CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY

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URETHROPLASTY



Nadiad – Gujarat - India July 19 – 20, 2012



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Websites: www.uretra.it www.urethralcenter.it Acute management of posterior urethral trauma. What are the options and what is the current consensus



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Emergency treatment of patients with pelvic fracture urethral distraction defects



Pelvic fracture urethral distraction defects PFUDD

- orthopedic surgeon
- general surgeon
- vascular surgeon
- thoracic surgeon
- urologic surgeon



Mr. Richard Turner-Warwick

"… It is the urologist who will have to share, with the patient, the burden of any residual urological disability when the thoracic, the abdominal, and even the orthopaedic aspects are probably long forgotten"

Urol Clin North Am 1989, 16: 335-358





Management of posterior urethral trauma with associated lesions

🛶 immediate surgical repair 🛶







bladder

bladder neck

rectum

Management of posterior urethral trauma without associated lesions

suprapubic cystostomy





stretched

partial rupture

complete rupture



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Suprapubic cystostomy is the only method than can surely avoid to damage the bladder neck, thus fully preserving urinary continence !

Emergency treatment of posterior urethral trauma

immediate suprapubic urinary diversion

empty the bladder and release pain due to theover distended bladder

divert urine away from the site of injury

perform a cystography









appropriate operating room?





appropriate instruments ?

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appropriate patient ?



appropriate surgeon ?



Four-hours emergency (?) urethral realignment in the plaster-cast room (?)





Five-hours emergency (?) urethral realignment





In one week, this patient underwent five attempts (?) to perform endoscopic and surgical urethral realignment



7 – 15 days following trauma



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Complex obliterative posterior urethral stricture





Perineal pubectomy





Perineal pubectomy











Simple no-obliterative posterior urethral stricture





Holmium laser urethrotomy



Holmium laser urethrotomy



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Results on 33 patients who underwent holmium laser urethrotomy for traumatic posterior urethral strictures



Mean follow-up 73 months (12 – 125 months)



Result after one urethrotomy



Result after two urethrotomies



Result after three urethrotomies



Result after five urethrotomies



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www.uretra.it Websites: www.urethralcenter.it The use of holmium laser urethrotomy may represents rationale option in patients with posterior traumatic no-obliterative short urethral stricture

- No damage to the erectile neuro-vascular tissue
- Patient should be fully informed that only 54.5% of patients require only one urethrotomy
- 45.5% of patients require two or more urethrotomies to obtain a stable result over time

Delayed treatment of patients with pelvic fracture urethral distraction defects



Posterior urethroplasty



Sava Perovic

September 14 -15, 2012

Centro Chirurgico Toscano Via dei Lecci, 22 Arczzo, Italy

2nd Conference on Failed Hypospadias Repair *Live Surgery*

> 4th Surgical Workshop of CUGRS (Complex tro-Genital Reconstructive treateral Surgery)

Organizing Comitte: Center for Beruhsinketive Uterhal Surgery - Sava Periovic Poundation

Registration Fee: Before 1 August€300.00 After F August €400.00 Residents: € 50.00 Registration fee includes official dinner, lunches and coffee/rep break PAYMENT METHOD: Bank Transfer to DAENE SRL Banco el Napoli - Agenzia di Sidemo (RC) 89048 Sidemo (BC) - Iralia IBAN: IE 79G010108159110000000/17/8 BIC: IBSPTINA516 Official language, English WEBON REGISTRATION esquis Registration Fee: Before 1 August € 150,00 Residents: € 50.00 Registration includes live surgeries and all presoniations by internet connection For more information: http://www.webon.uretra.it PAYMENT METHOD. Back Transfer to DAFNE SRI Banco di Napoli - Agenzia di Sidomo (RC)

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Next month, this lecture will be fully available on our website Thank you !