

# CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY



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# JOINT SESSION

**EUROPEAN  
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**Munich – Germany  
Friday 11 March - 2016**



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## **New one-stage and two-stage penile urethroplasty using oral mucosa and glue**



Review – Reconstructive Urology

# What is the Best Technique for Urethroplasty?

*Daniela E. Andrich, Anthony R. Mundy\**

*Institute of Urology, University College, London, United Kingdom*

**Eur Urol 2008, 54: 1031-1041**



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throstomy may well be a more reliable and satisfactory alternative, particularly in the elderly, who commonly sit down to void anyway [48].

### 5.1. Penile urethroplasty

For the penile urethra the Orandi technique [49] (Fig. 4) is useful for nonobliterative strictures within the penile shaft that are not due to BXO. One has to be careful to get the width of the flap right, and this is not easy to judge which is why the procedure carries a significant complication rate. Nonetheless this remains the gold standard, albeit *faut de mieux*. A dorsal stricturotomy and buccal mucosal graft inlay may be an alternative, provided the urethral calibre is reasonably well preserved and the spongiosum is not too affected by fibrosis so that the urethral plate literally 'springs open' during dorsal stricturotomy. The same is true for the Asopa technique (transventral dorsal stricturotomy and patch from within the lumen) [50], but such strictures are not very common. The drawbacks of all grafts on the penile shaft are potential graft contracture and penile curvature as consequences. In the absence of

infection this is a technical complication because the graft was sutured onto the corpora under tension. This is a difficult problem to correct short of excising the whole graft and starting again from scratch. For these reasons penile urethral surgery is technically more challenging than bulbar urethral surgery, and the results are less satisfactory.

The treatment of distal penile strictures as a result of lichen sclerosus or following previous hypospadias surgery often needs to be individualised. In severe lichen sclerosus (LS), the meatus and fossa navicularis are almost completely obliterated (Fig. 5). In some cases, marked wood-hard fibrosis extends into the pendulous urethra. In these severe cases the penile shaft skin is often affected by LS as well. The general principle here is to excise the diseased segment and to replace it with BMG, because BMG is the material least likely to be affected by recurrent LS (Fig. 6) [51]. This is generally agreed. However, it can be done in one or two stages depending on the extent of the disease, and this is much more controversial. Indeed the more extensive the disease, the more complicated its surgical treatment, and the more it becomes an area of

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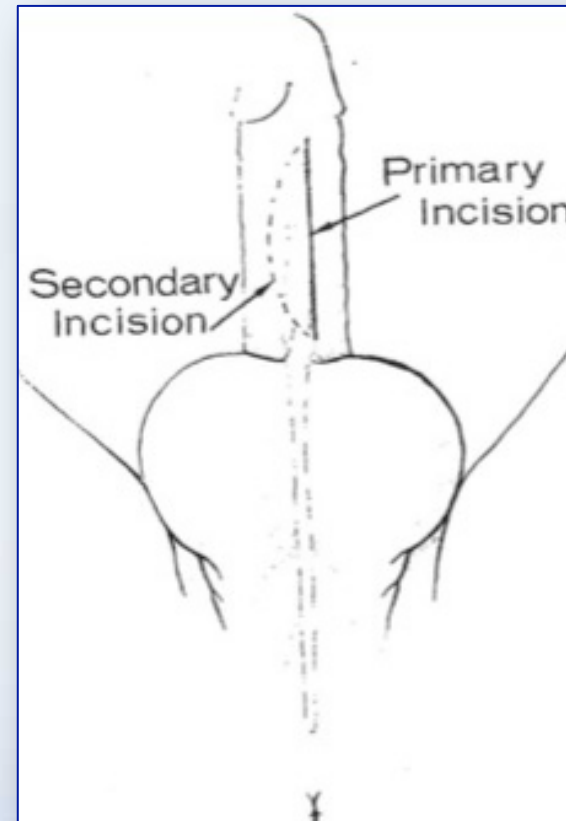
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# ONE-STAGE URETHROPLASTY<sup>1</sup>

By AHMAD ORANDI

*From The John W. Draper Research Laboratory. Fergus Falls, Minnesota, U.S.A.*

Br J Urol 1968; 40:717-719



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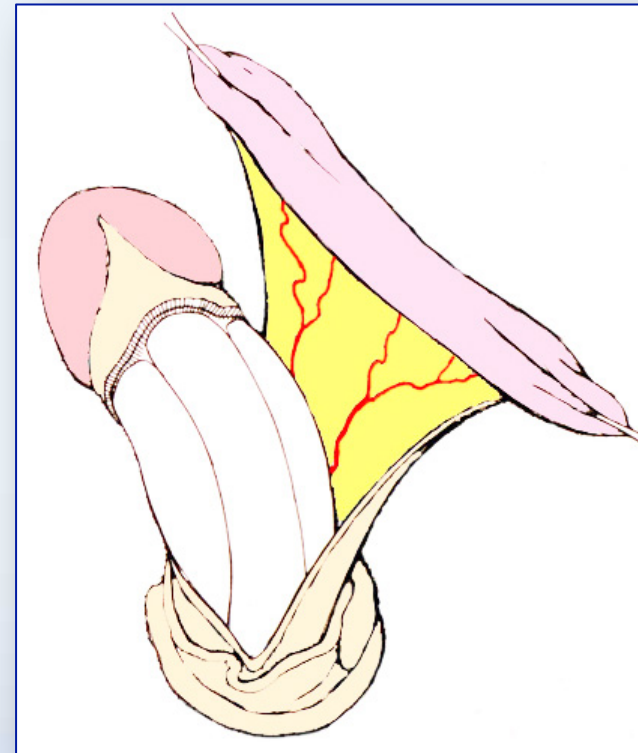


# RECONSTRUCTION OF EXTENSIVE URETHRAL STRICTURES: CIRCULAR FASCIOCUTANEOUS PENILE FLAP

JACK W. McANINCH\*

*From the Department of Urology, University of California School of Medicine and San Francisco General Hospital, San Francisco, California*

**J Urol 1993; 149:488-491**



# Complications of penile urethroplasty

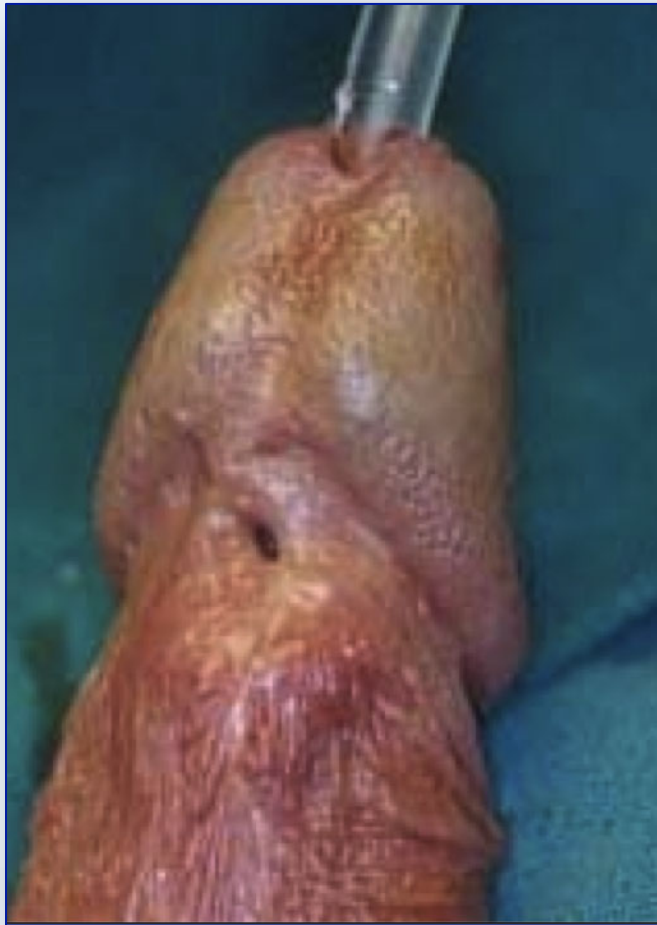


**HEMATOMA**





# Complications of penile urethroplasty



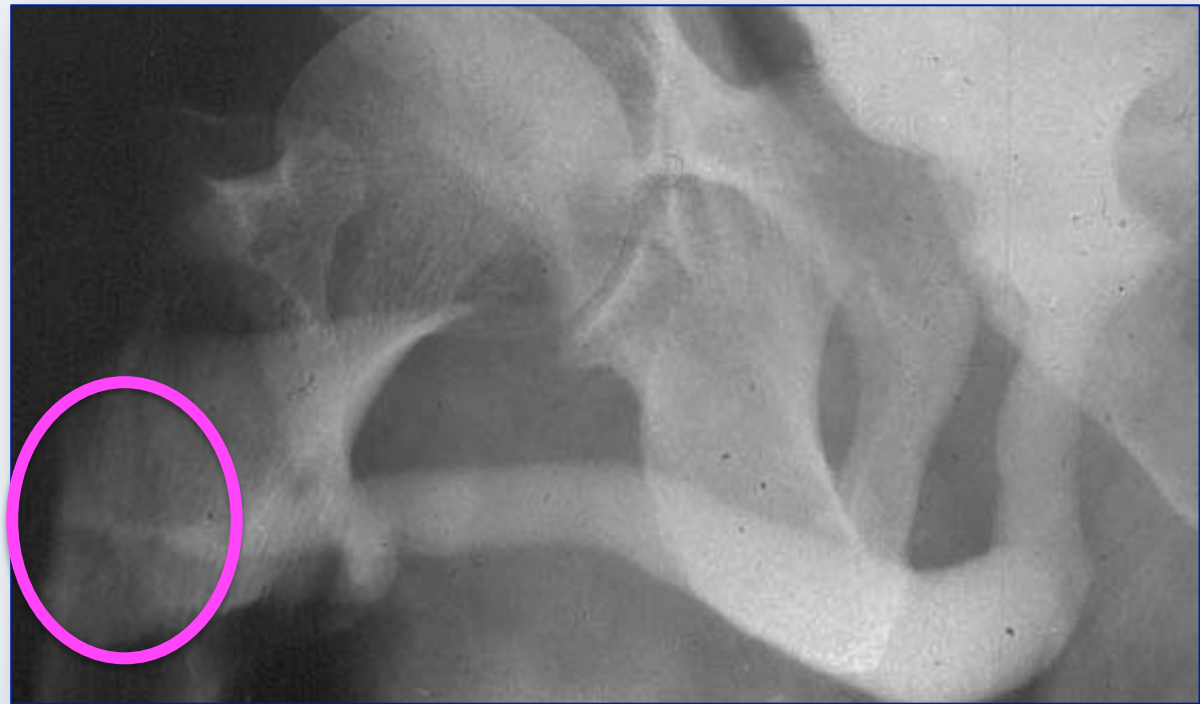
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# Complications of penile urethroplasty



**MEATAL STENOSIS**



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# Complications of penile urethroplasty



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# Complications of penile urethroplasty



**SKIN NECROSIS**

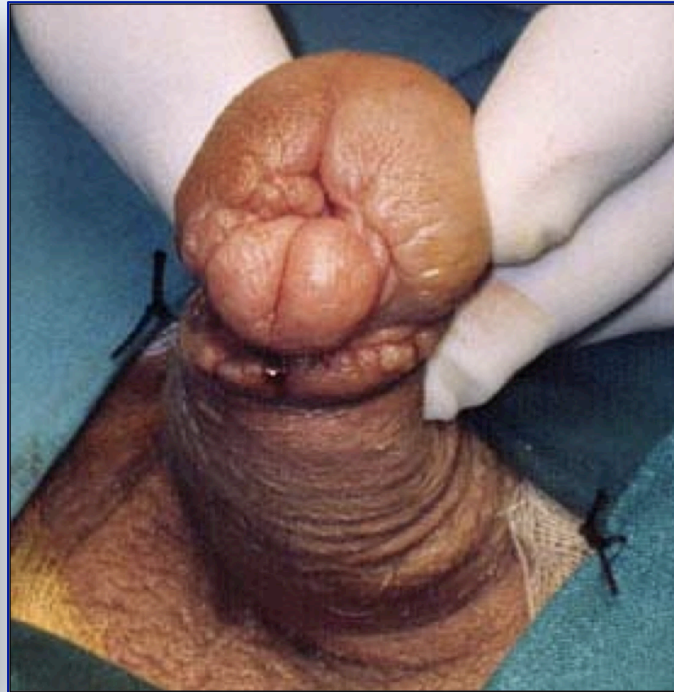


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# Complications of penile urethroplasty



## AESTHETIC DEFECTS



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# Complications of penile urethroplasty



**DIVERTICUM**



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***DOCTOR***

You need  
penile  
urethroplasty.



Yes. I agree. But  
**DON'T TOUCH**  
my penis!!!!!!



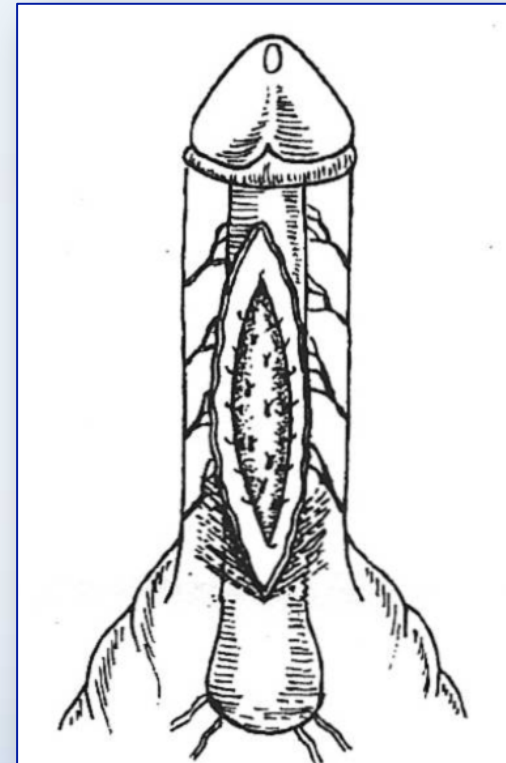
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# DORSAL FREE GRAFT URETHROPLASTY FOR URETHRAL STRICTURE BY VENTRAL SAGITTAL URETHROTOMY APPROACH

HARI S. ASOPA, MUKUL GARG, GOVIND G. SINGHAL, LAKHAN SINGH, JYOTI ASOPA, AND  
ARCHANA NISCHAL

**Urology, 2001: 58; 657-659**



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# One-stage penile urethroplasty with oral graft and a new glue (Glubran 2)



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Reconstructive Urology

## Failed Hypospadias Repair Presenting in Adults

*Guido Barbagli<sup>a</sup>, Michele De Angelis<sup>b</sup>, Enzo Palminteri<sup>a</sup>, Massimo Lazzeri<sup>c,\*</sup>*

<sup>a</sup> Center for Urethral and Genitalia Reconstructive Surgery, Arezzo, Italy

<sup>b</sup> U.O. Urologia, Ospedale San Donato, Arezzo, Italy

<sup>c</sup> Department of Urology, Santa Chiara-Firenze, Florence, Italy

**Eur Urol 2006, 49: 887-895**



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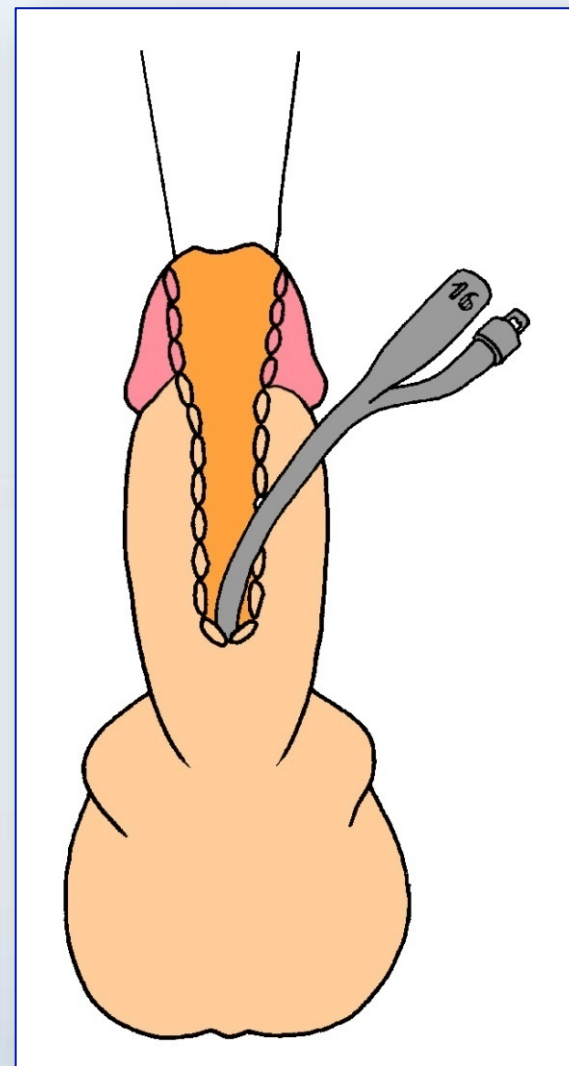
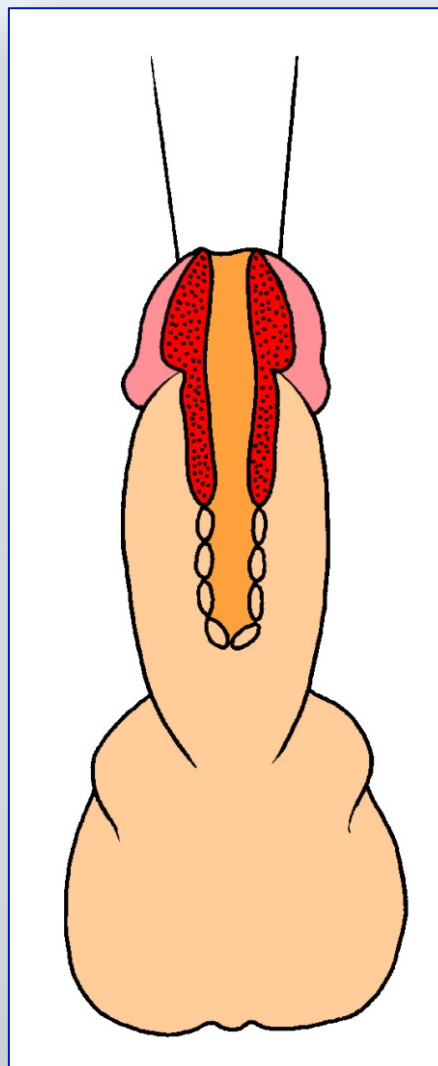
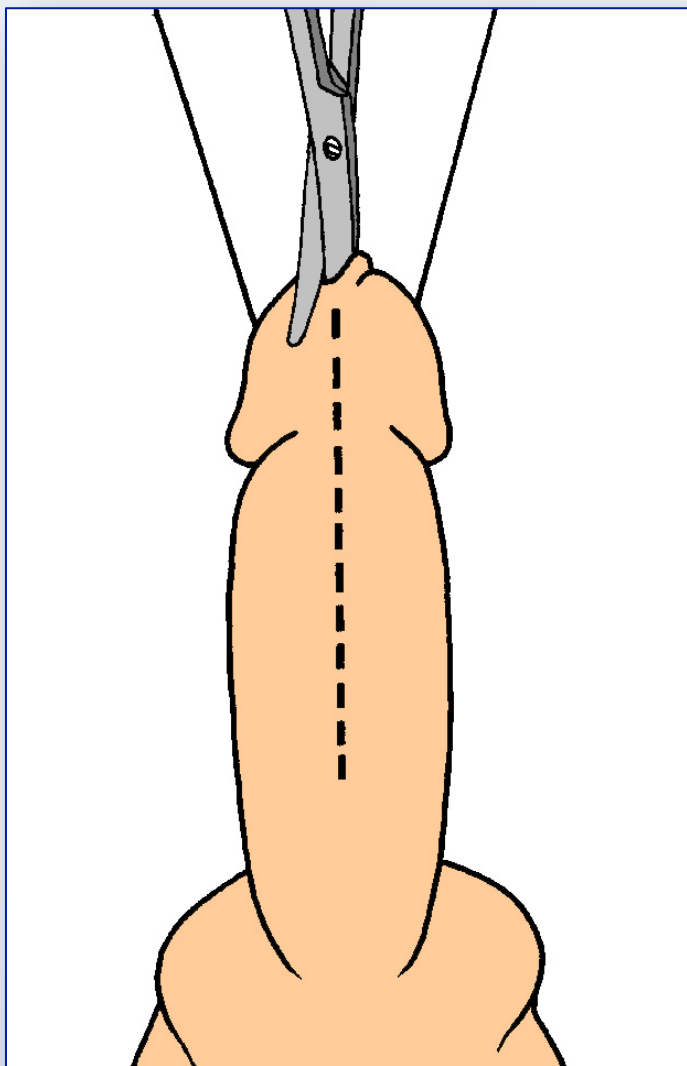
penile skin, showing a higher success rate: 82% versus 50%. Only 61% of the patients who underwent multistage techniques required two surgical steps before the final urethral reconstruction and 39% of the cases required more than two surgical steps before the final urethral reconstruction.

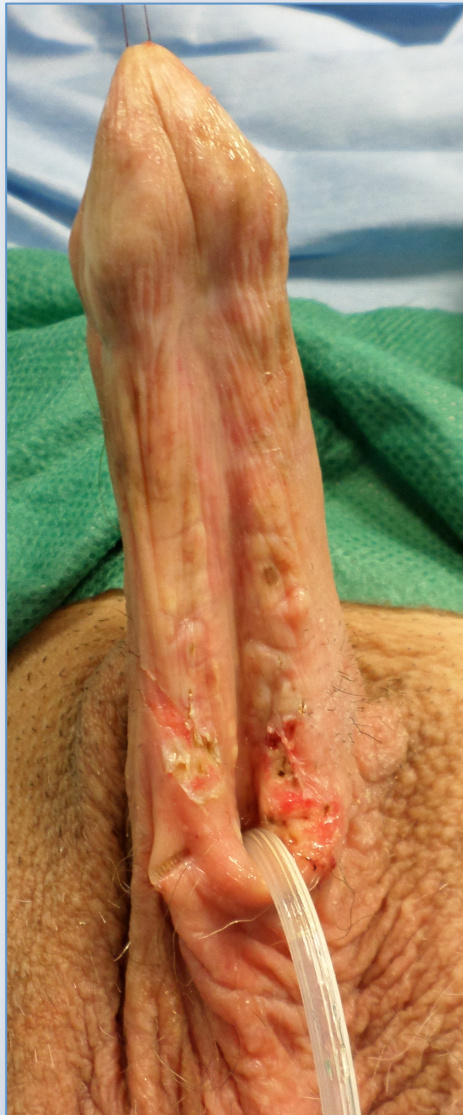
**Eur Urol 2006, 49: 887-895**





## First stage – Johanson's urethroplasty

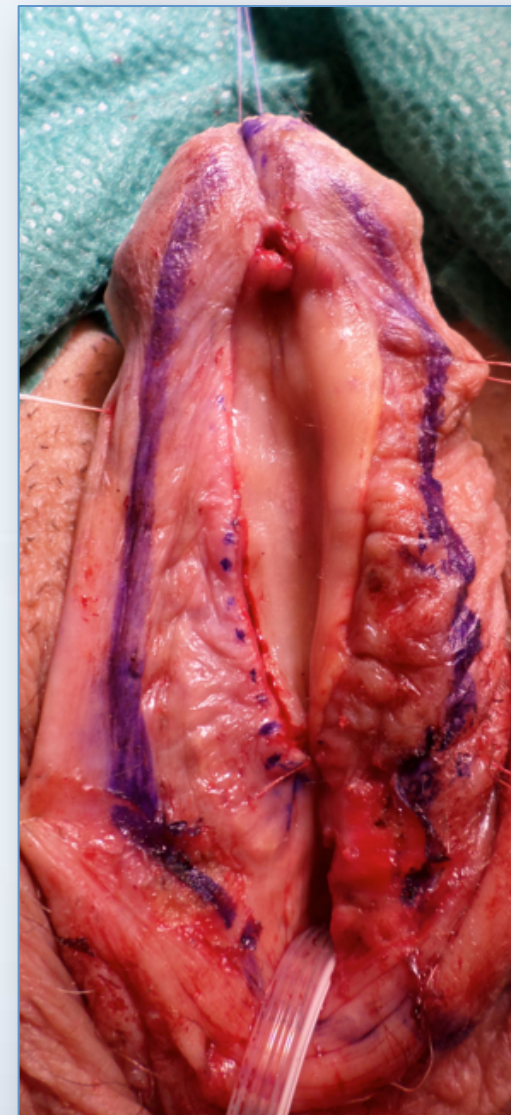
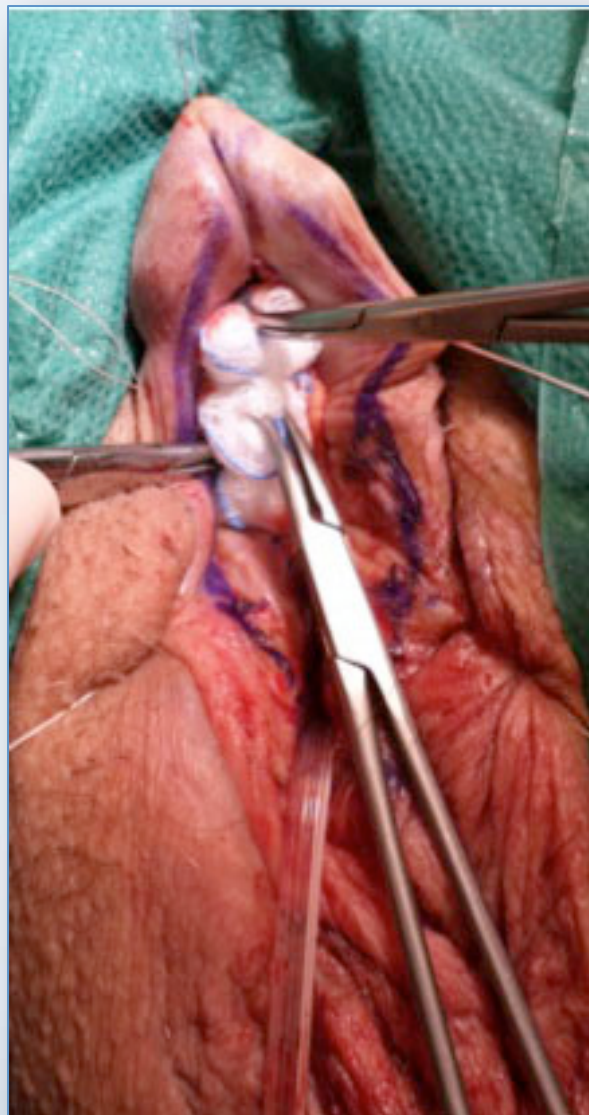
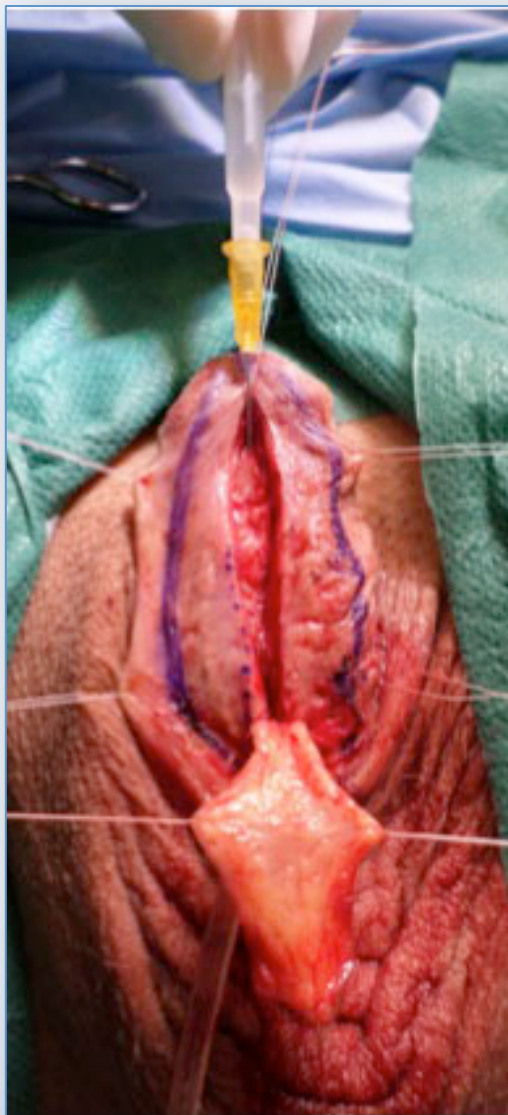




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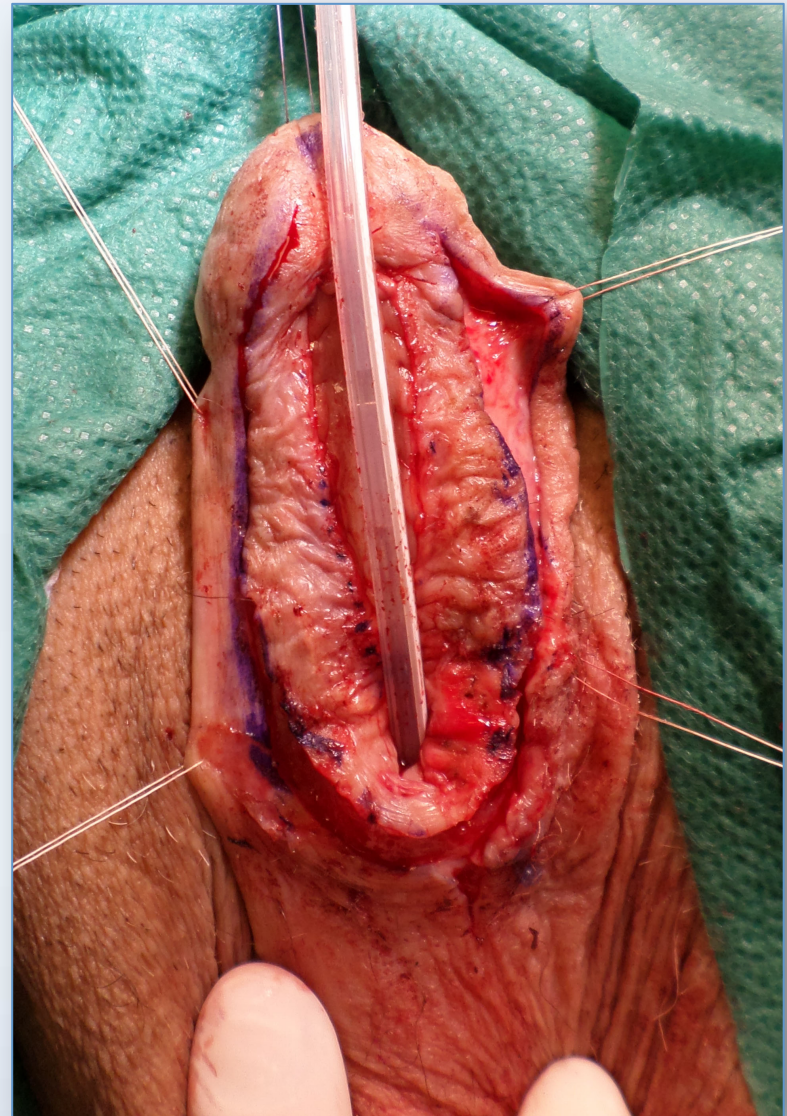
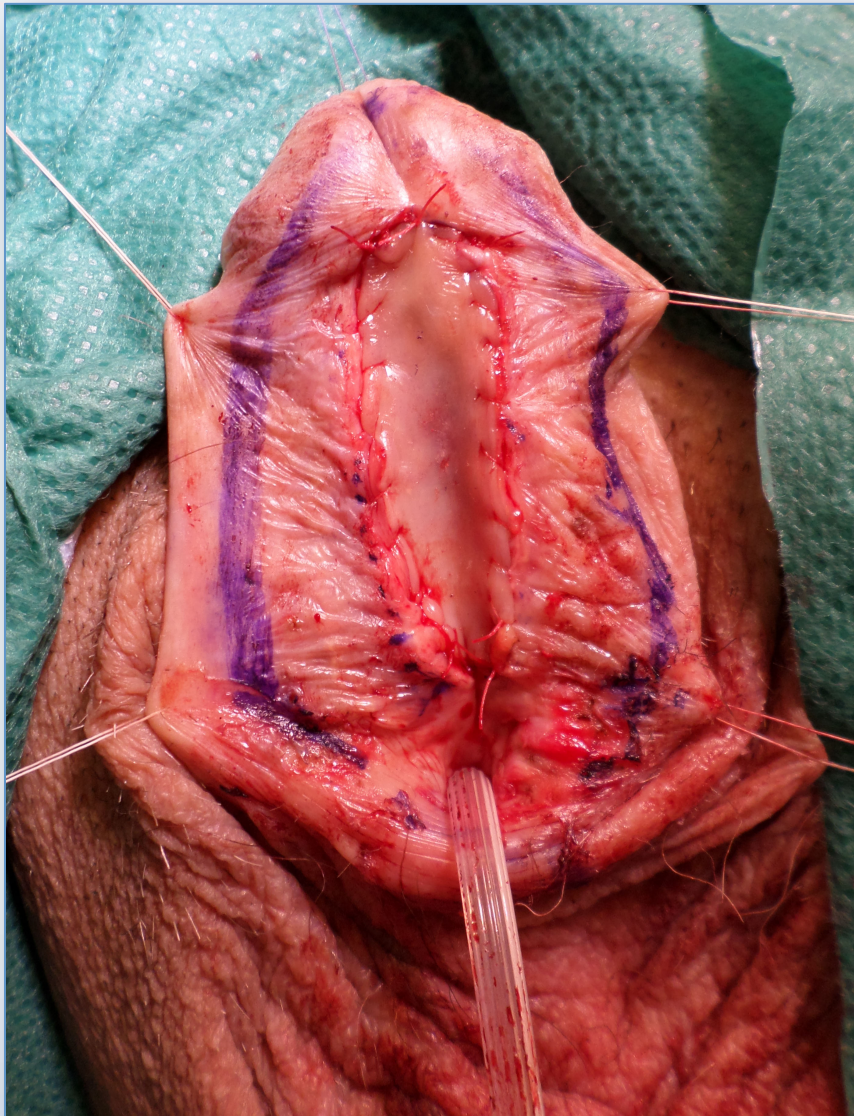




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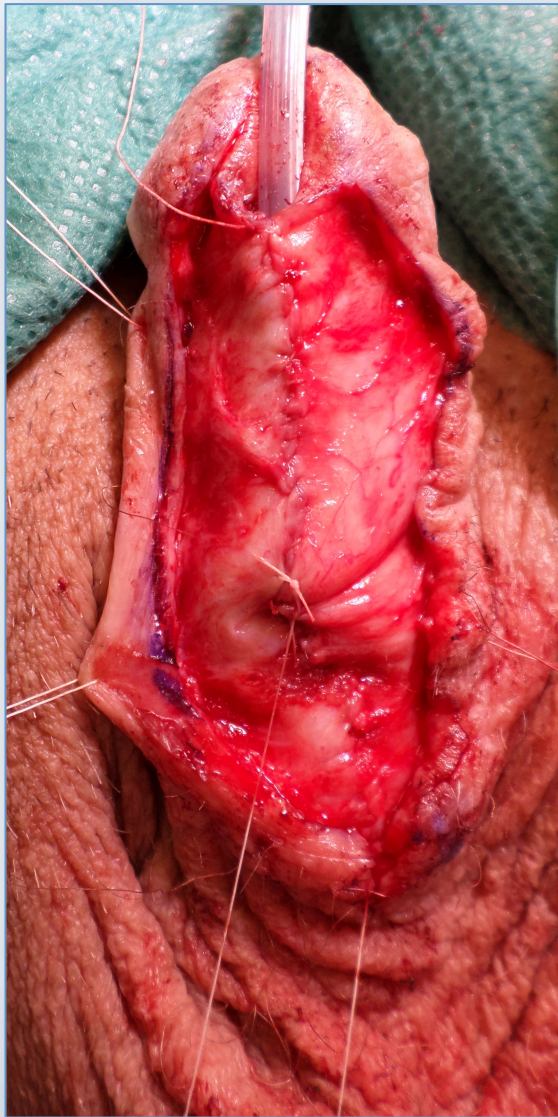




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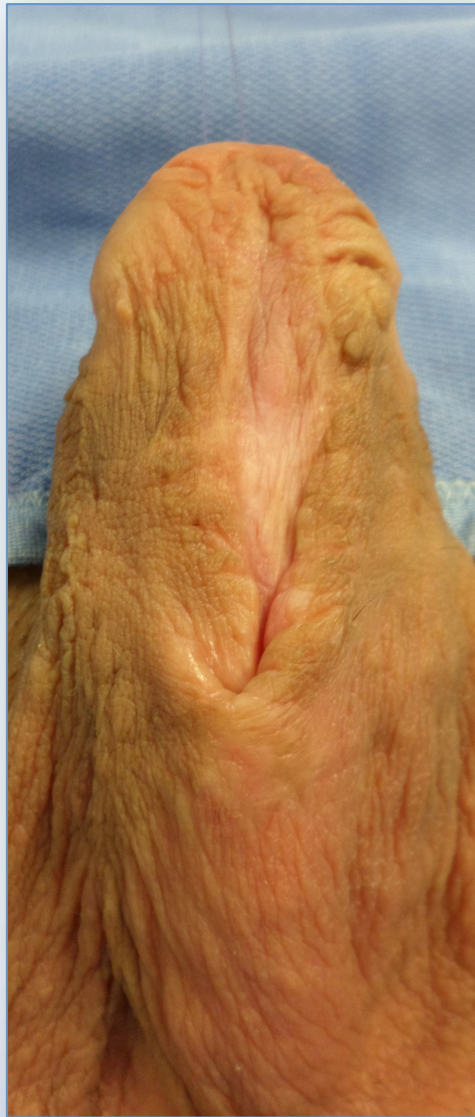




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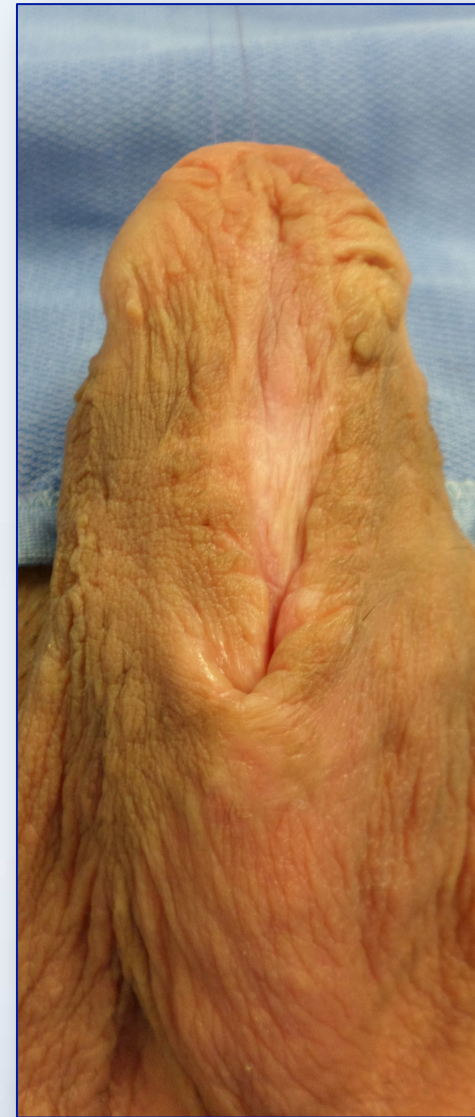




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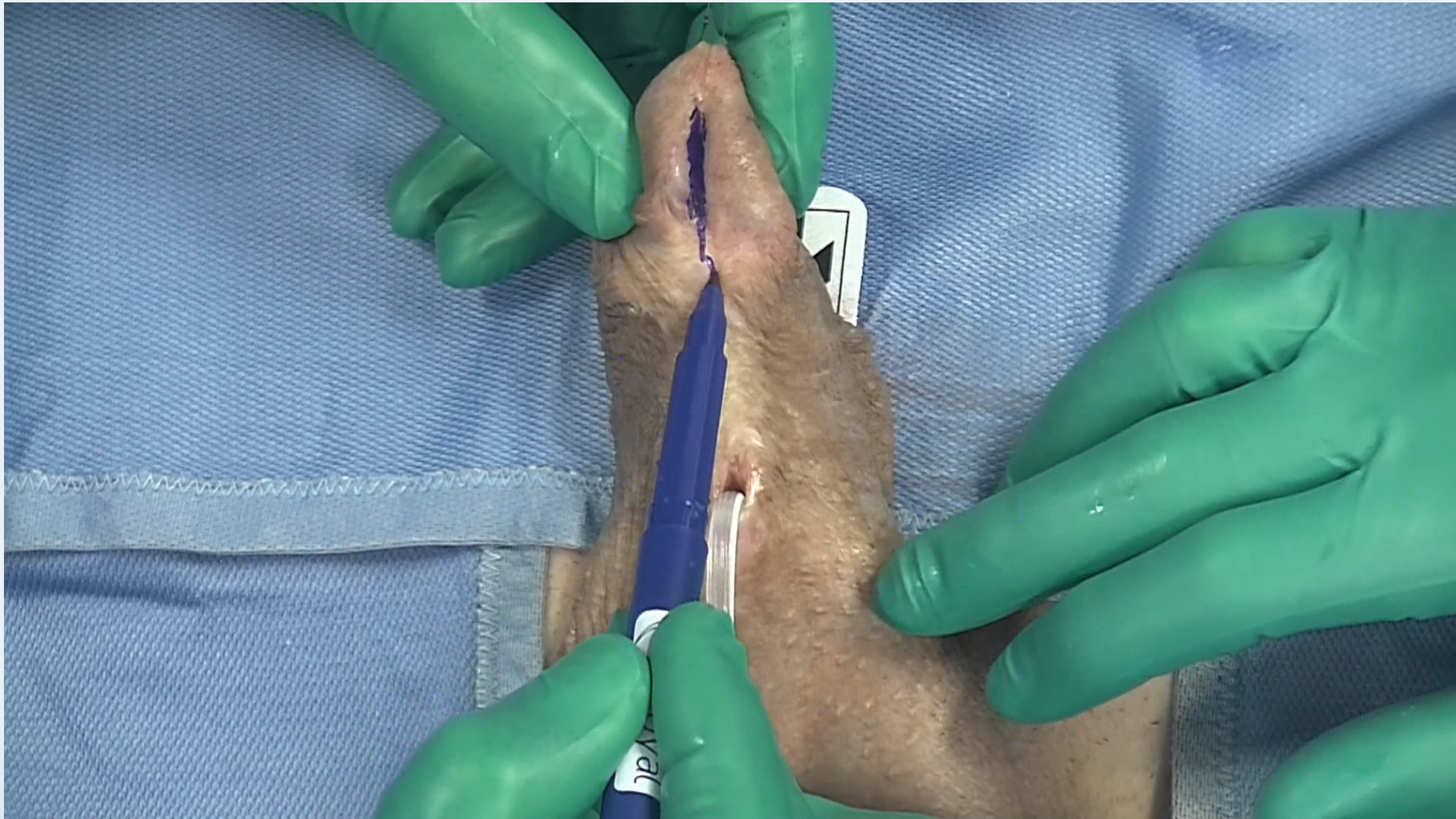


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## Second-stage penile urethroplasty with oral graft and a new glue (Glubran 2)



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**It is more difficult to  
repair 1 cm penile  
stricture than 6 cm  
bulbar stricture**





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