



Guido Barbagli

Center for Reconstructive Urethral Surgery

Arezzo - Italy

E-mail: info@urethralcenter.it

Website: www.urethralcenter.it

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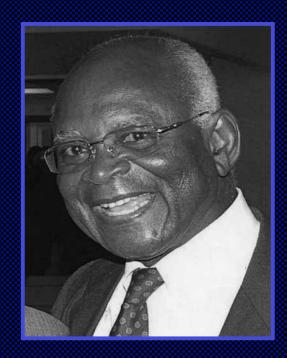
November 12 – 16, 2006

Cape Town – South Africa





Dedicated to John Quartey, respected colleague and friend. His passing is a great personal as well as professional loss



Professor John Quartey, FRCS





Buccal mucosal urethroplasty: how to do it





Harvesting buccal mucosal graft from the inner cheek







The patient is intubated through the nose, allowing the mouth to be completely free









Two surgical teams work simultaneously



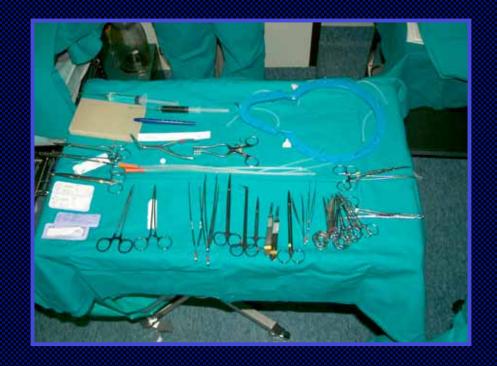




Two sets of surgical instruments



Buccal mucosa



Urethroplasty







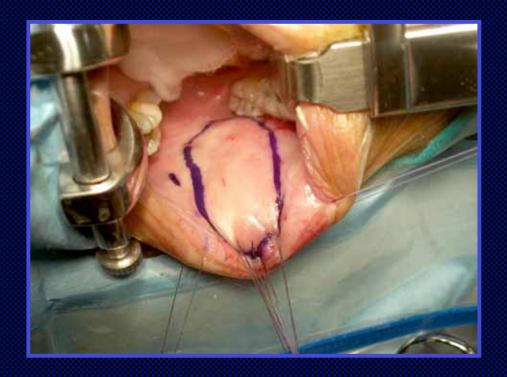
Appropriate mouth retractor



Only one assistant is needed to harvest the buccal graft



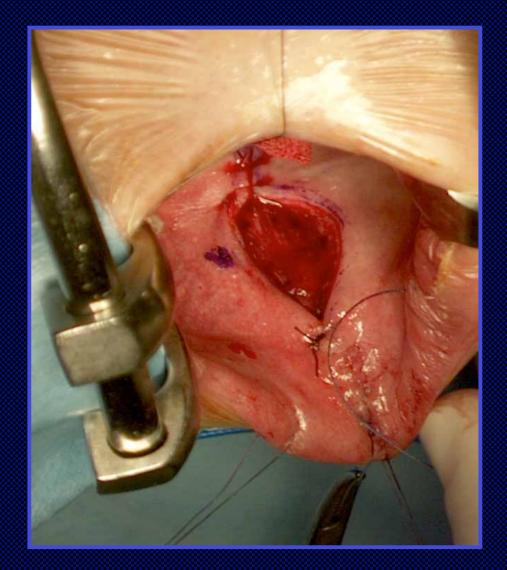








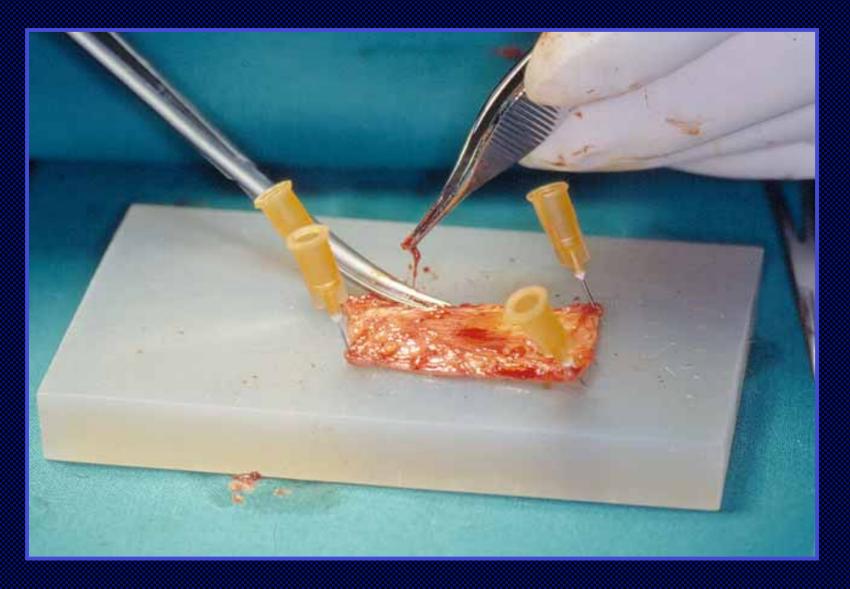








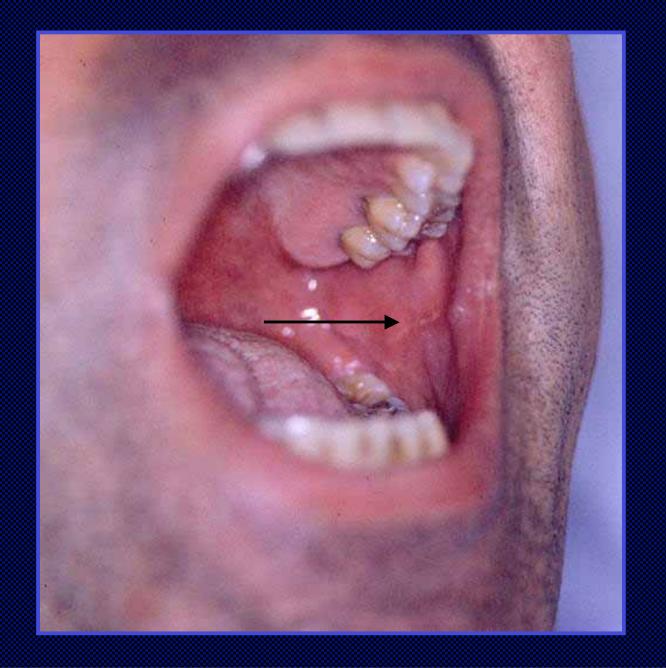




length 4 cm – width 2.5 cm











Advantages of the double team

decrease of contamination in surgery

decrease of surgical time to ~ one hour

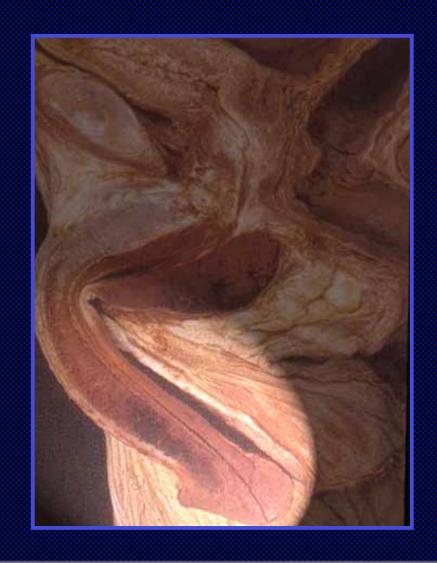
provides training opportunity for a young assistant interested in learning urethral surgery





Penile urethroplasty

The surgical technique
for the repair of penile
urethral strictures is
selected according to the
stricture etiology







Etiology of penile urethral strictures in 404 patients

- Failed hypospadias repair 40%
- Lichen sclerosus 40%
- Trauma
- **■** Instrumentation
- **■** Catheter
- **■** Infection
- Other causes

80%

20%

Barbagli 2006, unpublished data





In patients with penile urethral strictures due to:

trauma, instrumentation, catheter, infection and other causes



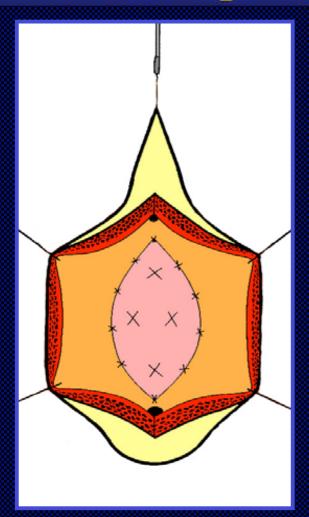


penis is normal





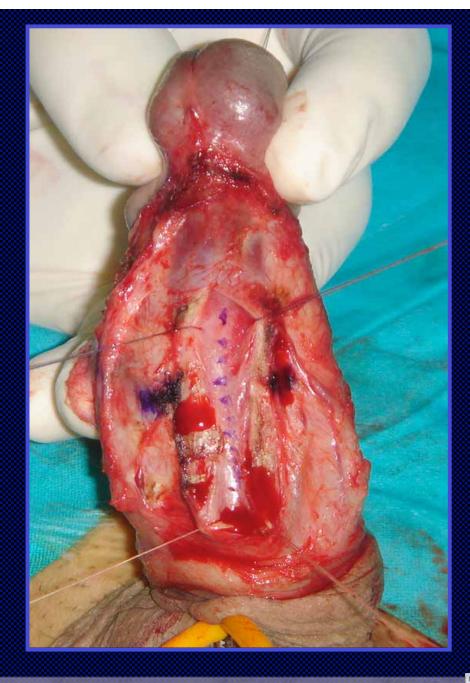
One-stage dorsal inlay buccal mucosal graft urethroplasty







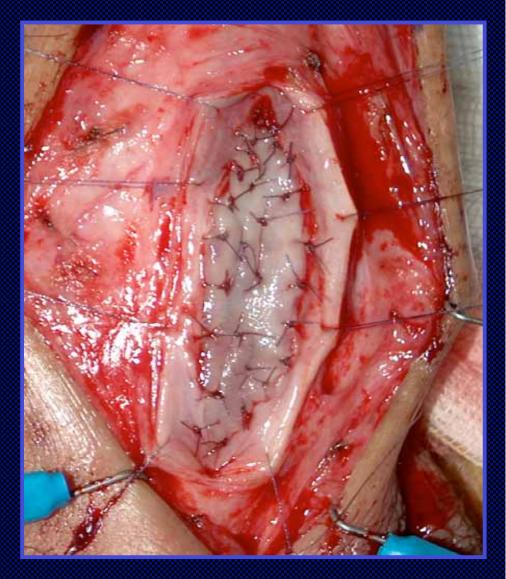
























In patients with penile urethral strictures due to:



failed hypospadias repair





lichen sclerosus

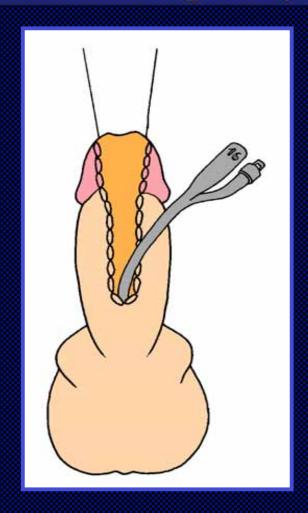


penis is abnormal





Multi-stage buccal mucosal graft urethroplasty



































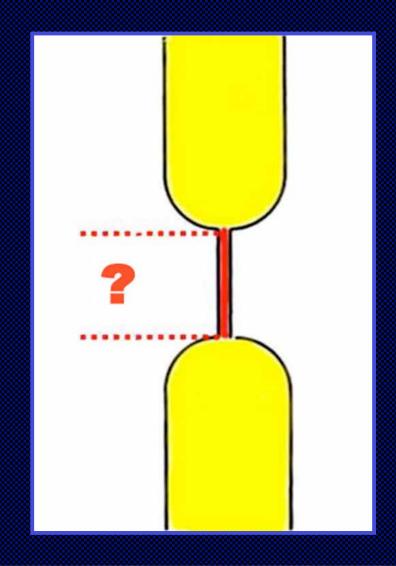






Bulbar urethroplasty

The surgical technique for the repair of bulbar urethral strictures is selected according to stricture length







Bulbar urethroplasty using buccal mucosal graft

- Dorsal onlay techniques:
 - Augmented roof-strip anastomosis
 - Dorsal onlay graft urethroplasty

Ventral onlay technique





Preparation of the patient

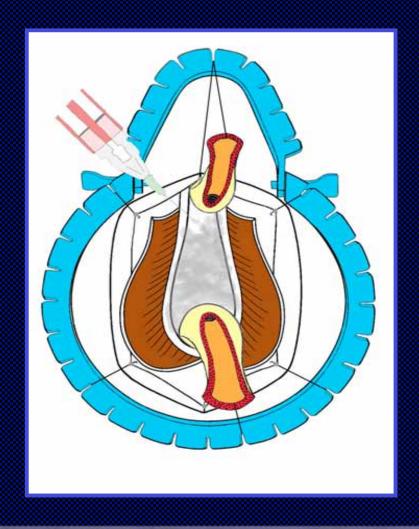


Allen stirrups with sequential inflatable compression sleeves



Simple lithotomy position

Augmented roof-strip anastomosis using buccal mucosal graft with fibrin glue







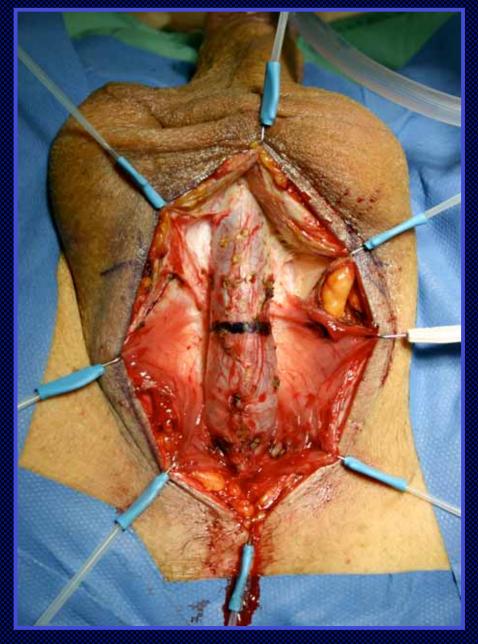




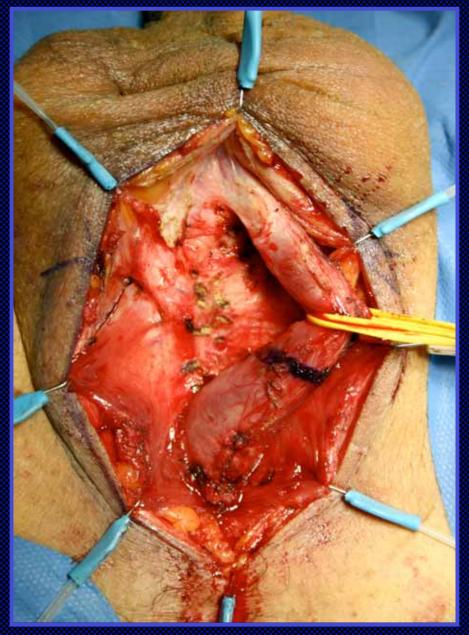






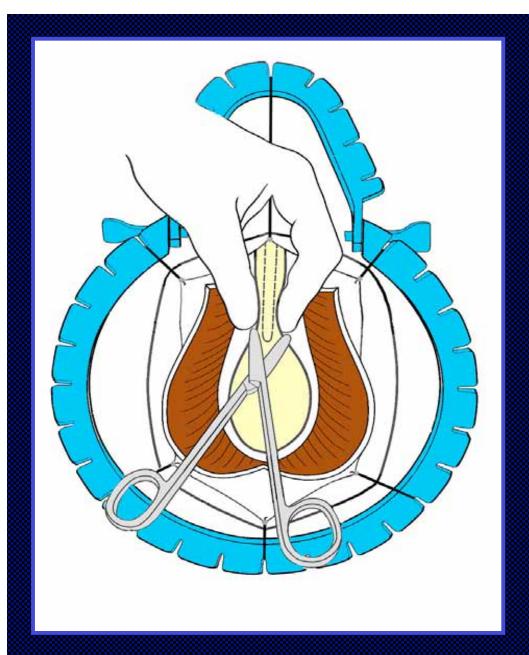


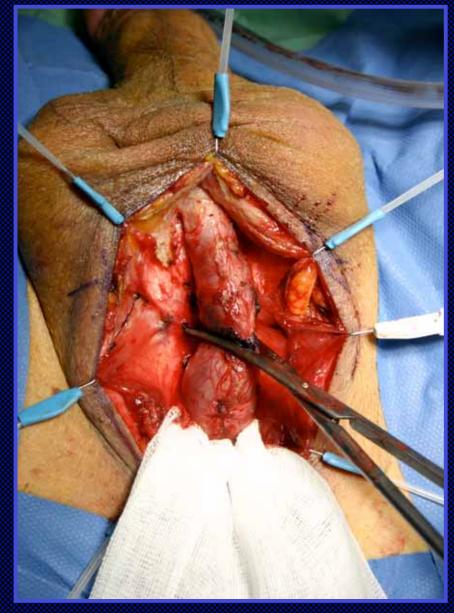






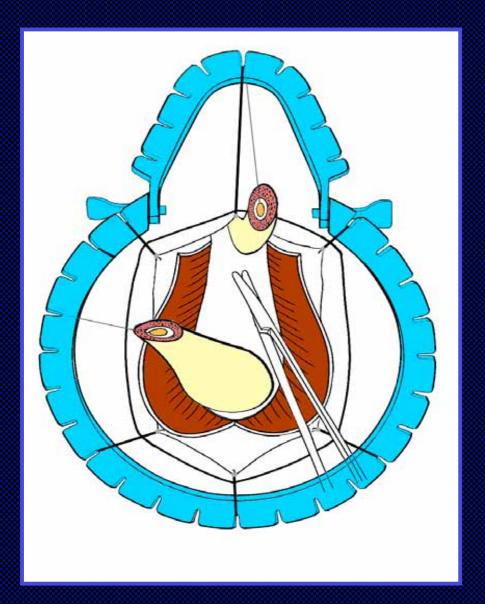


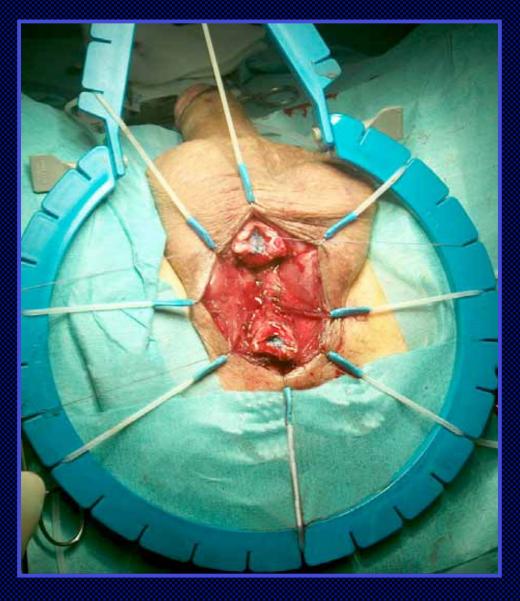






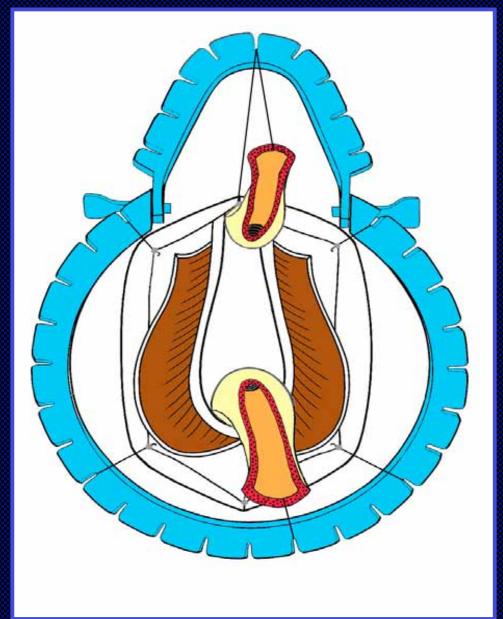


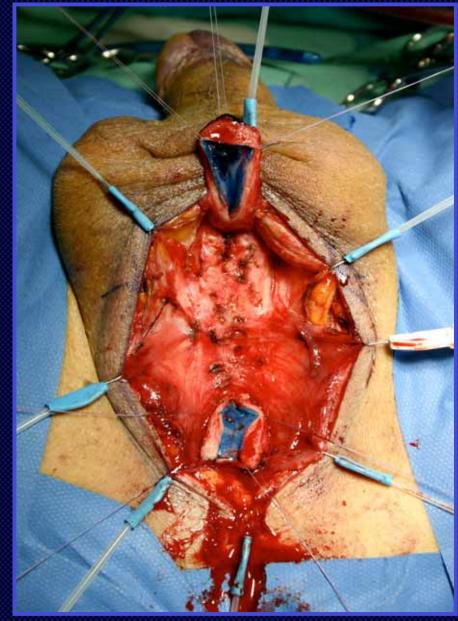






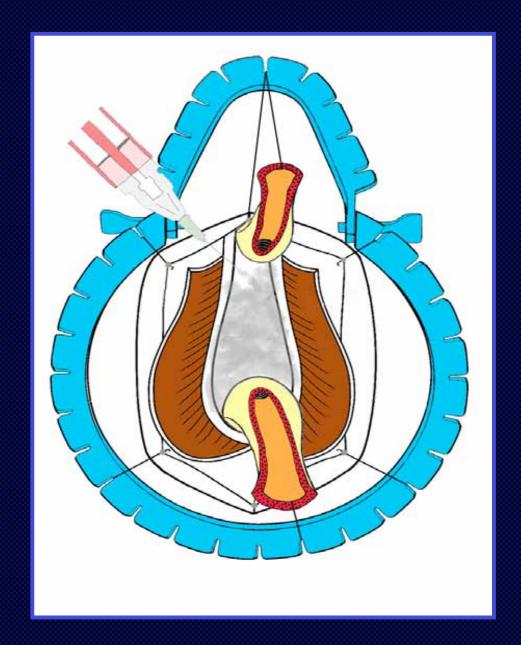








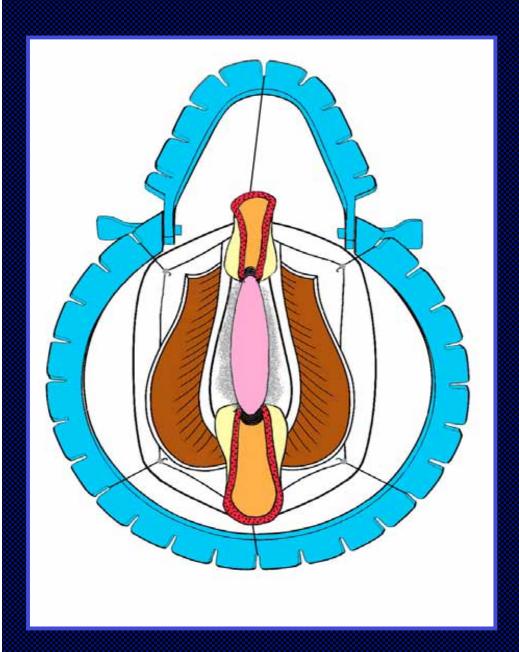


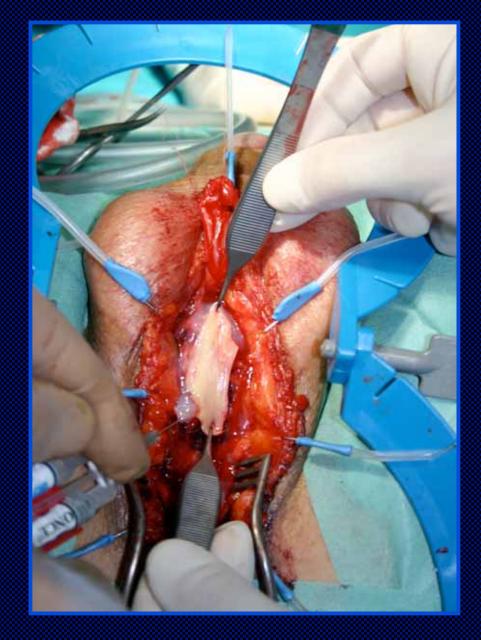






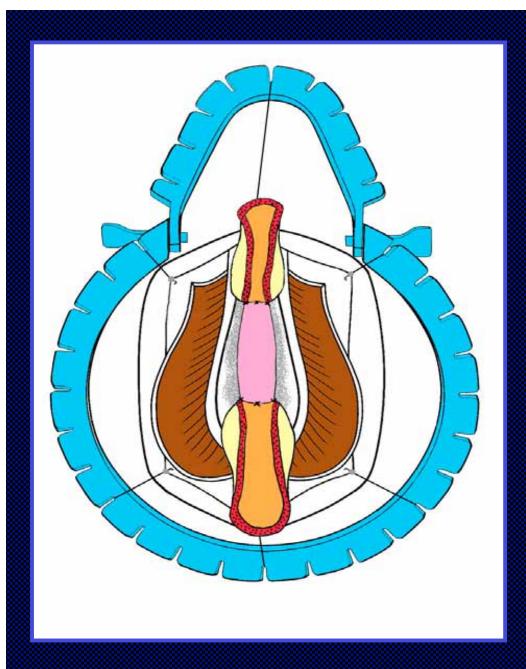


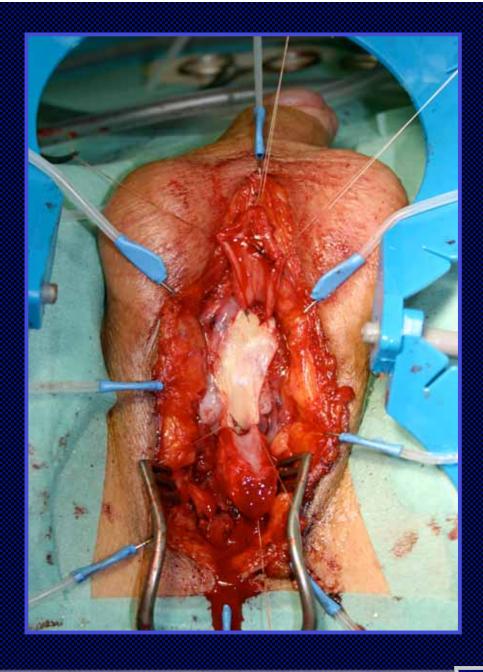






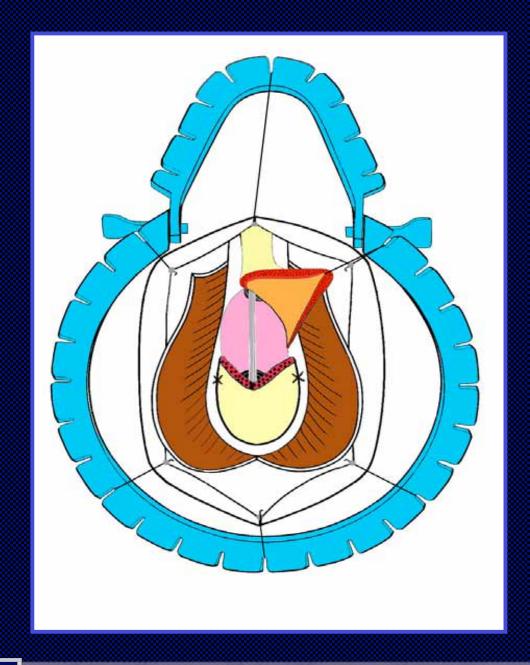








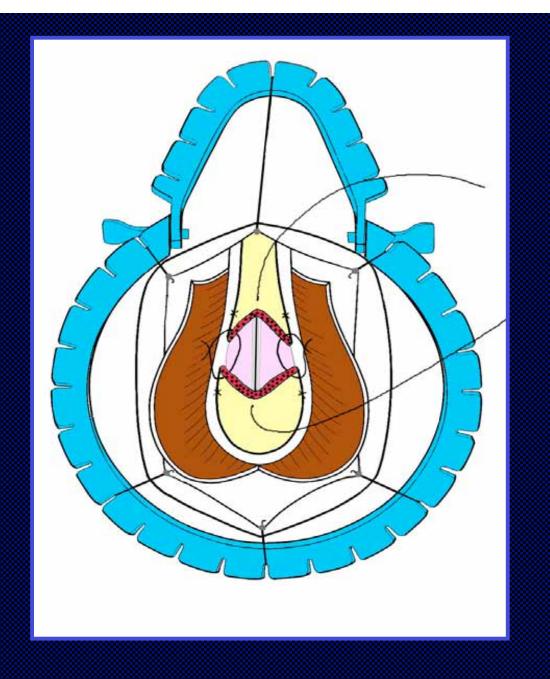






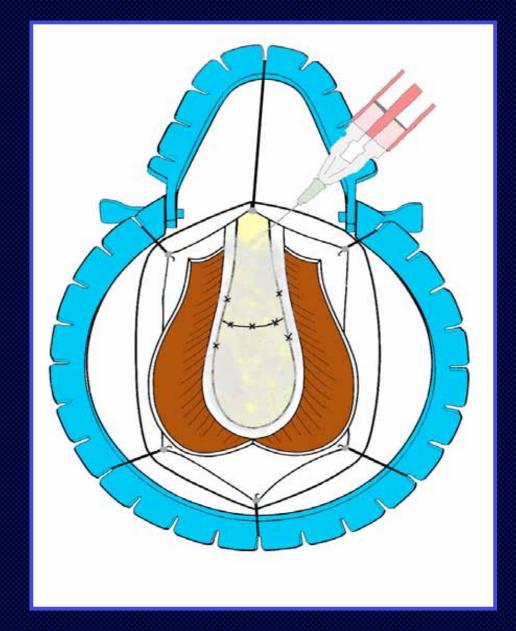


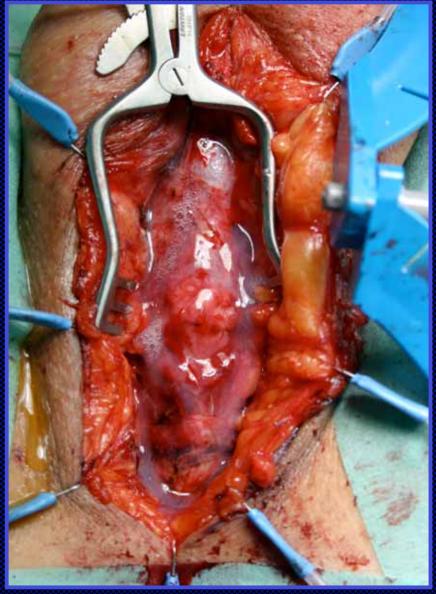








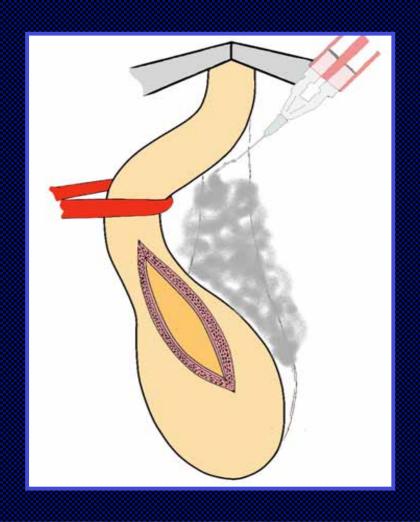






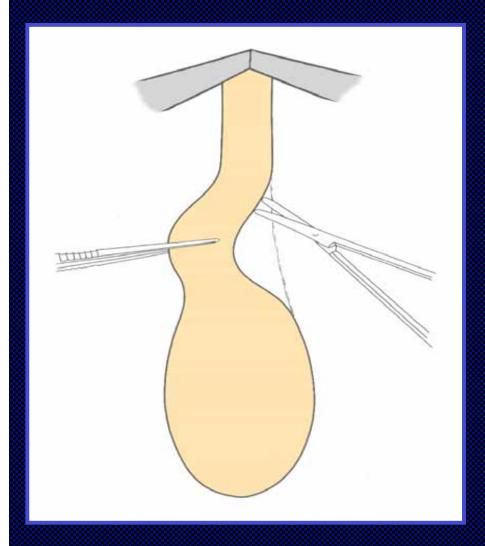


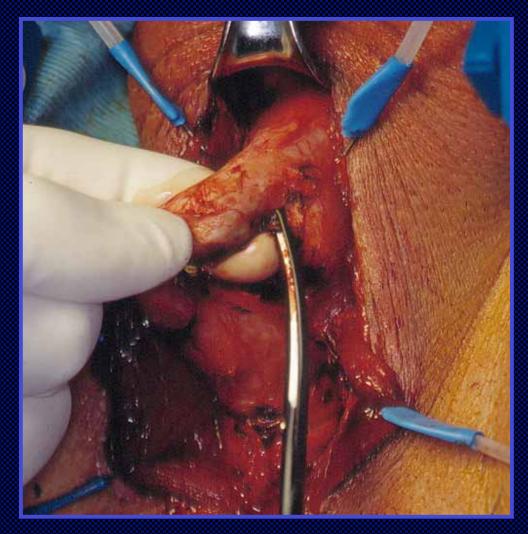
Dorsal onlay buccal mucosal graft urethroplasty with fibrin glue





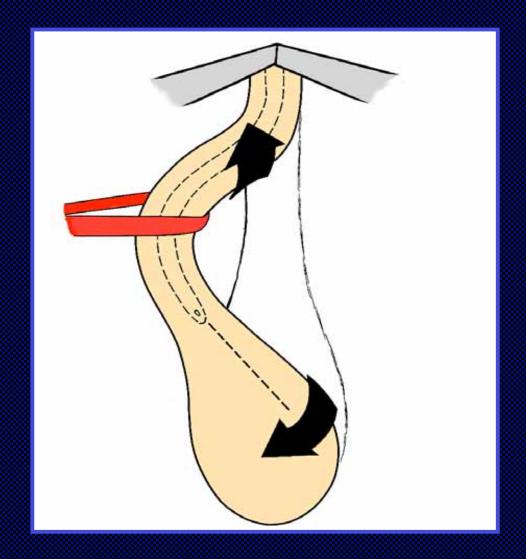


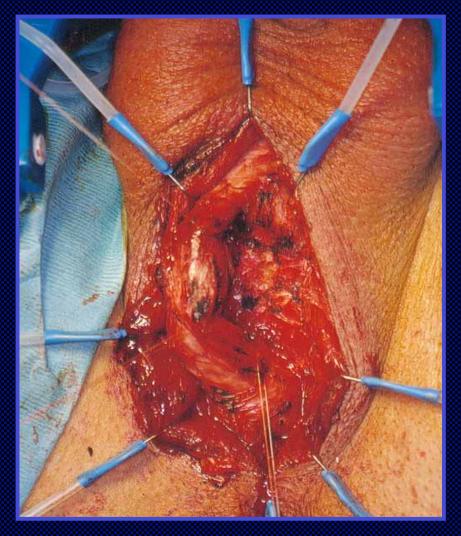




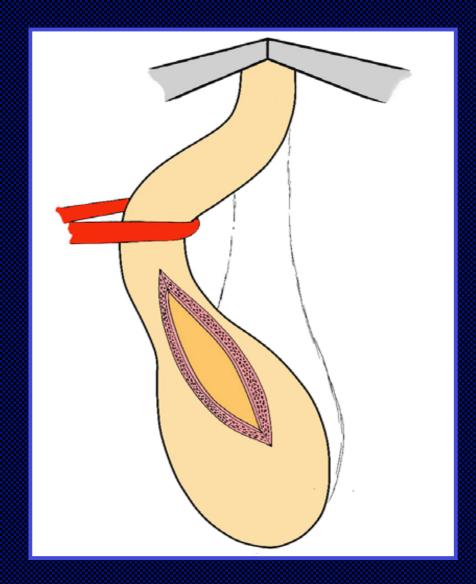


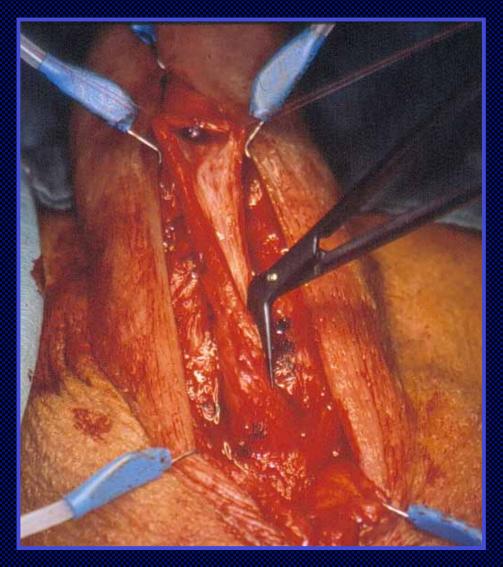


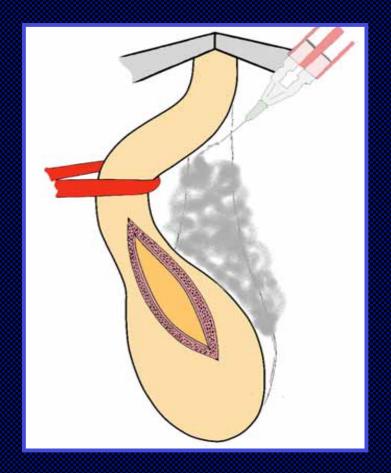








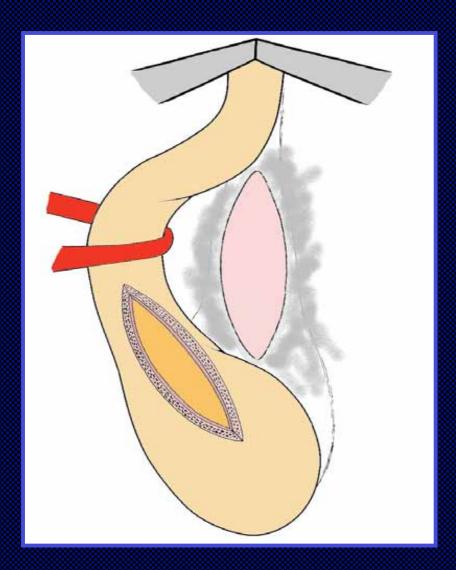








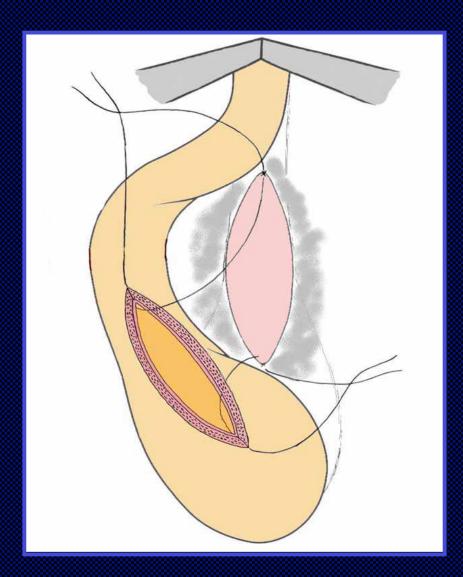








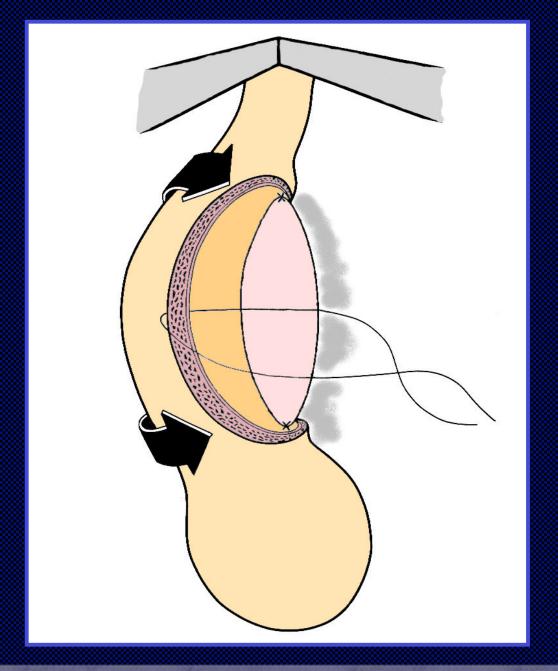






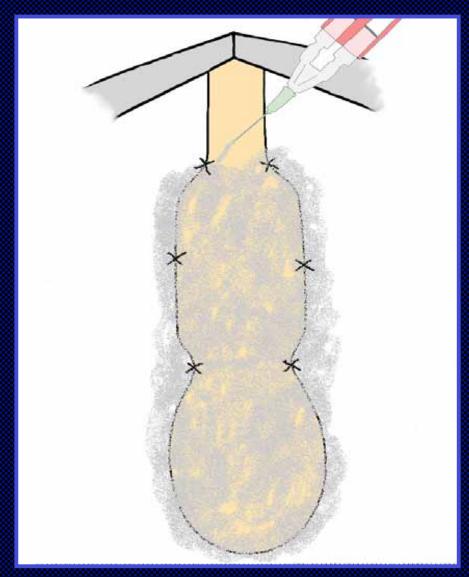








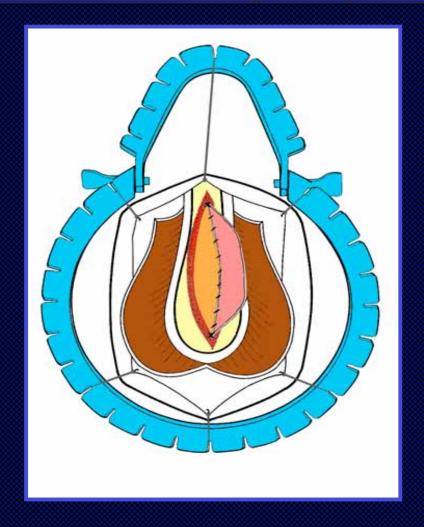






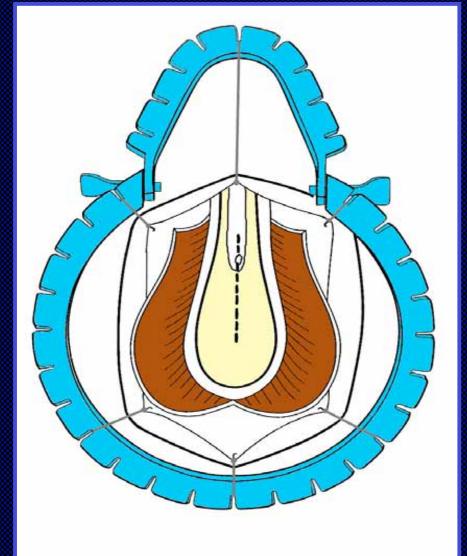


Ventral onlay buccal mucosal graft urethroplasty

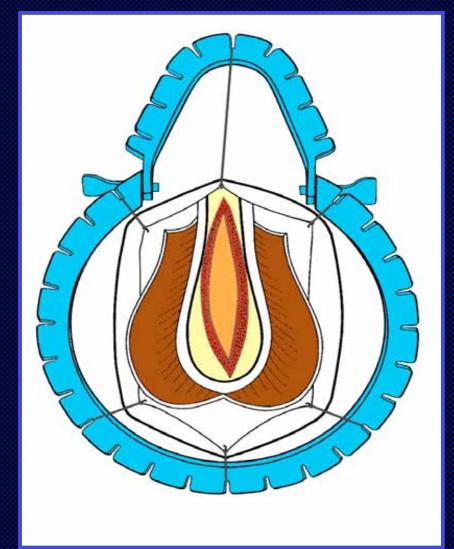


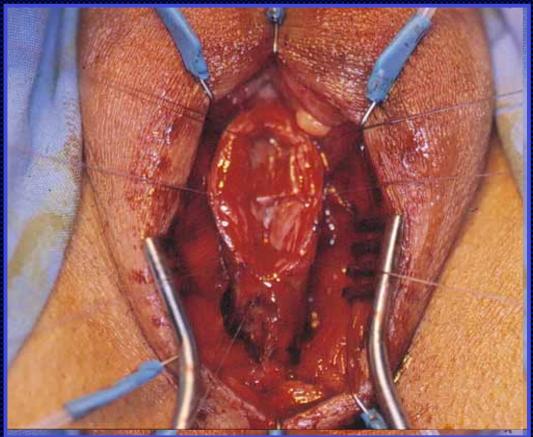




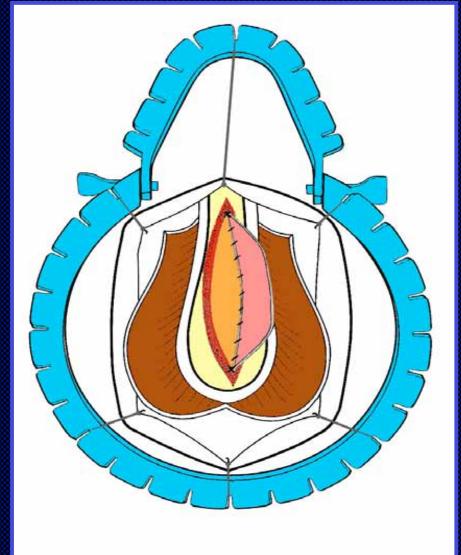


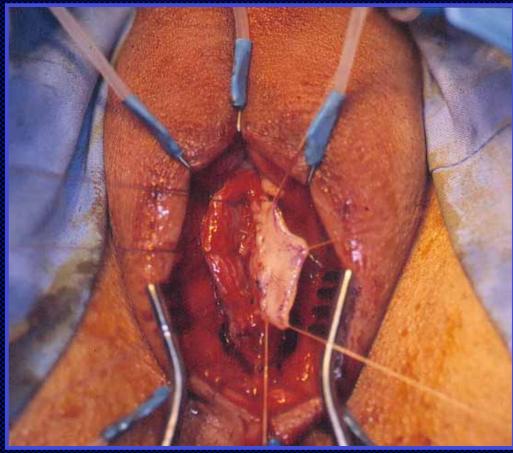


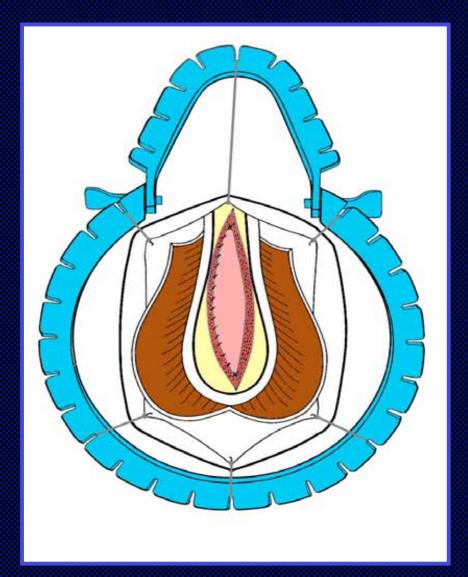


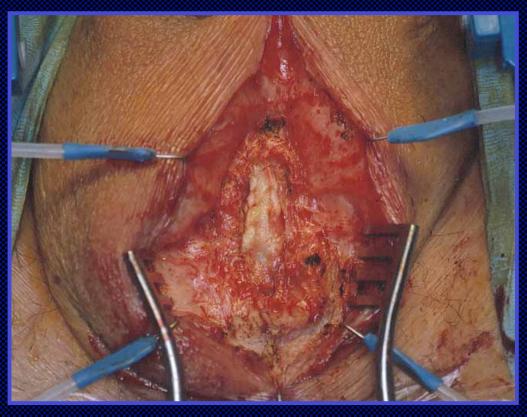




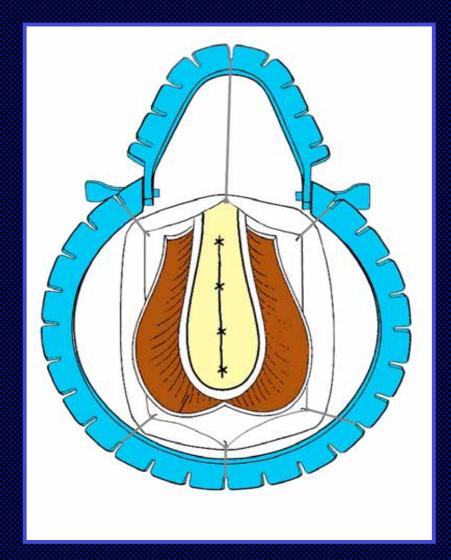


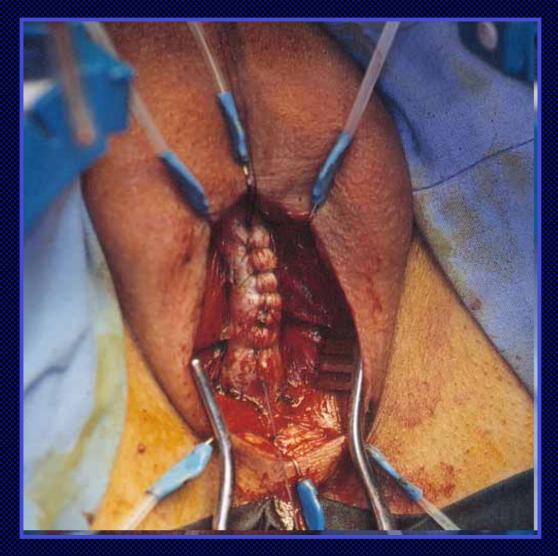












I showed you the surgical techniques currently suggested for the repair of penile and bulbar urethral strictures using buccal mucosal grafts

What appoach to take will be decided by you, your experience, your surgical background and your patients' expectations

There is nothing more I can tell you!





Madonna del Parto - Piero della Francesca

Monterchi - Arezzo



