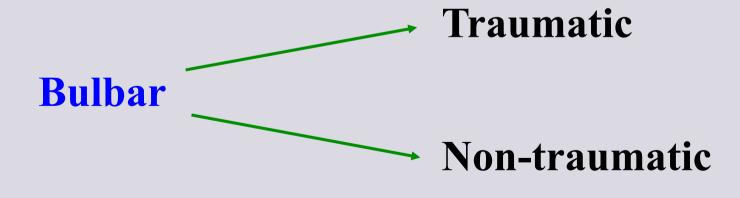


New classification of urethral stricture diseases and a semplified algorithm for their treatment

New classification of anterior urethral strictures







Simple penile urethral stricture



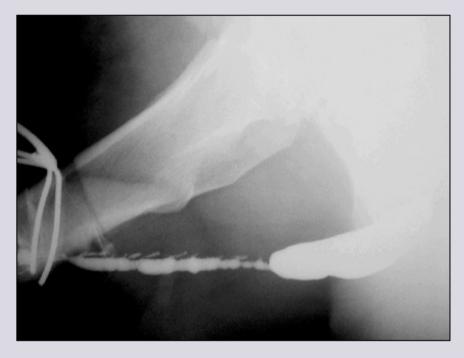


- 1. The penis and genitalia are normal
- 2. Practicable urethral plate
- 3. No Lichen sclerosus
- 4. No failed hypospadis repair
- 5. No prior failed urethroplasty

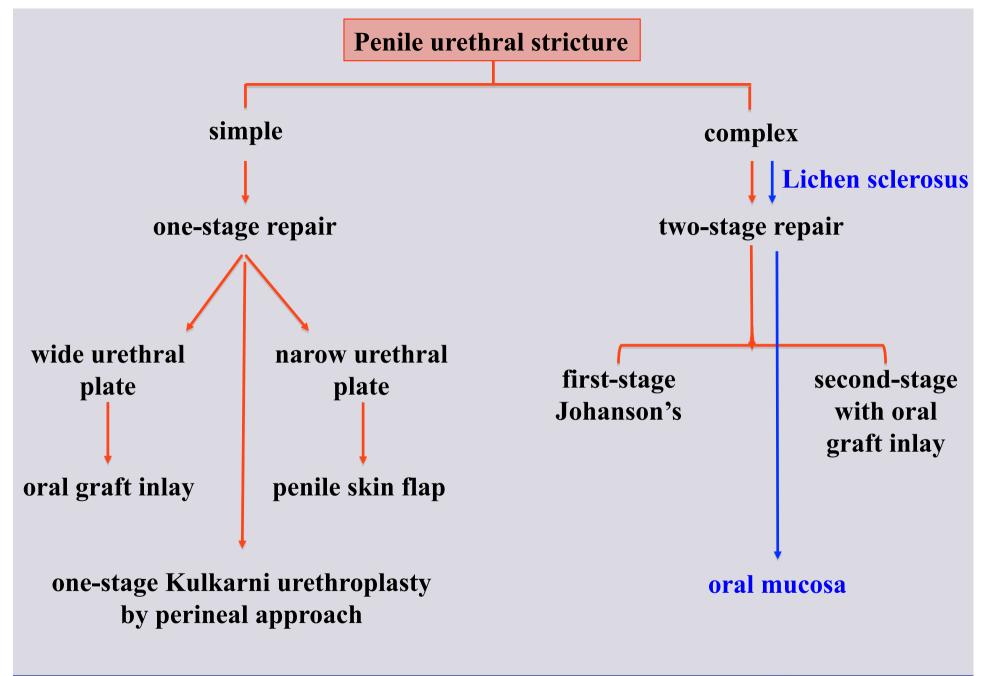
Complex penile urethral stricture





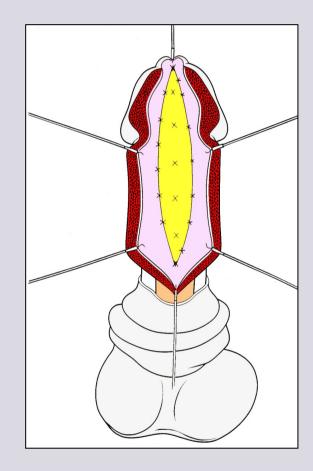


- 1. Genital Lichen sclerosus
- 2. Failed hypospadias repair
- 3. Prior failed urethroplasty
- 4. No practicable urethral plate



One-stage penile graft urethroplasty (wide urethral plate)

Surgical technique







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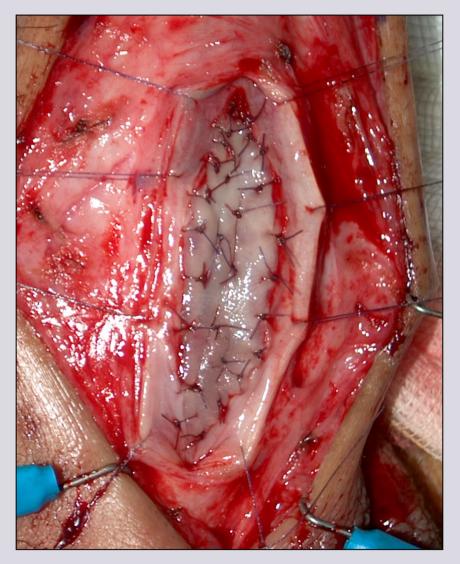
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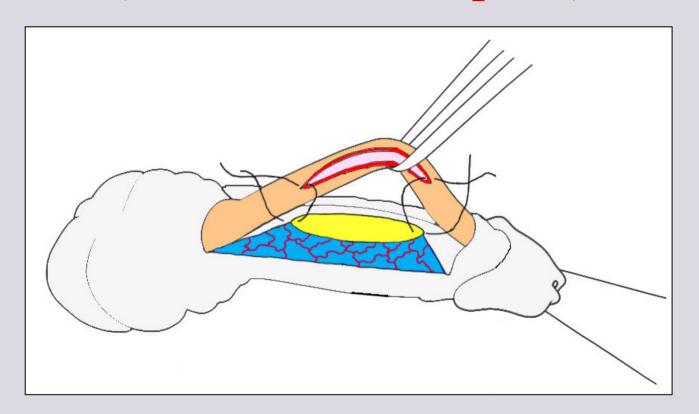




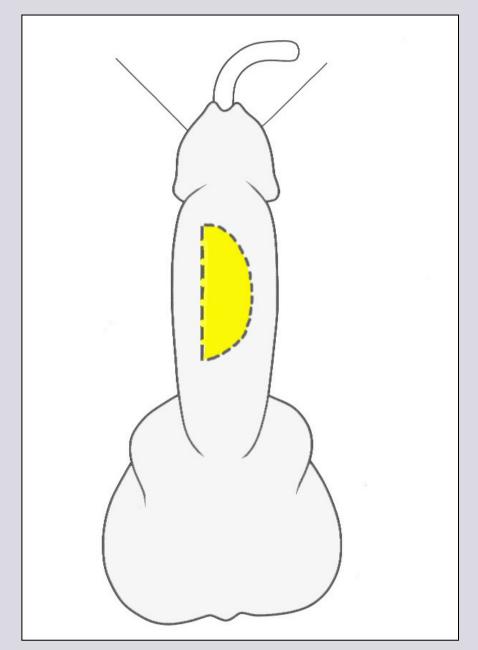


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One-stage penile flap urethroplasty (narrow urethral plate)

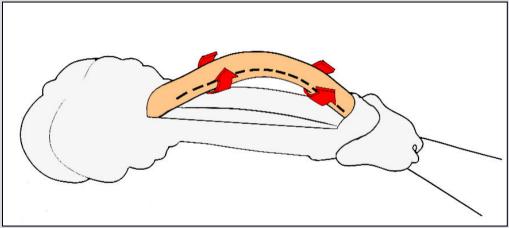


Surgical technique

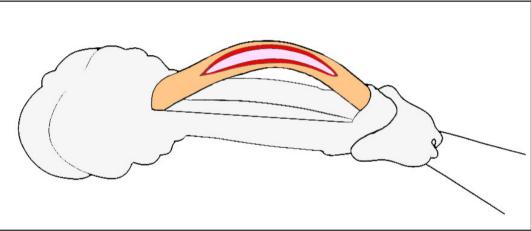




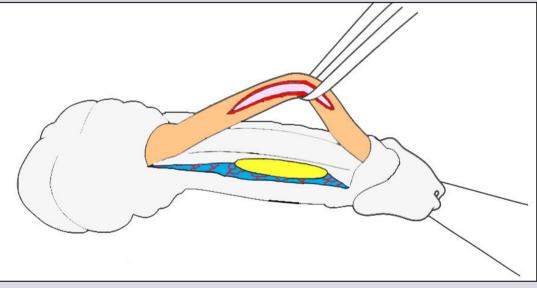




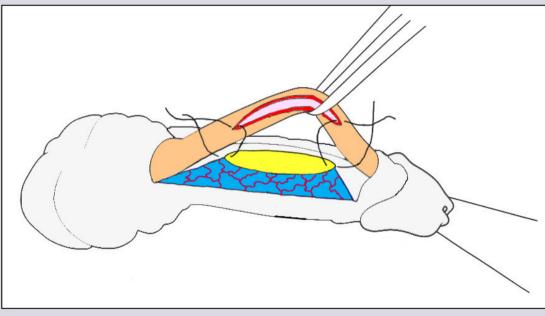




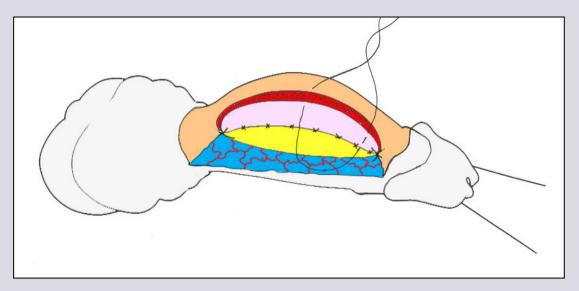


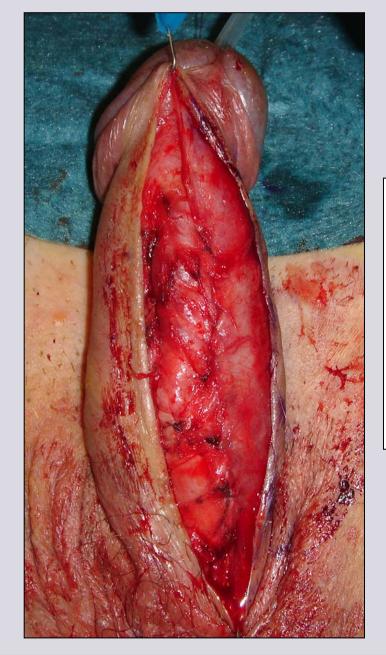


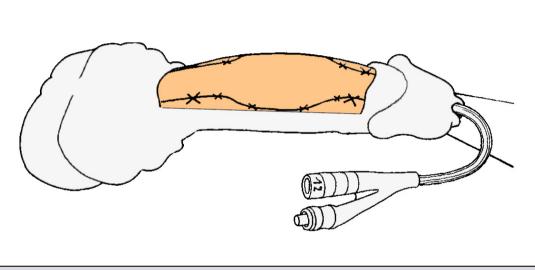




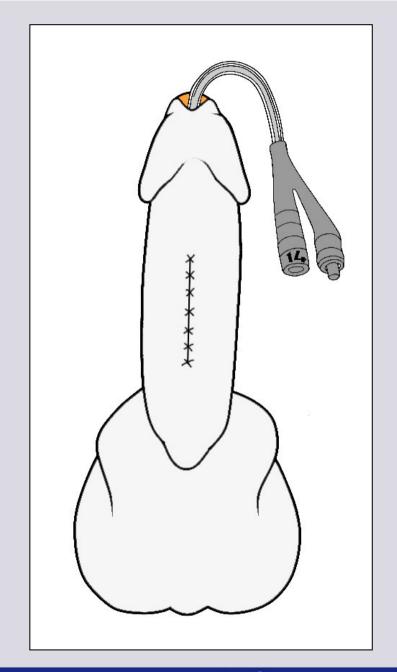












One-stage penile urethroplasty: graft or flap?

❖ NO sure data available from literature

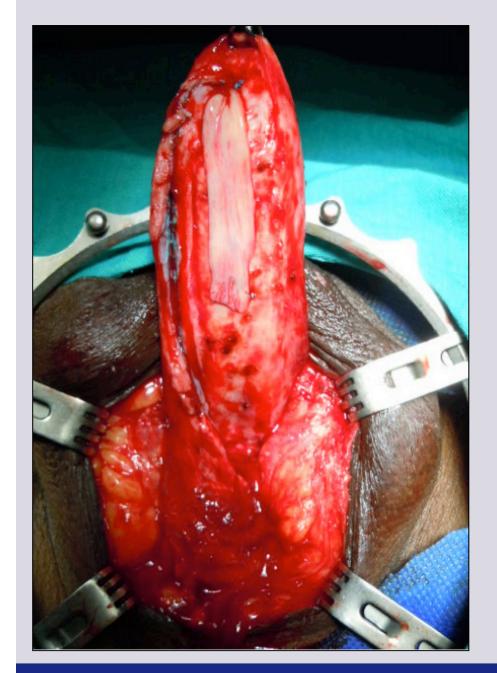
❖ NO comparative studies including evaluation of post-operative sexual and aesthetic dysfuctions and patient satisfaction

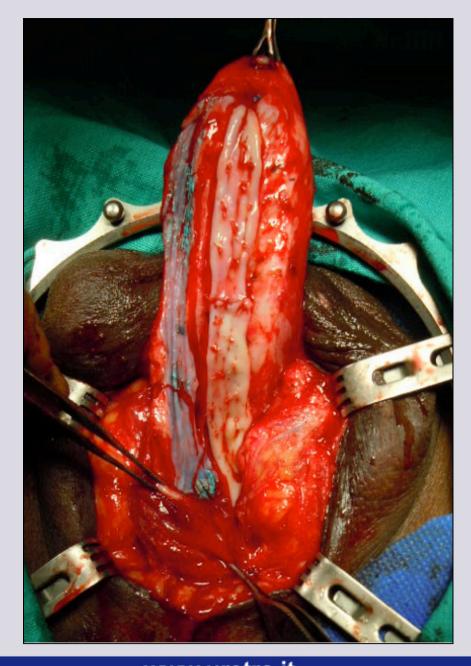
Surgeon background and preference



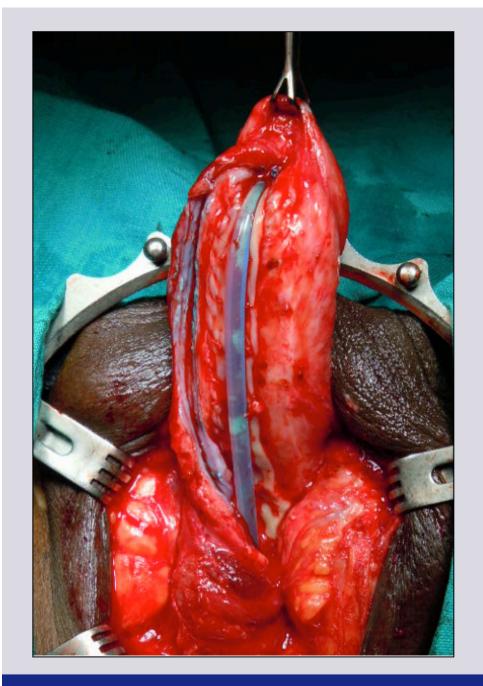
One-stage Kulkarni urethroplasty by perineal approach

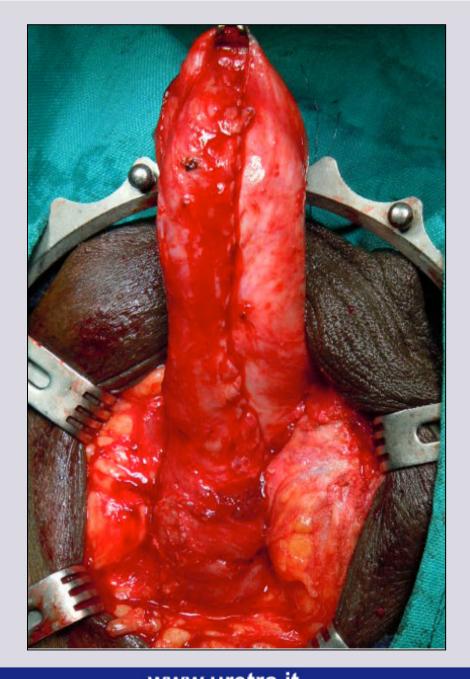
Surgical technique





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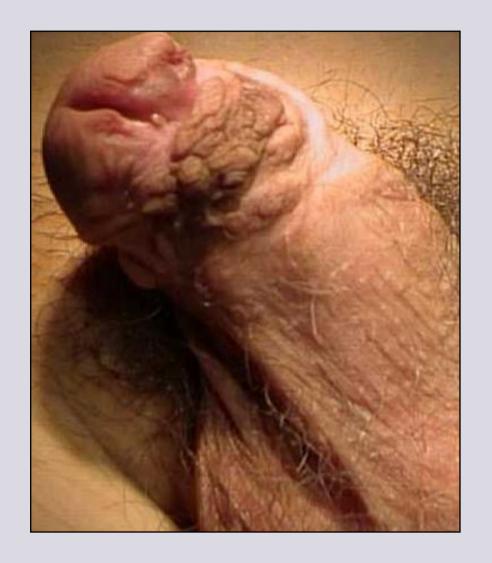




Surgical repair of complex penile urethral stricture Staged repair

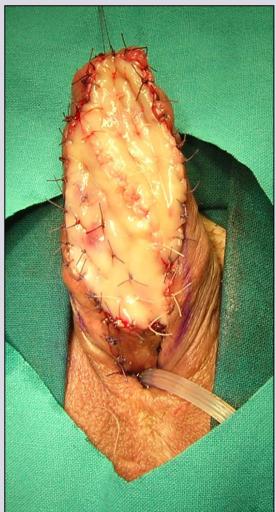


















Second stage











39% of patients require new surgical revision of the grafted area

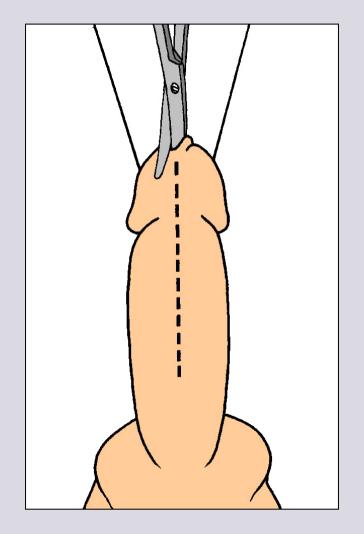


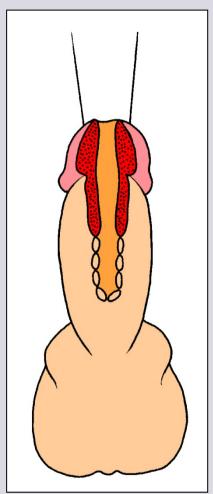


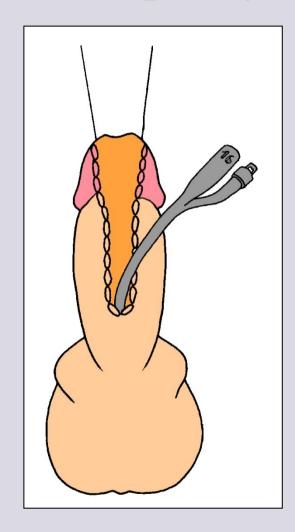


Eur Urol 2006; 49: 887-895

First stage – Johanson's urethroplasty







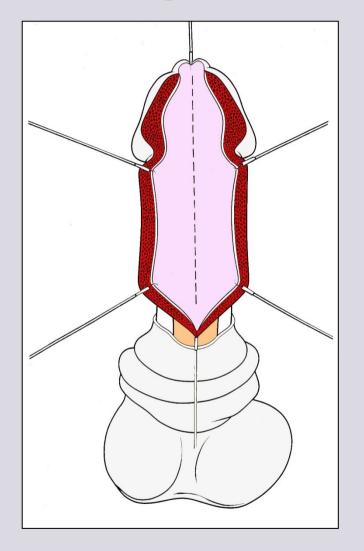
First stage – Johanson's urethroplasty





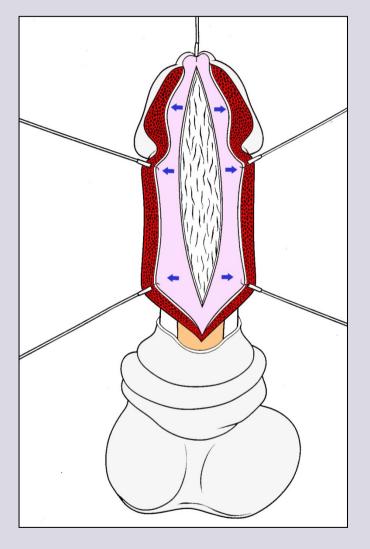


Second stage – Oral graft inlay urethroplasty



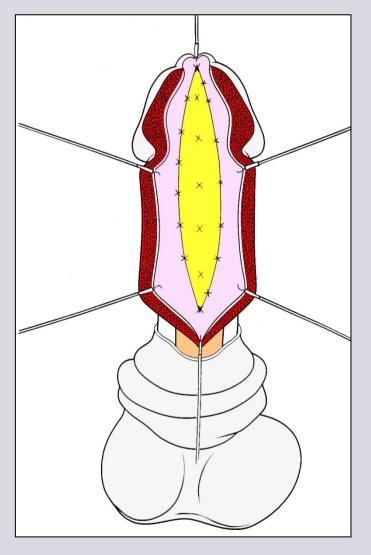


Second stage – Oral graft inlay urethroplasty



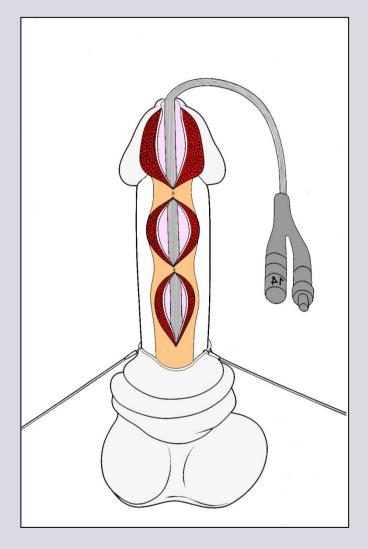


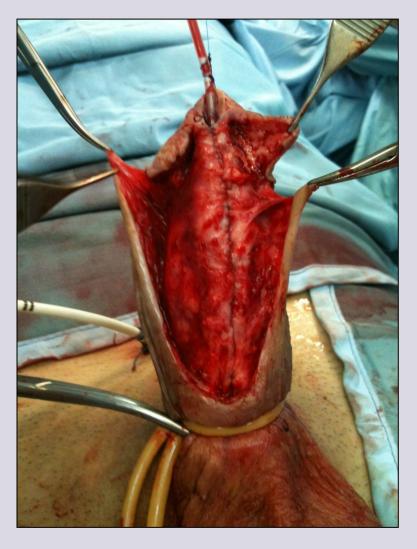
Second stage – Oral graft inlay urethroplasty





Second stage – Oral graft inlay urethroplasty





Second stage – Oral graft inlay urethroplasty









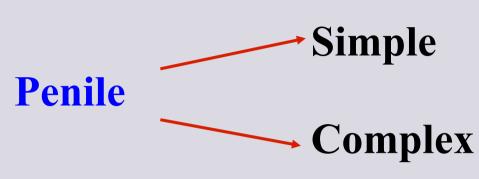


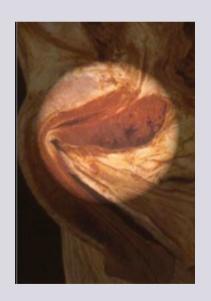


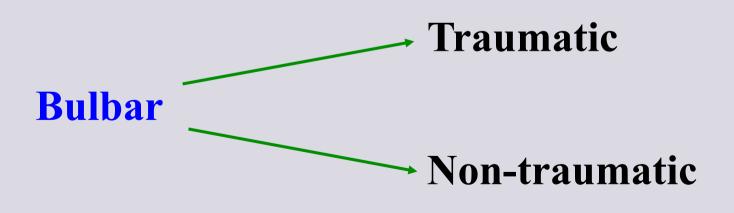


New classification of anterior urethral strictures









Etiology of bulbar urethral stricture



Catheter



Instrumentation



Infection



Trauma

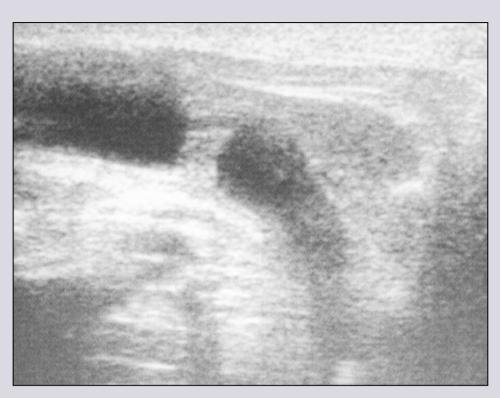
Idiopathic

Other

Radiotherapy

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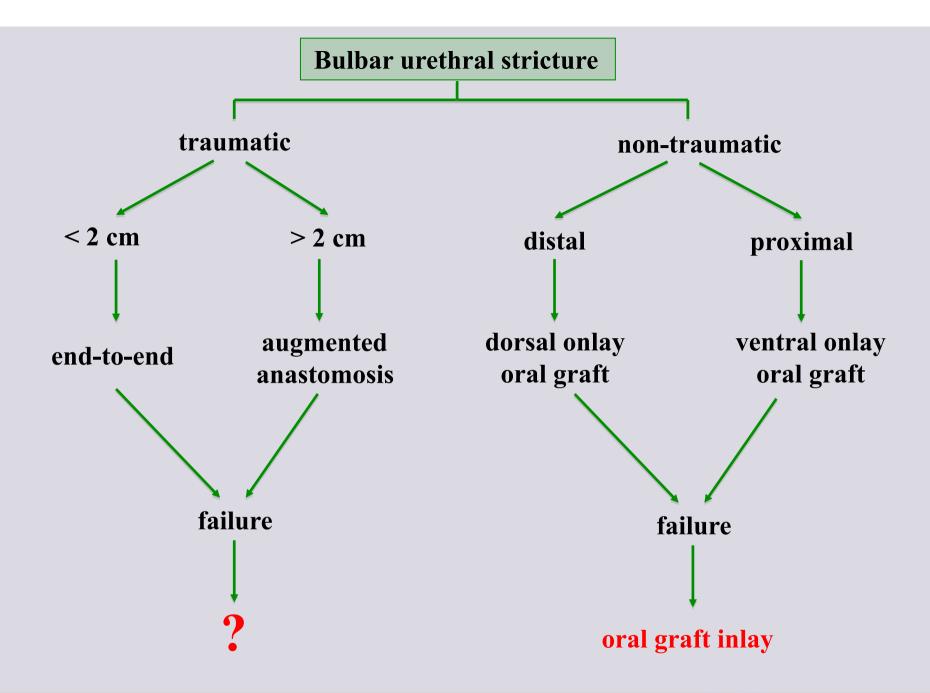


- 1. Obliterative stricture
- 2. No practicable urethral plate
- 3. Scar tissue
- 4. Short or long fibrous gap

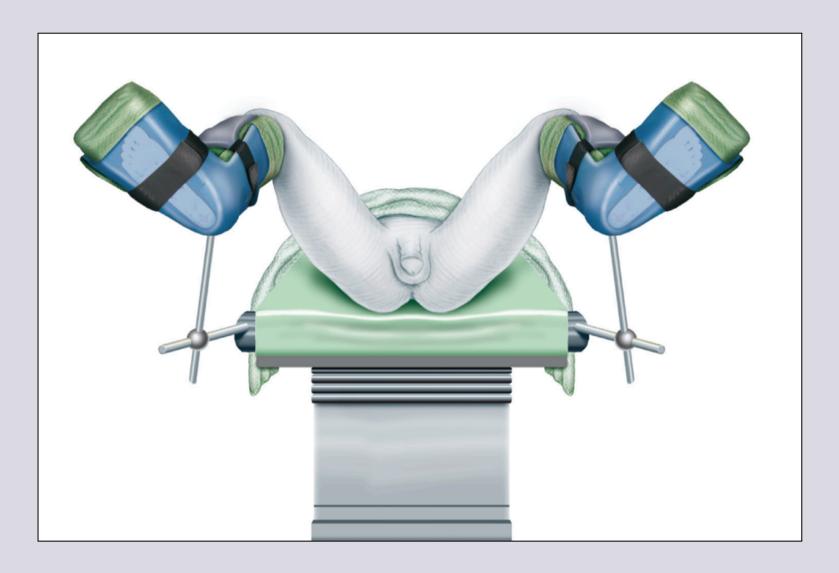




- 1. Etiology: idiopathic catheter instrumentation –infection other
- 2. Practicable urethral plate (3 Fr. Sensor guidewire)
- 3. No fibrous gap



Reconstruction of the bulbar urethra in traumatic stricture



Simple lithotomy position



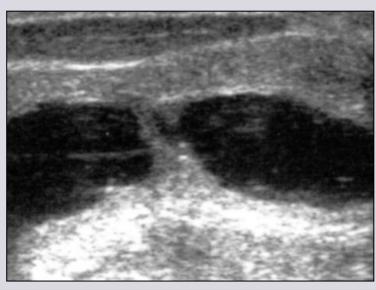
Allen stirrups

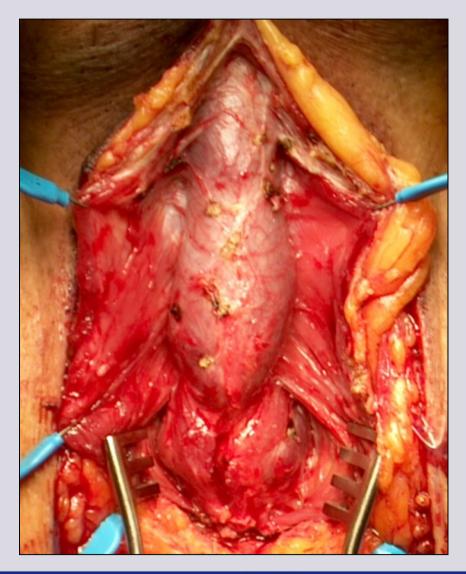


Sequential inflatable compression sleeves

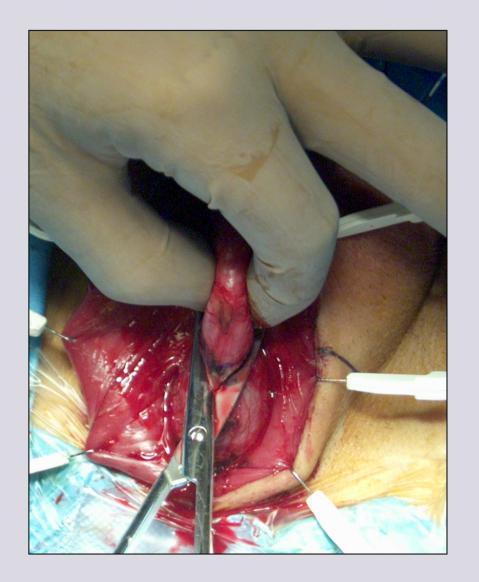
1 - 2 cm traumatic bulbar urethral stricture

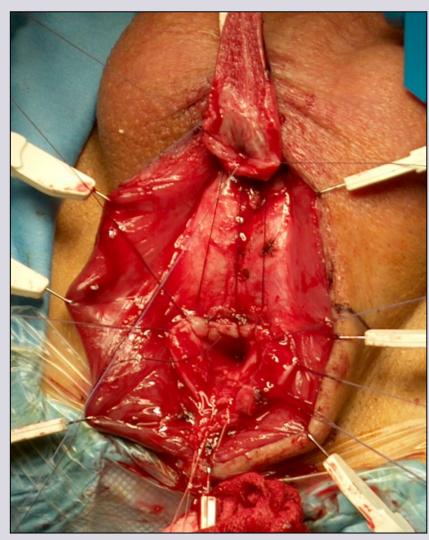


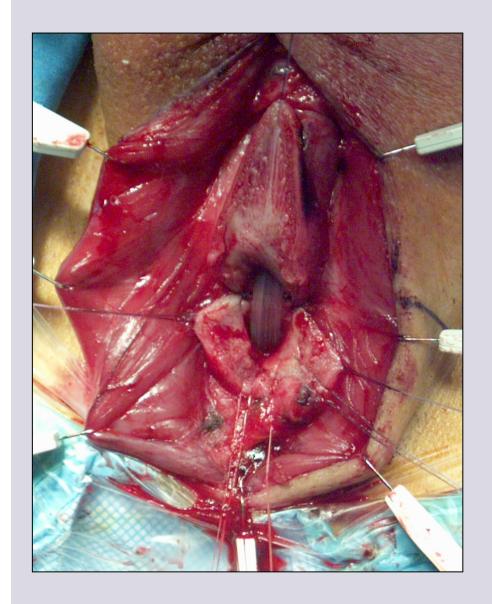


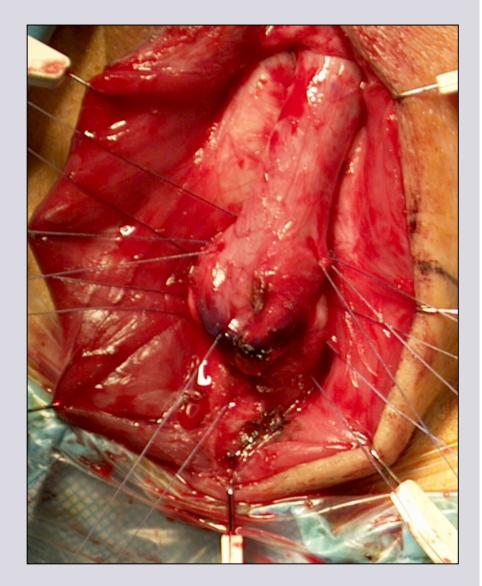


End-to-end anastomosis

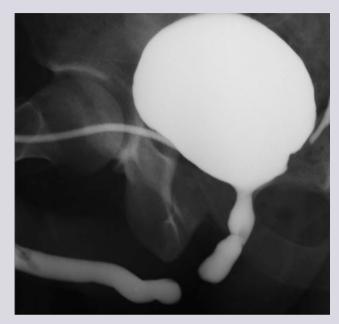


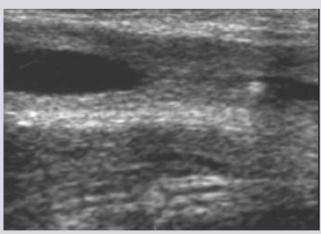


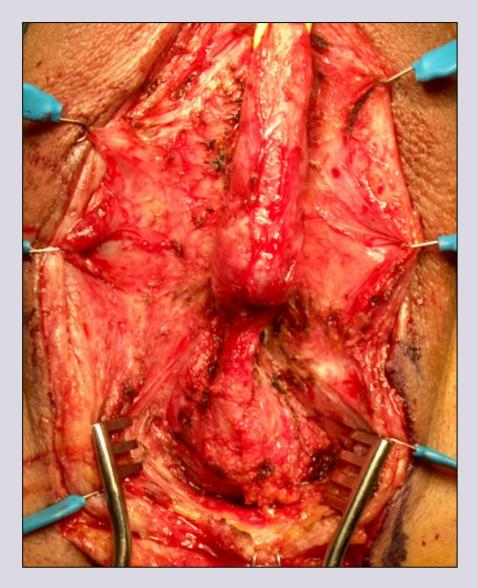




2 - 4 cm traumatic bulbar urethral stricture

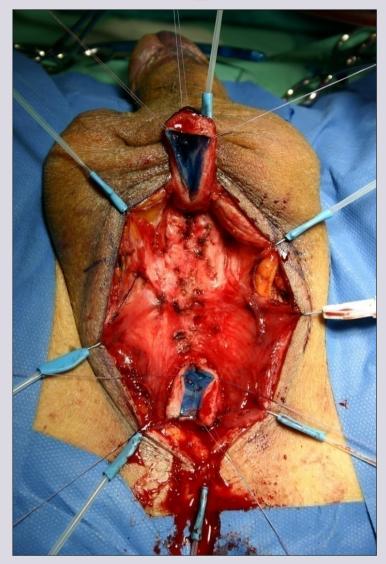






Augmented anastomotic repair











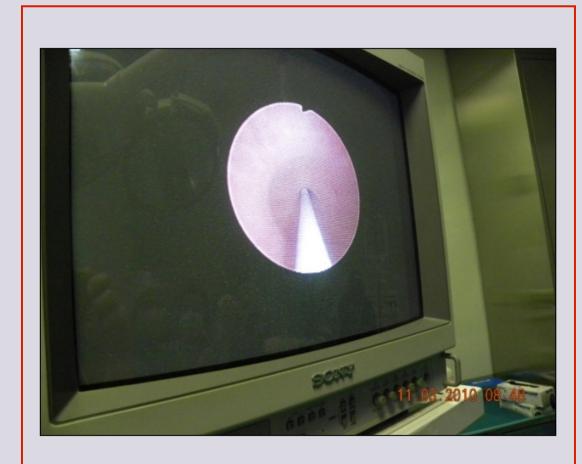




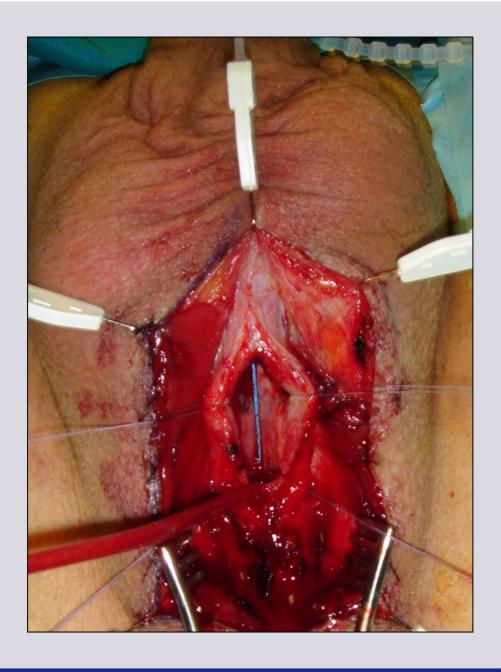
Reconstruction of the bulbar urethra in non-traumatic stricture



Pre-operative urethroscopy



Insert Sensor 3 Fr. guidewire





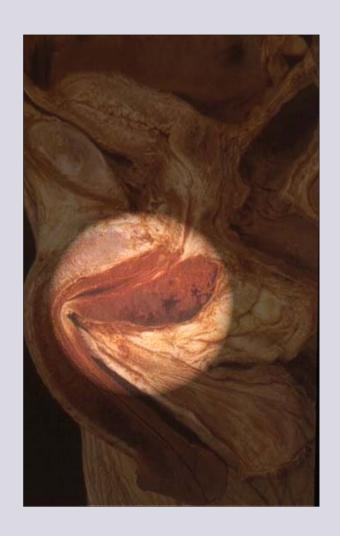
Inject methylene blue inside the urethra

(G. Webster)





Calibrate the distal urethra and identify the distal stop



Ventral or dorsal graft?

Ventral or dorsal graft?

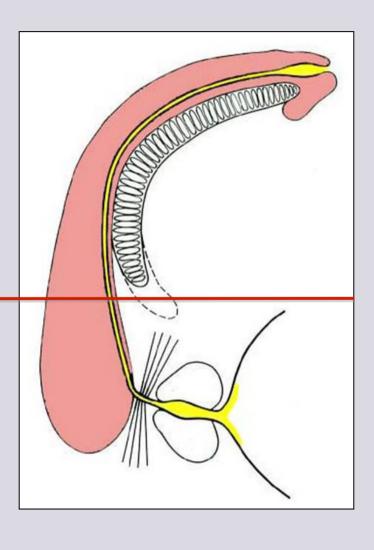


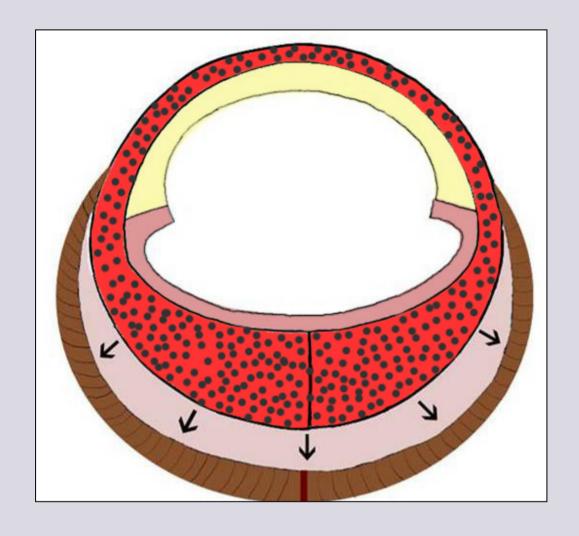
Distal

Dorsal onlay

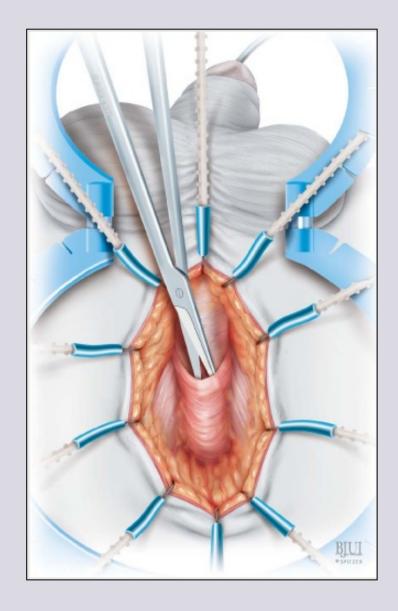


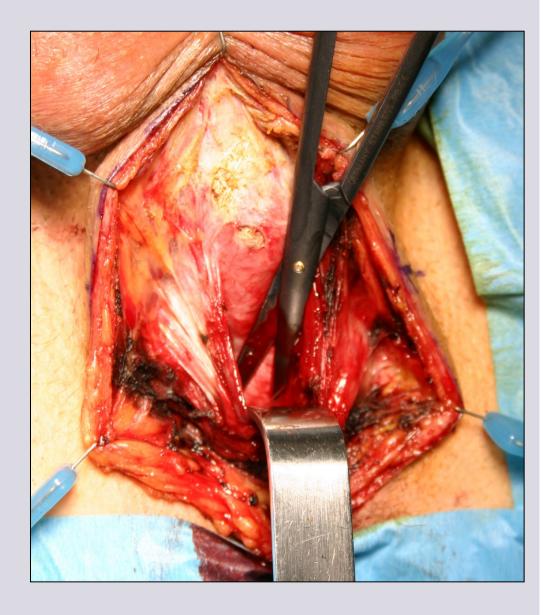
Proximal Ventral onlay

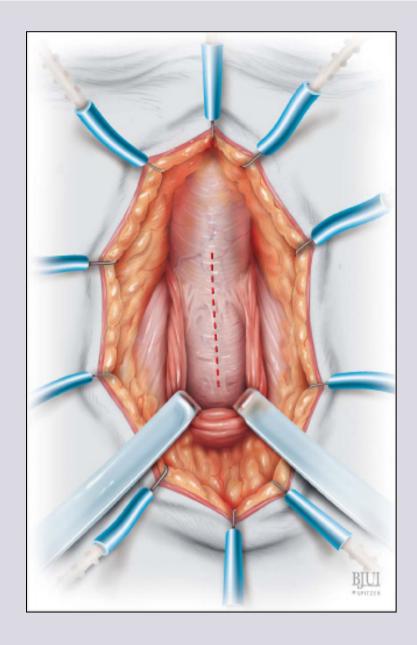


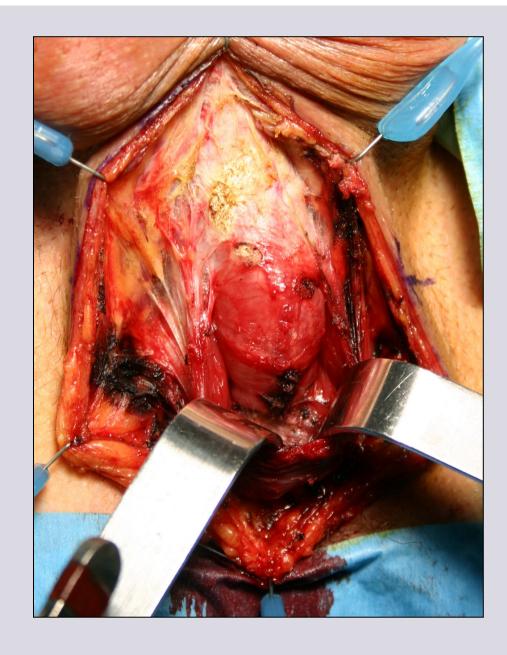


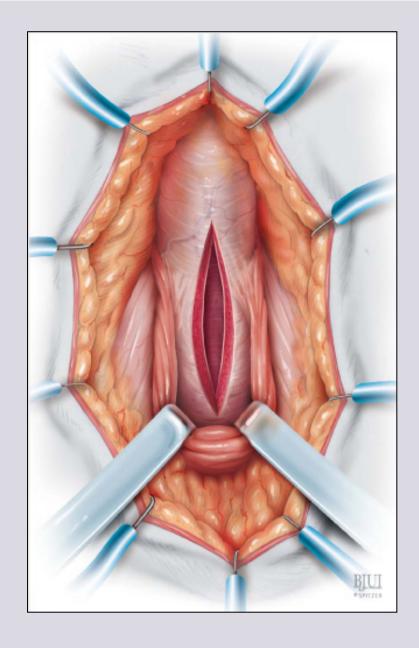
Muscle and nerve-sparing ventral onlay graft bulbar urethroplasty

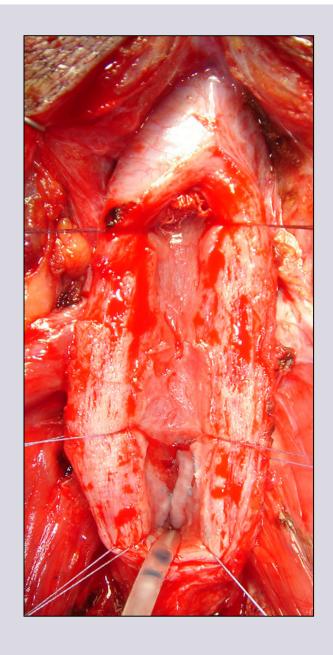


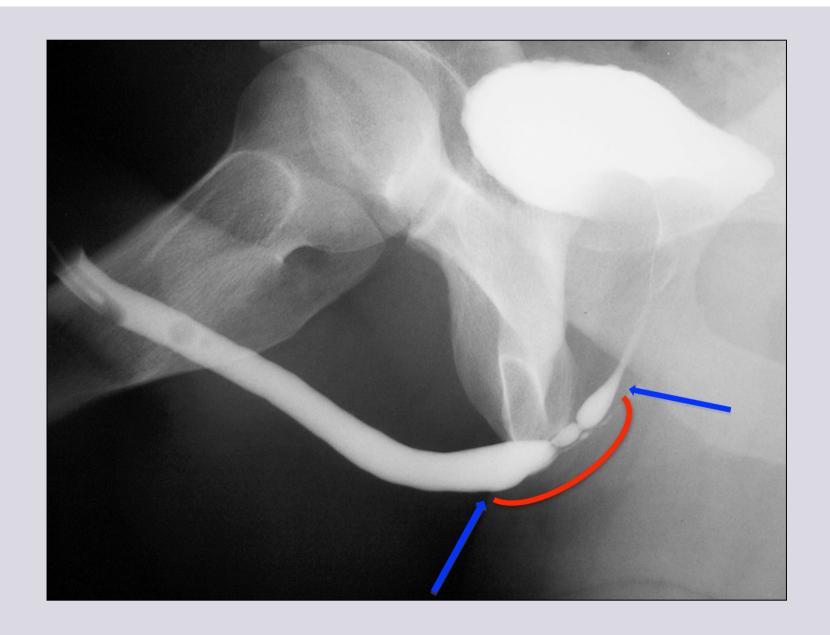


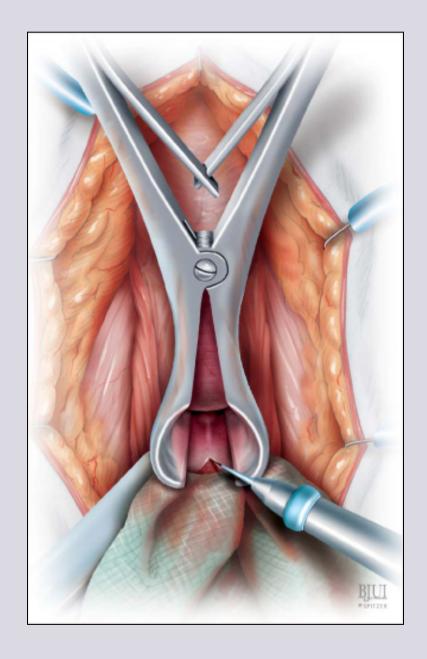






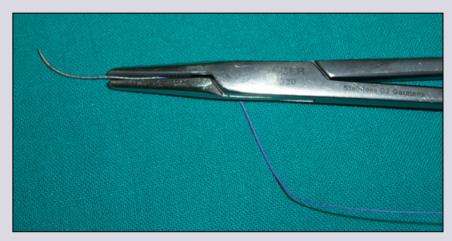


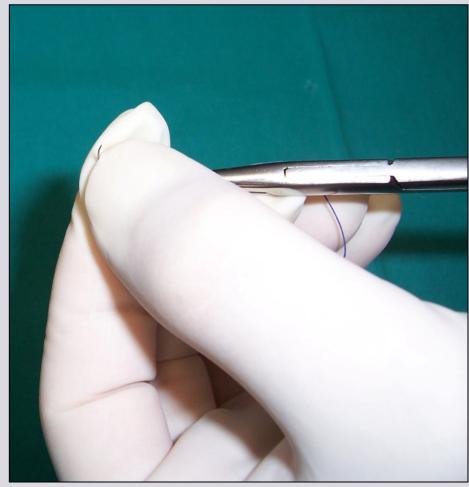


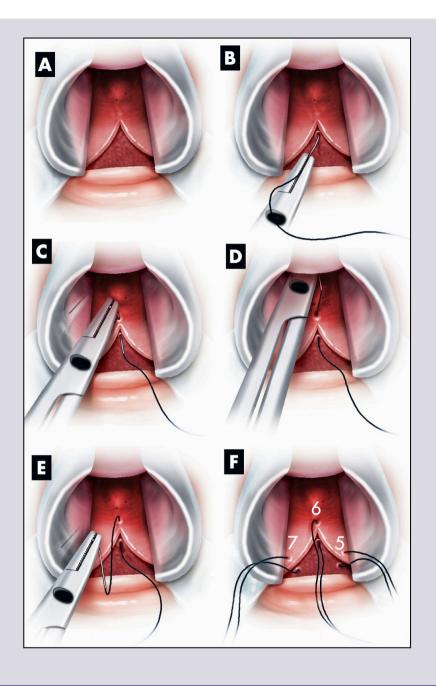


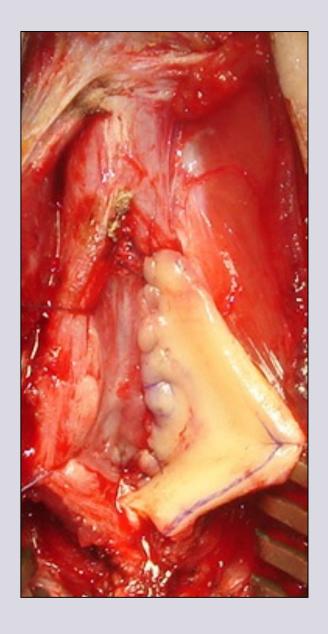


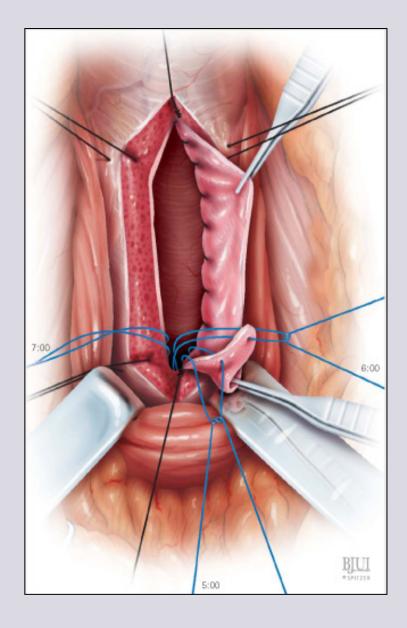


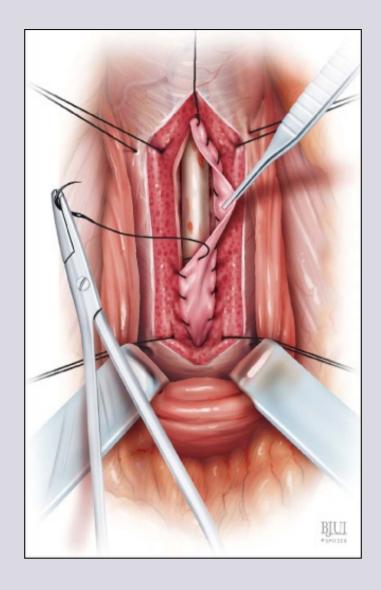




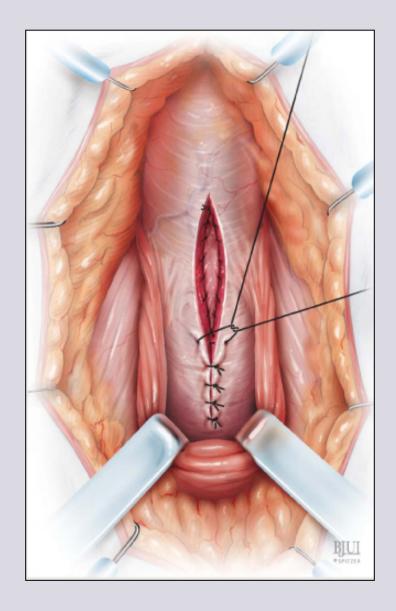


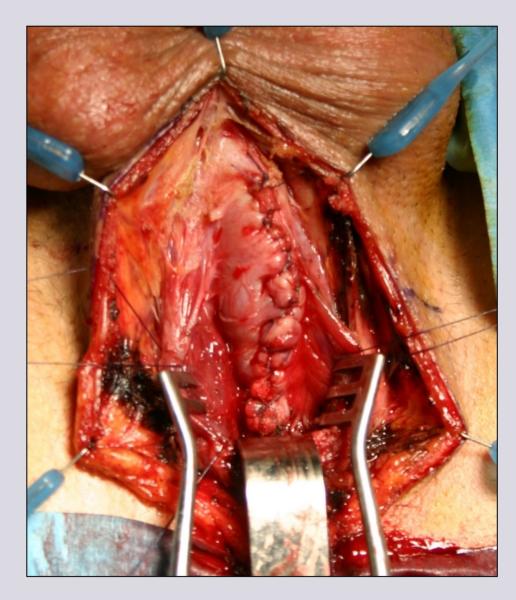


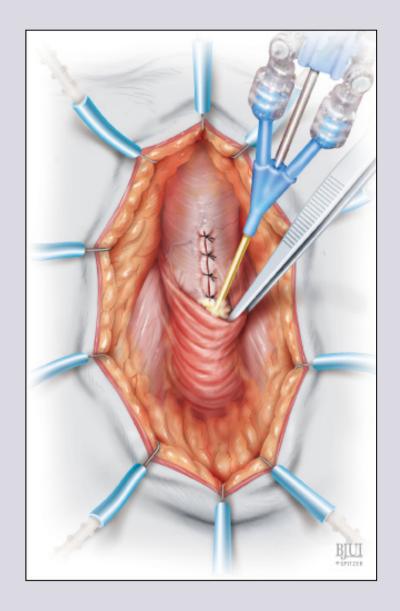






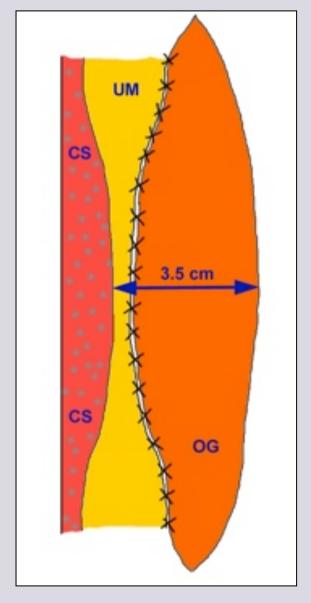


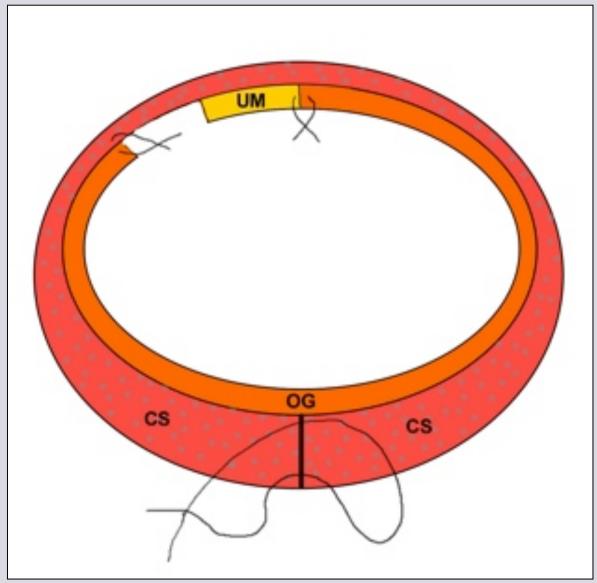






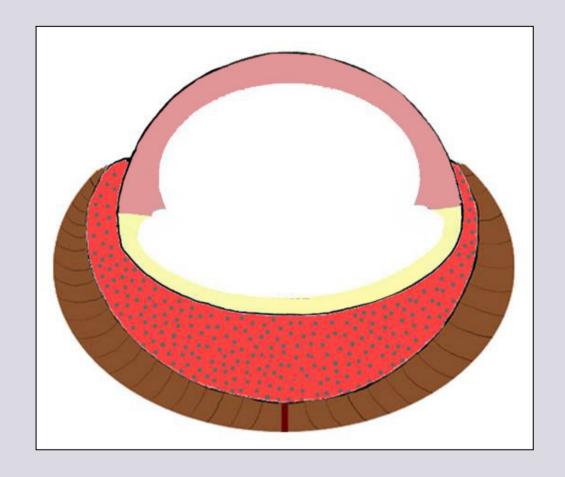




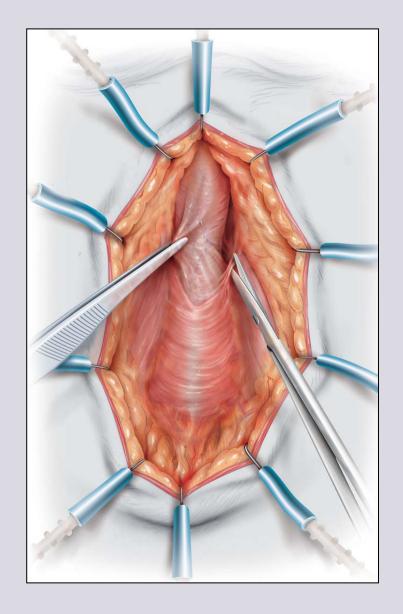


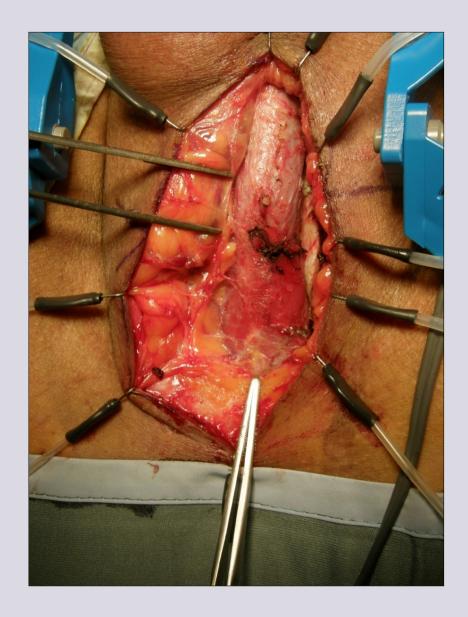


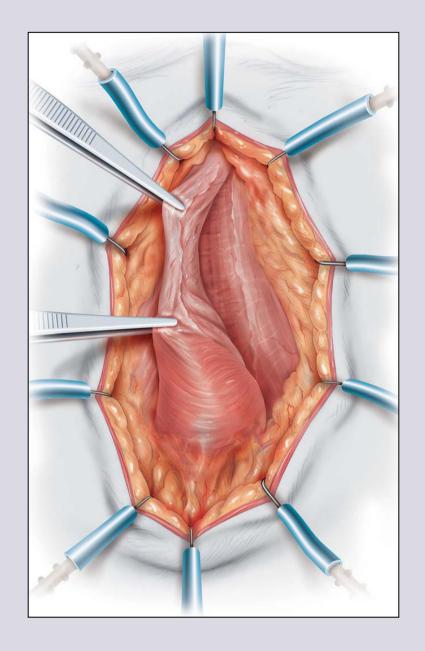


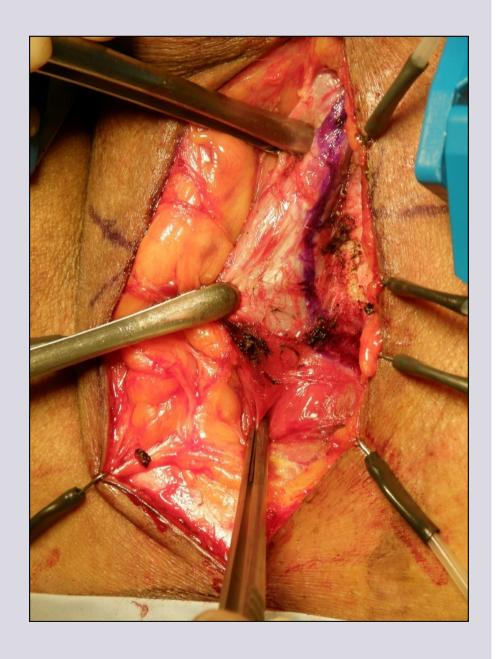


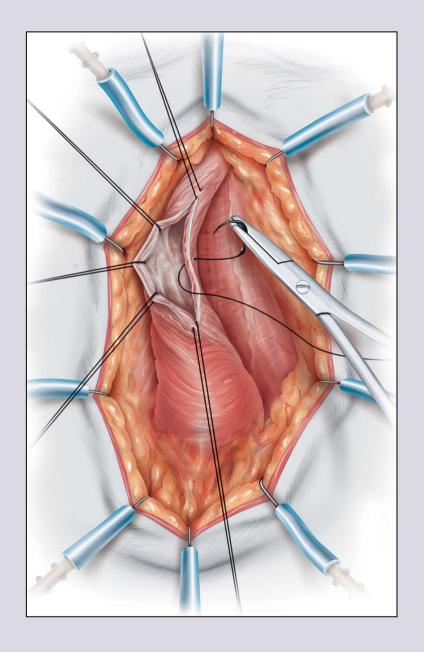
Muscle and nerve-sparing dorsal onlay graft bulbar urethroplasty

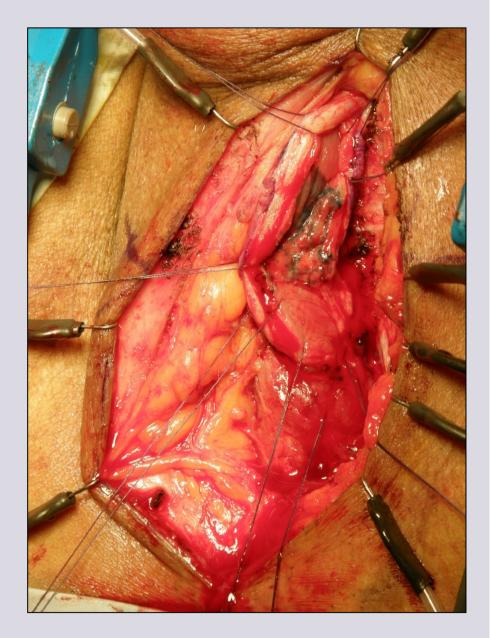


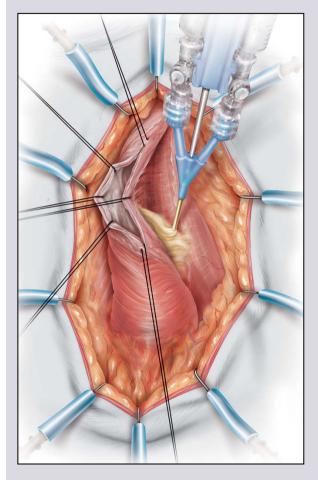


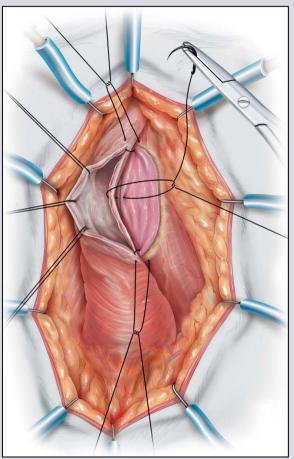


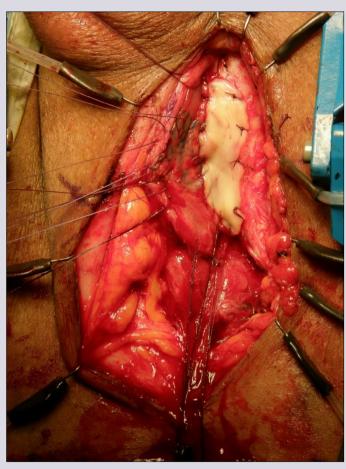


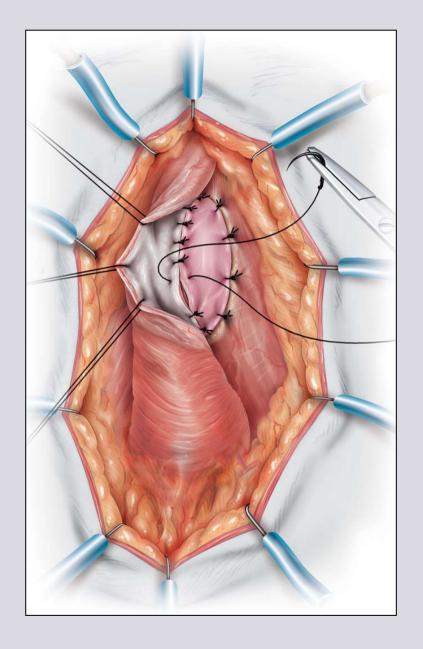


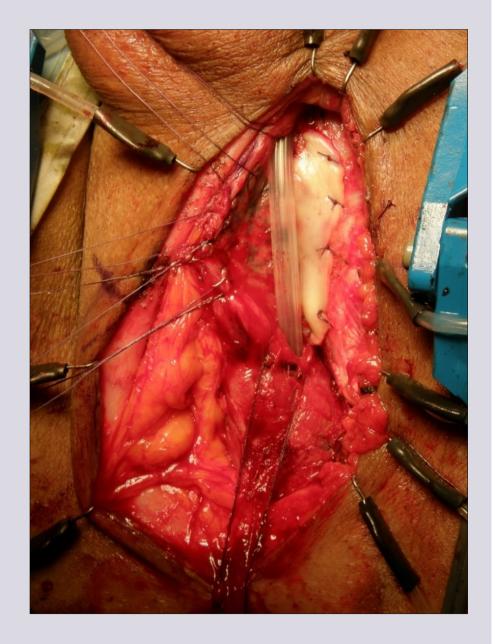


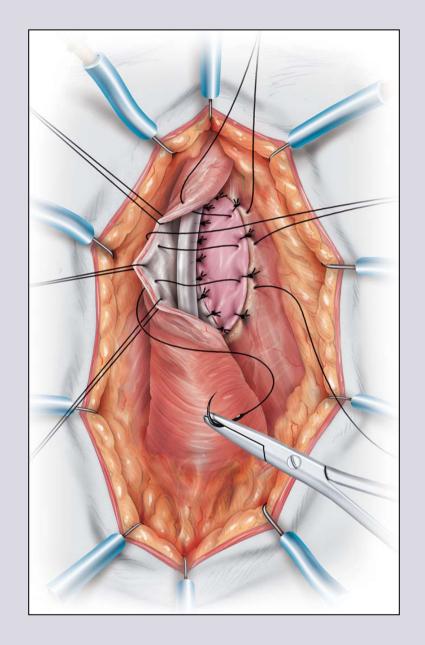


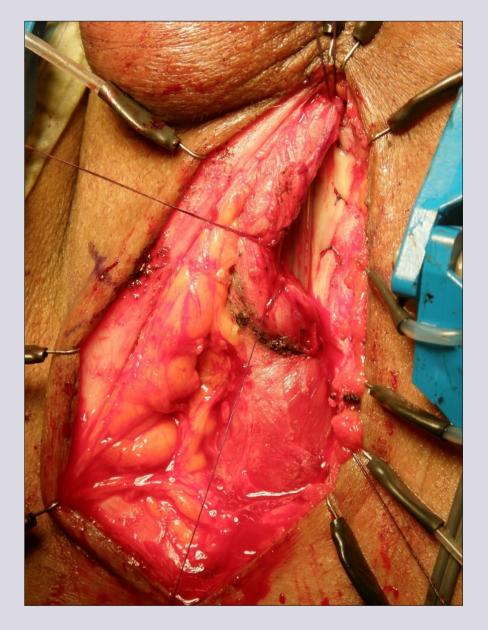


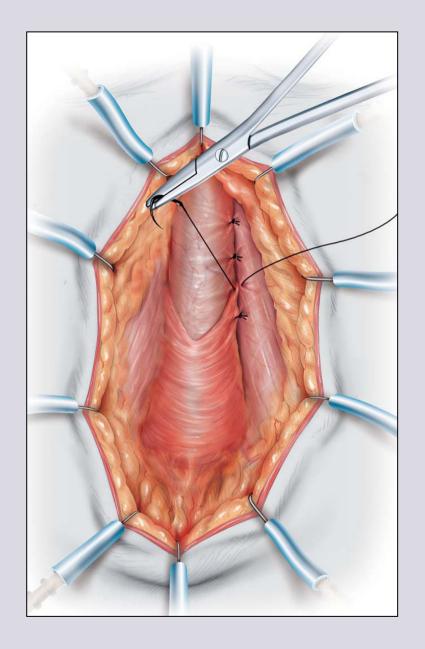






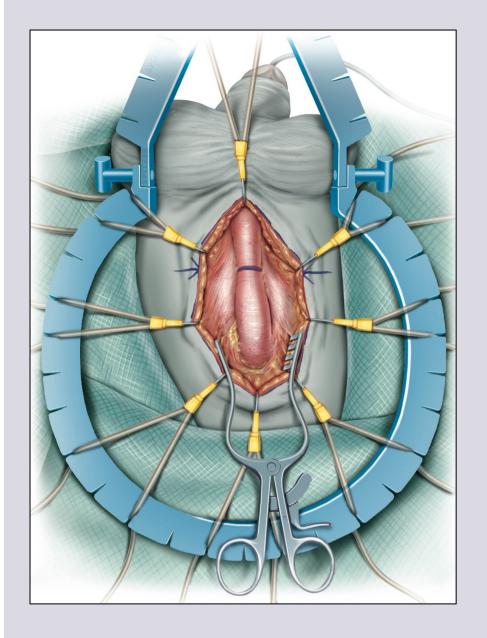


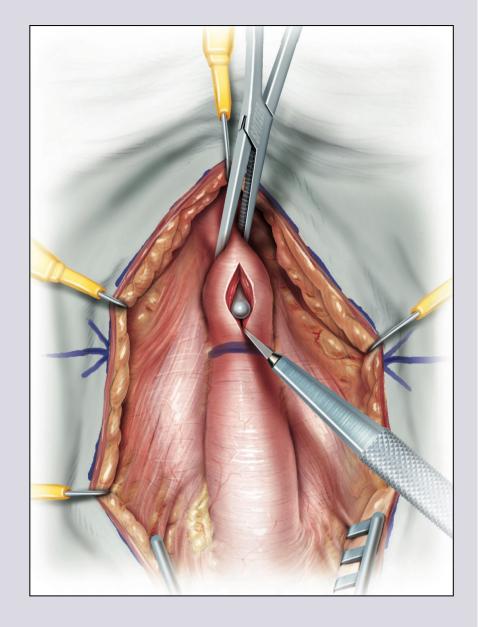


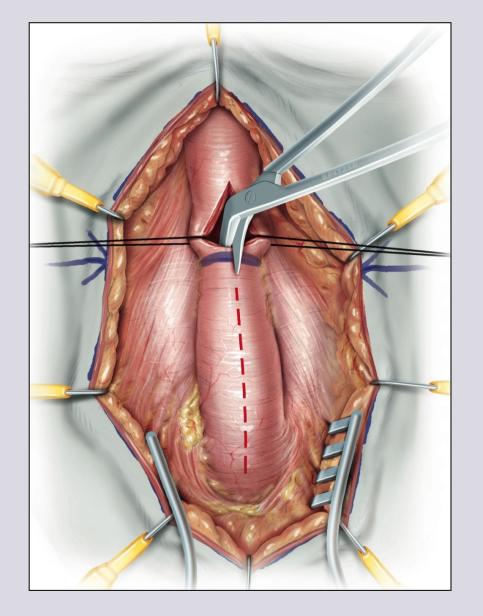


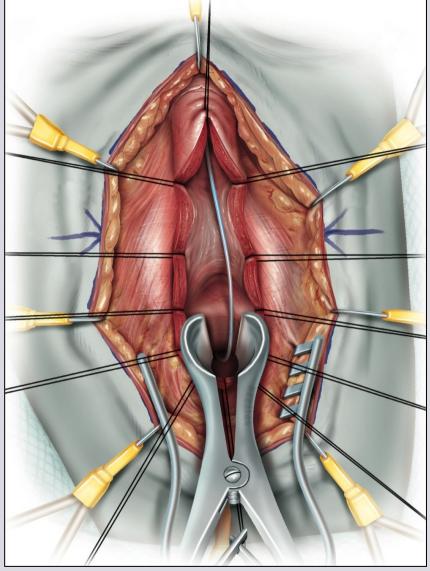


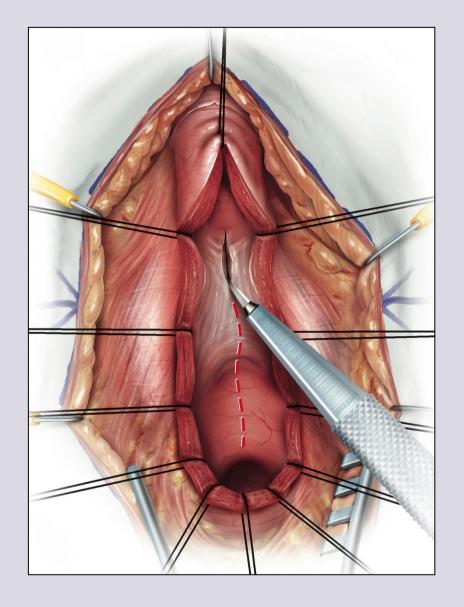
Reconstruction of the bulbar urethra after previous failed (dorsal or ventral) onlay urethroplasty

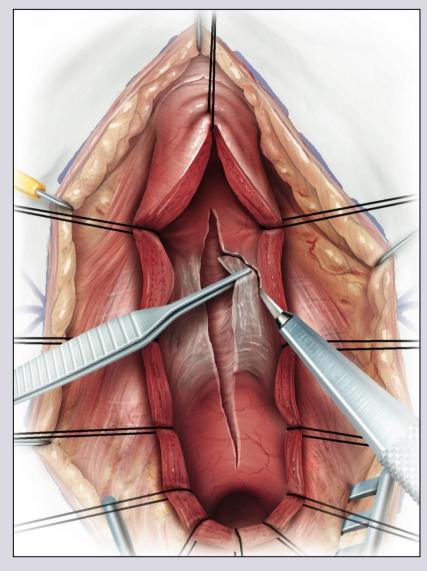


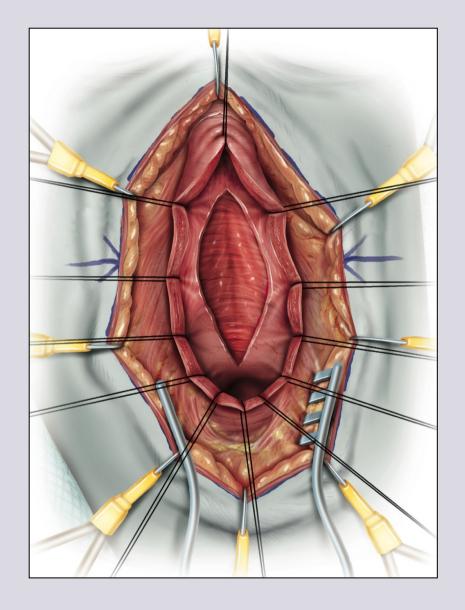


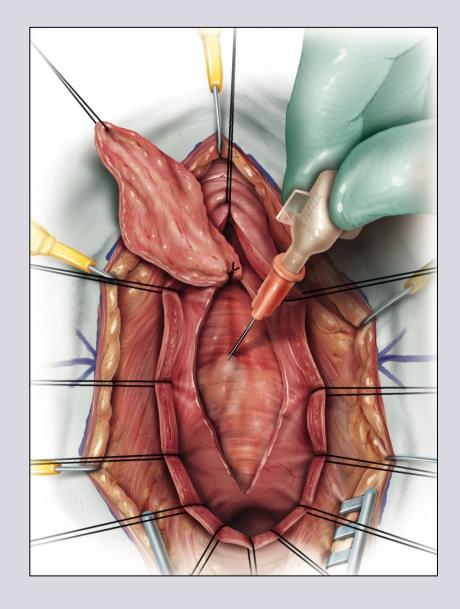


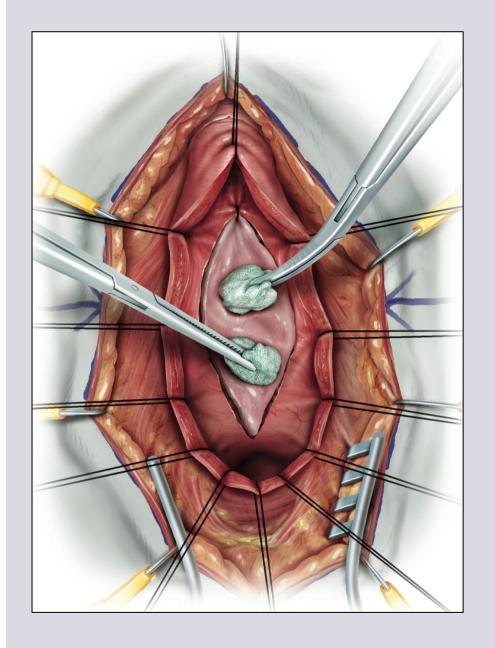


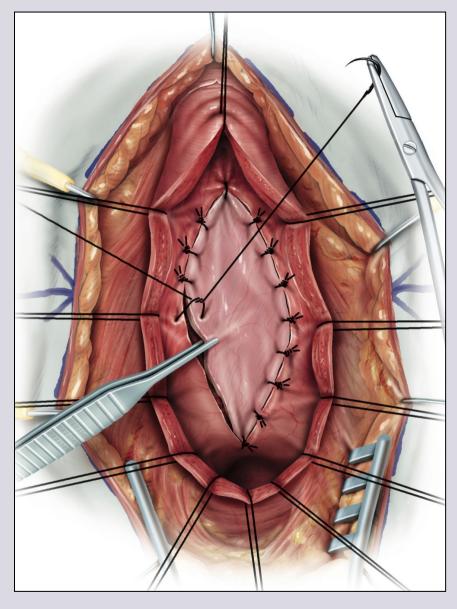


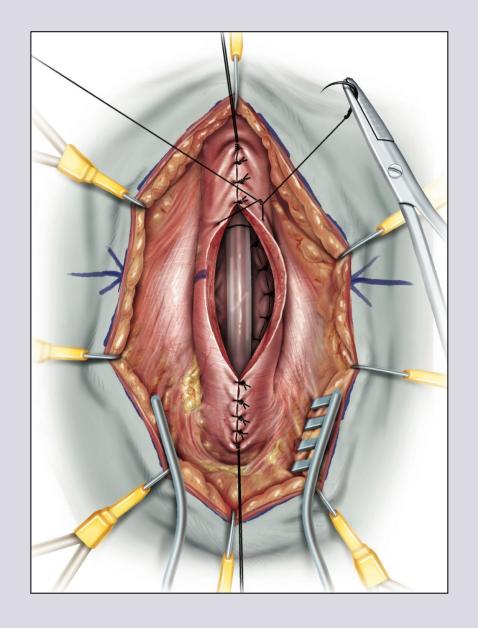


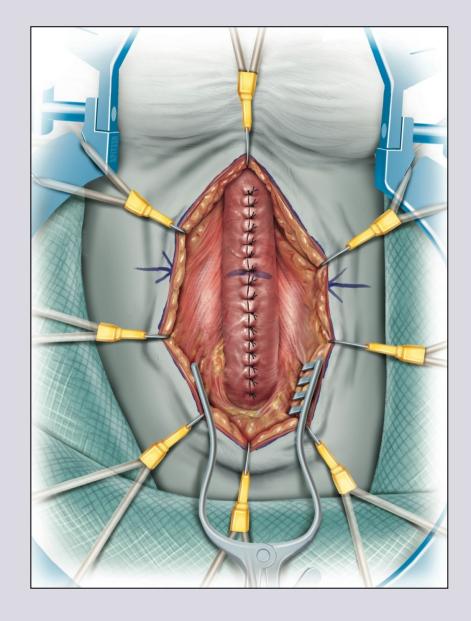














Conclusions

In the era of robotic surgery, it is also time to change urethral surgery!

❖ Increase the use of minimally invasive techniques in urethroplasty, reducing the incidence of complications and improving patient quality of life.



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