CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY

GUIDO BARBAGLI, M.D. Arezzo - Italy

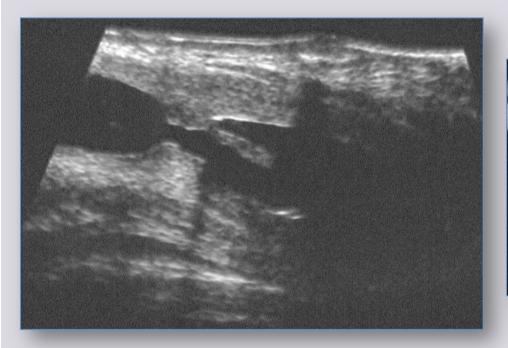
e-mail: info@urethralcenter.it

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



What urethral stricture is and how we can make a diagnosis and arrange a surgical therapeutic strategy. An overwiev from the external urinary meatus to the bladder neck.

CONGENITAL





Cobb's collar – J Urol 1968; 99: 629-631

IDIOPATHIC



TRAUMATIC

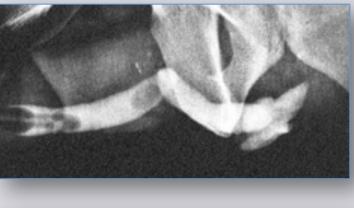




Previous history of perineal trauma

TRAUMATIC







INSTRUMENTATION



TURP TURB TUIP HOLEP Urethroscopy

Cystoscopy





What urethral stricture is: ETIOLOGY CATHETER and ISCHEMIA



Blood pressure < 60 mmHg

Patients in resuscitation room

Patients bleeding after surgey

Patients who underwent cardiovascular surgery

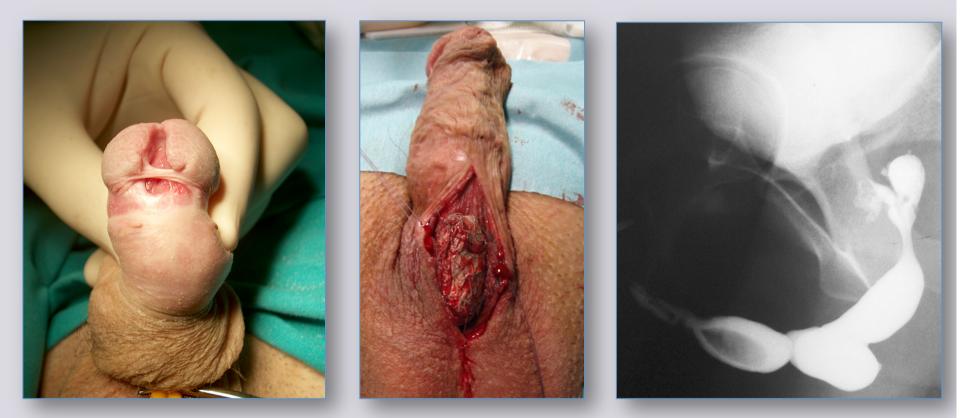
INFECTION



Neisseria Gonorrhoeae

65.5% of cases in Nigeria – 82% of cases in Sudan

FAILED HYPOSPADIAS REPAIR



" Surgery for failed hypospadias repair is a growing industry " AR. Mundy

LICHEN SCLEROSUS





RADIOTHERAPY



High incidence is reported in studies from USA

RADICAL PROSTATECTOMY



The incidence is greatly reduced after the use of robot

URETHRAL STRICTURE



Single – short < 2cm - no previous treatment no associated local adverse conditions

URETHRAL STRICTURE DISEASE



Double – long > 2cm – previous failed treatment

COMPLEX URETHRAL STRICTURE DISEASE



PostTURP
bladder
bladder
neckPostTUIP
hOLEPHOLEPneckStentStentAbscessFistulaFistulaFalse passageCancer

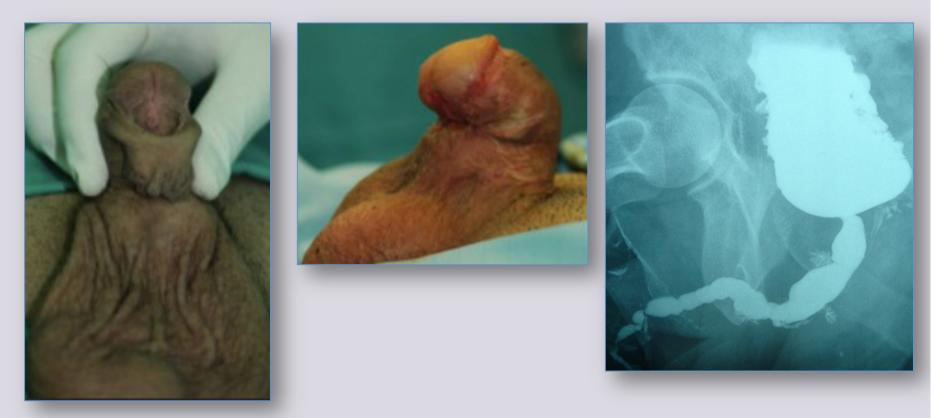
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Stricture associated with local adverse conditions

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FAILED HYPOSPADIAS REPAIR



Urethral stricture disease associated with complex congenital disorder of the genitalia

LICHEN SCLEROSUS



Urethral stricture disease associated with complex immunological disorder of the genitalia

What urethral stricture is: DIAGNOSIS

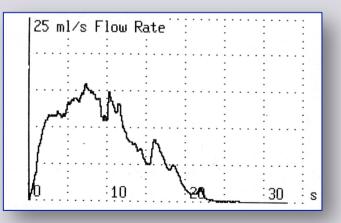
Symptoms (obstruction – infection – irritation)

Signs (skin lesions – prior surgery – abscess)

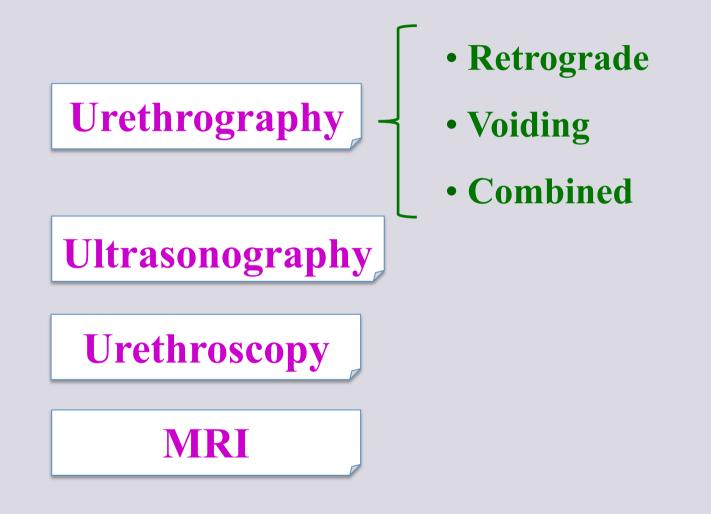
Uroflowmetry

Ultrasonography (kidney – bladder – urethra)

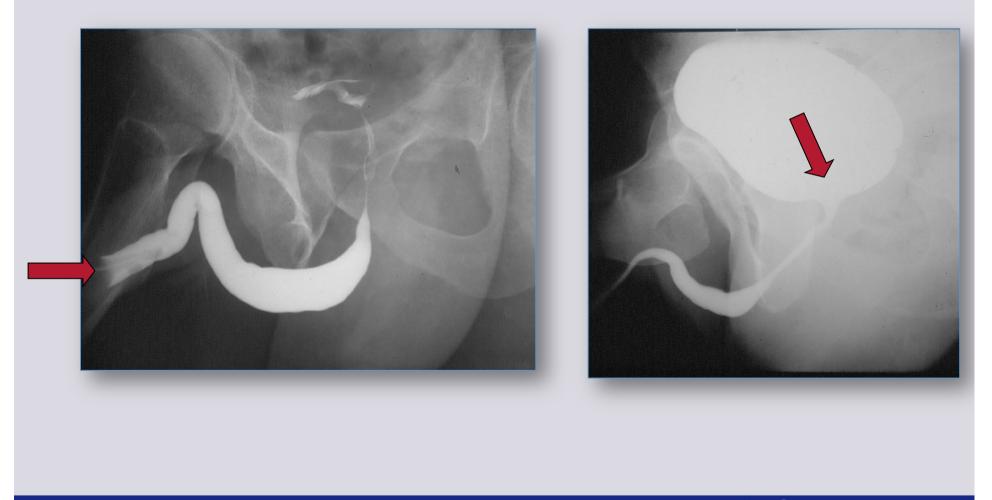
Urethrography Urethroscopy MRI



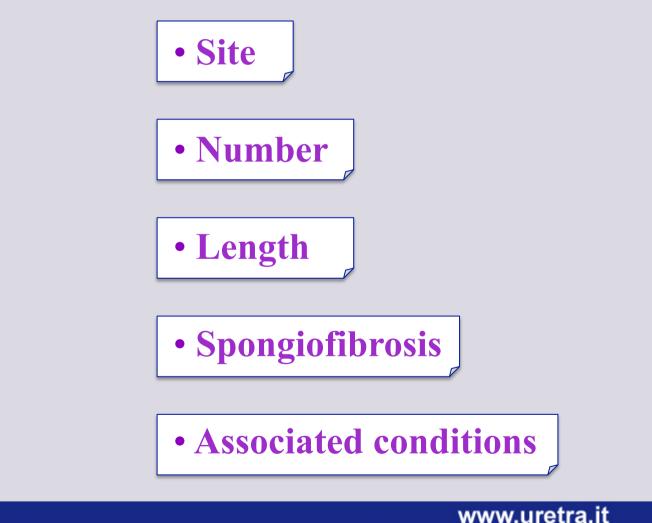
Radiological study of urethral stricture



Retrograde and voiding urethrography



Object of the radiological study of urethral stricture



50 ml



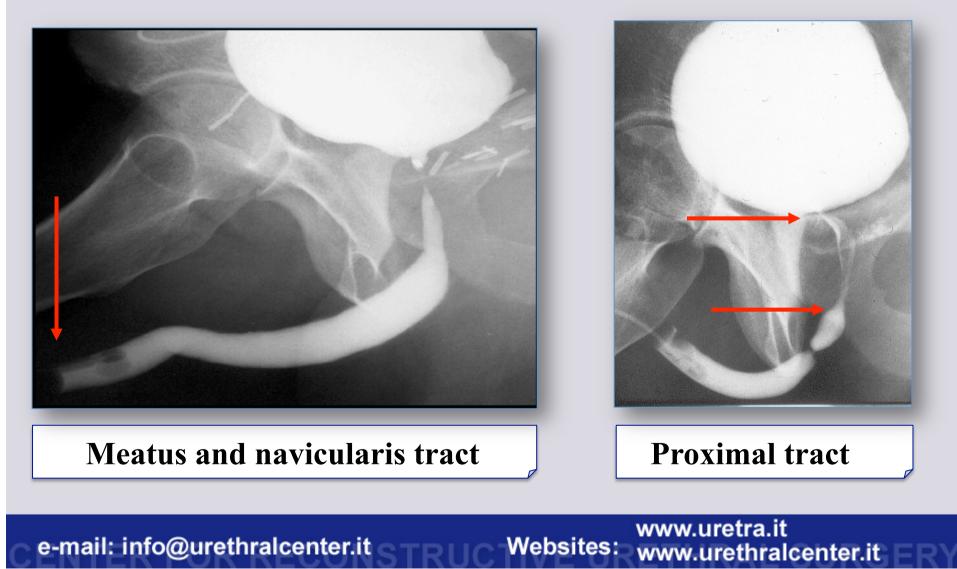
appropriate instruments

appropriate patient position

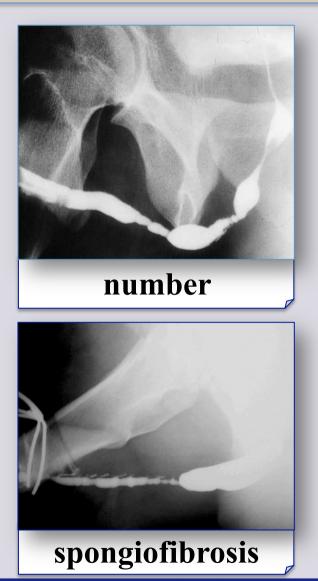
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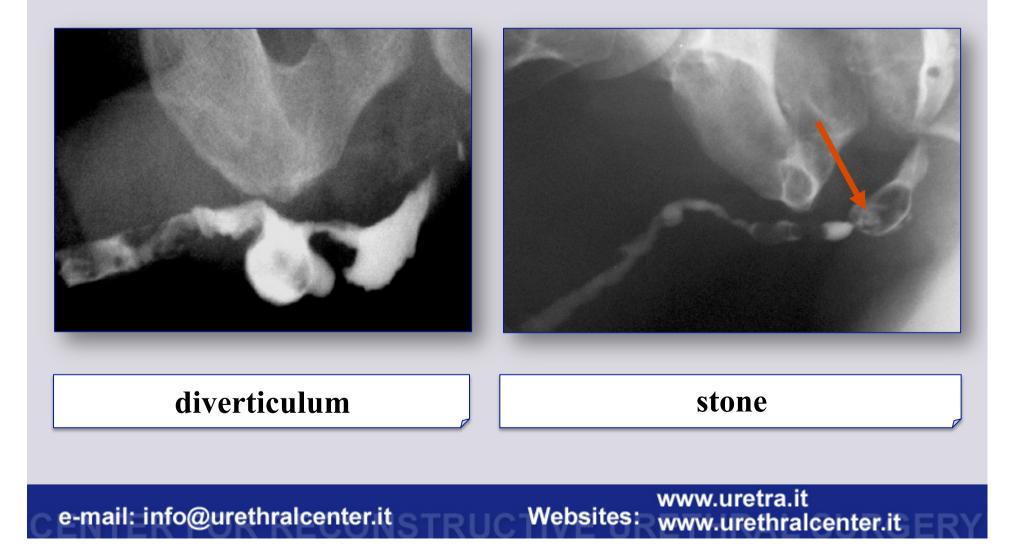
blind point







Associated conditions



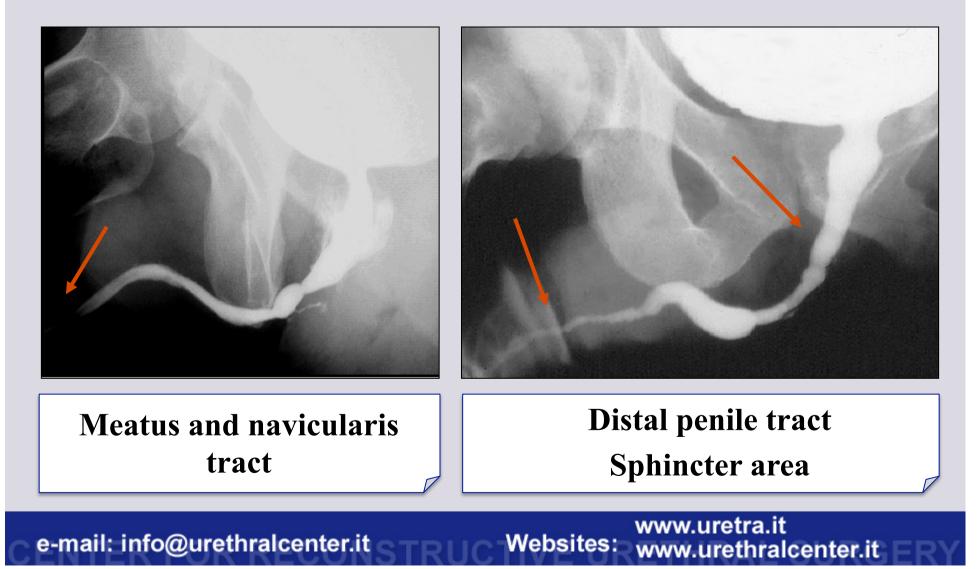
Voiding urethrography

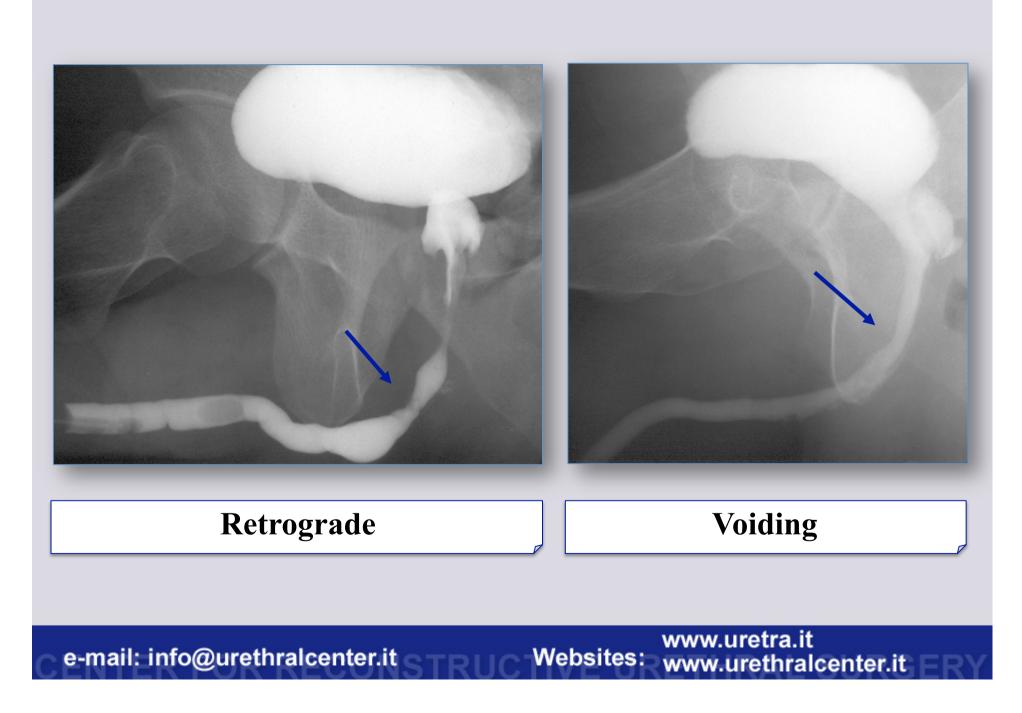
appropriate patient position



Voiding urethrography

blind point





Voiding urethrography in patients who underwent bulbar urethroplasty:

evaluation of the outcome



Combined cystourethrography



Combined cystourethrography in patient with traumatic posterior urethral stricture



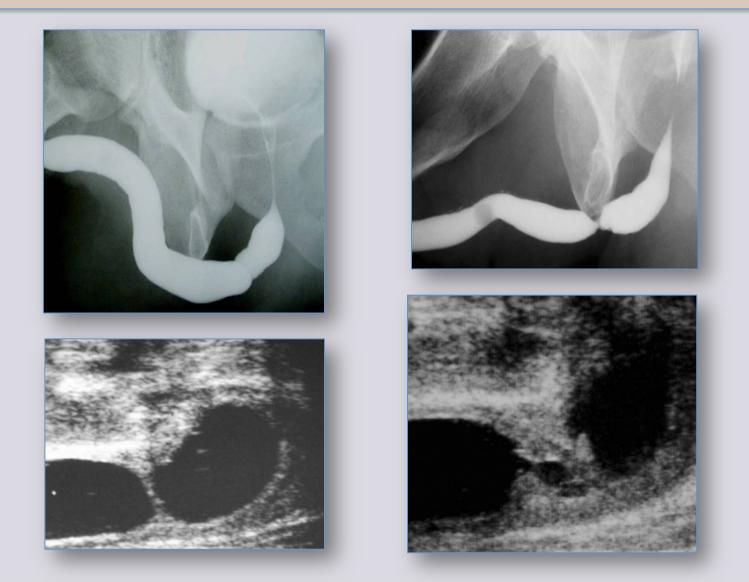


Urethral sonography





Stricture length and spongiofibrosis



Urethroscopy

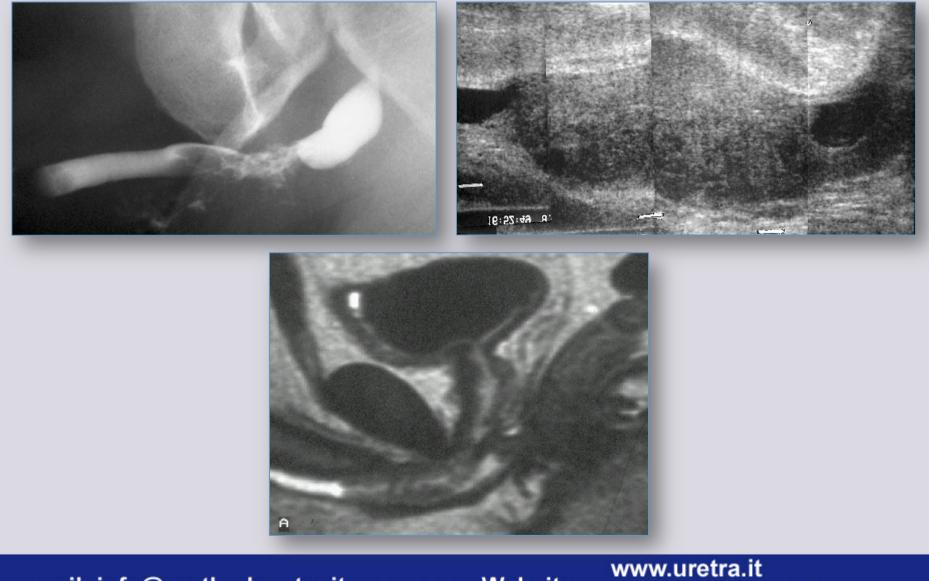




Non-obliterative

obliterative

MRI



What urethral stricture is: a surgical therapeutic strategy

MEATAL STENOSIS



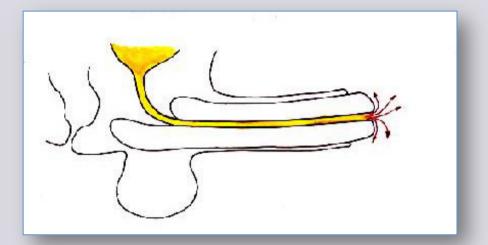
Patients selected for meatotomy

- Old patient
- Patient with important co-morbidity
- Patient psychologically stable
- Patient who underwent numerous previous failed surgical attempts
- Patient with a small glans

Complications after meatotomy



84% satified or very satisfied



Fluttering stream (58.4%)

Irregualar stream (33.3%)

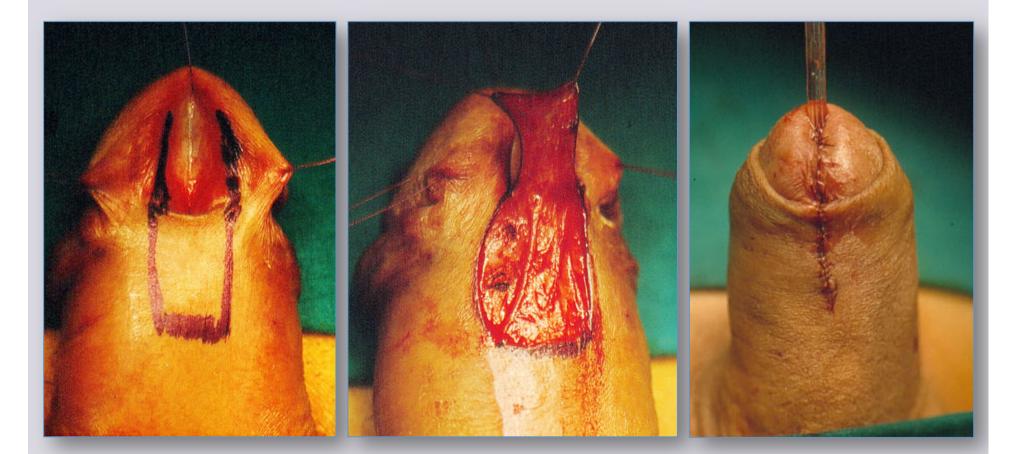
Deviation of stream (8.3%)

BJU Int 2012; 109: 616-619

Patients selected for meatoplasty

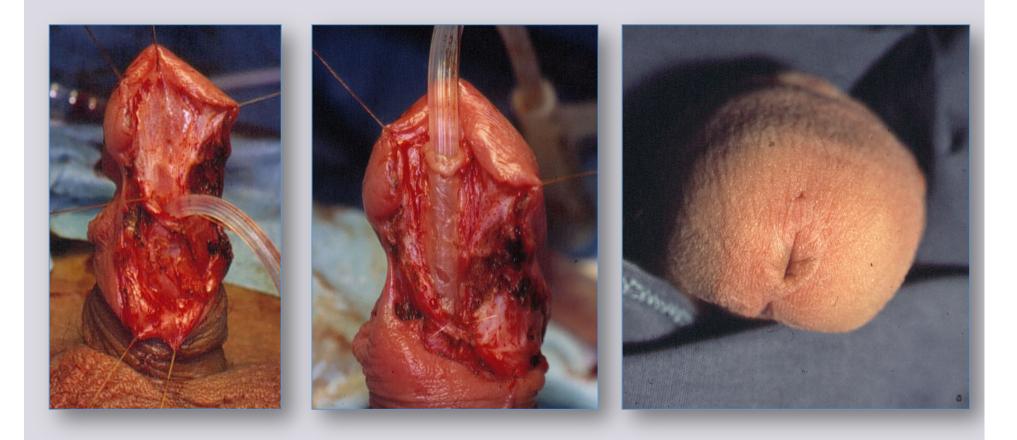
- Young patient
- Patient requiring an aesthetic outcome
- Patient with big glans

Blandy-Tresidder meatoplasty

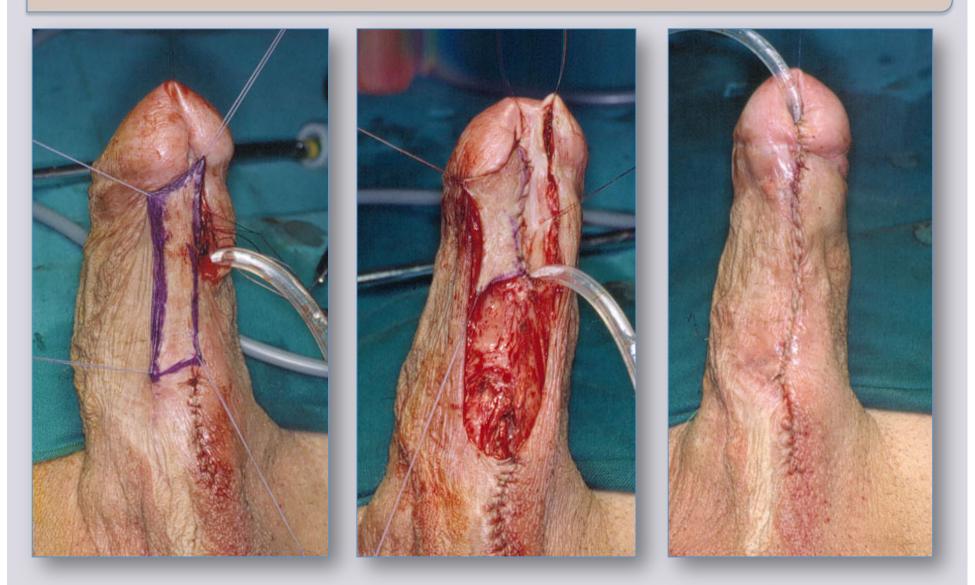


Br J Urol 1967; 39:633-234

Skin graft meatoplasty



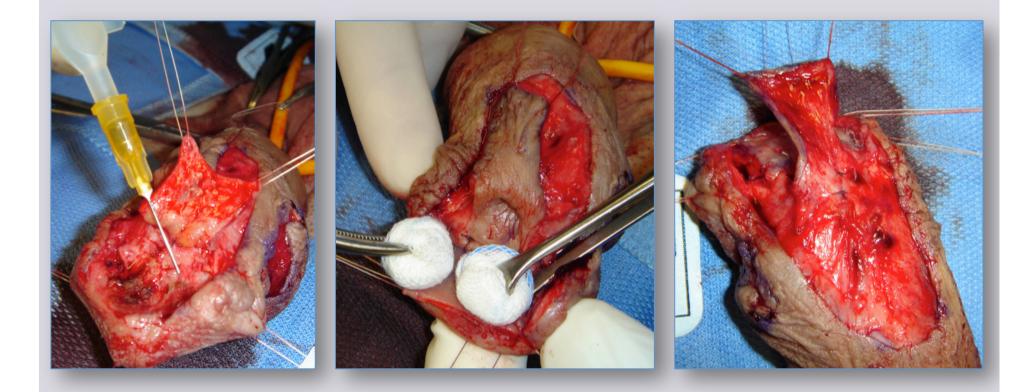
Skin flap meatoplasty



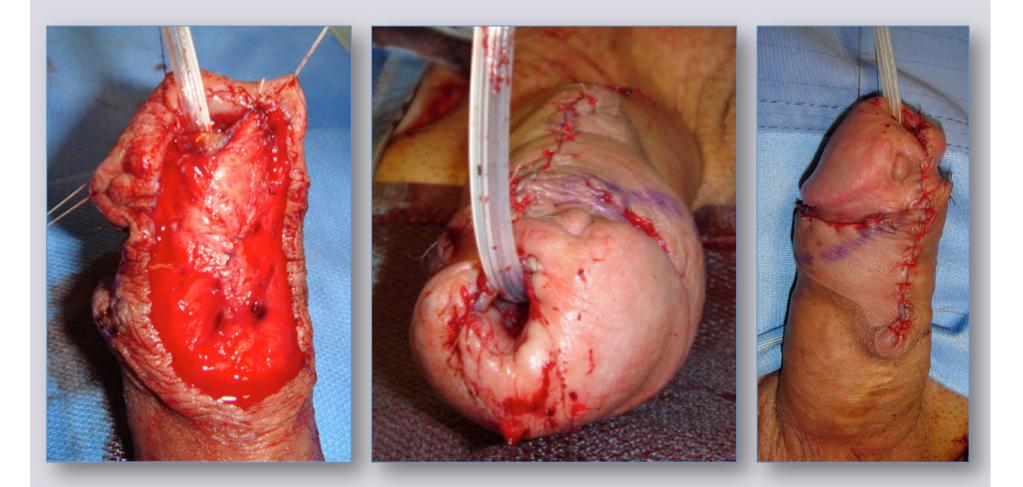
Combined flap and graft urethroplasty with new glue (Glubran 2)



Combined flap and graft urethroplasty with new glue (Glubran 2)



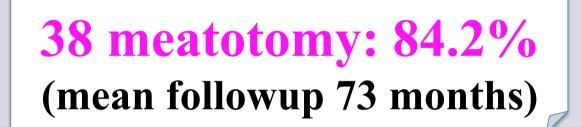
Combined flap and graft urethroplasty with new glue (Glubran 2)



Complications of meatoplasty



Our results in 46 patients updated to December 2013





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Conclusion



It is more difficult to repair 1 cm meatal stenosis than 5 cm bulbar stricture

What urethral stricture is:

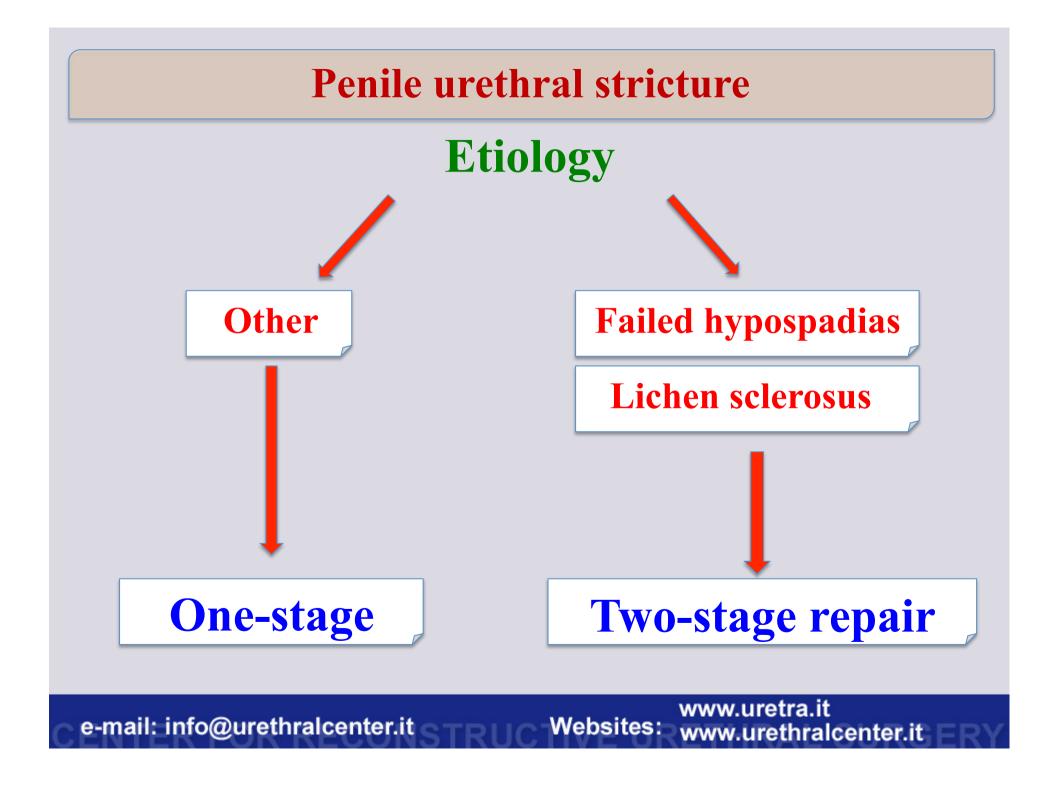
a surgical therapeutic strategy

PENILE URETHRAL STRICTURE

One-stage

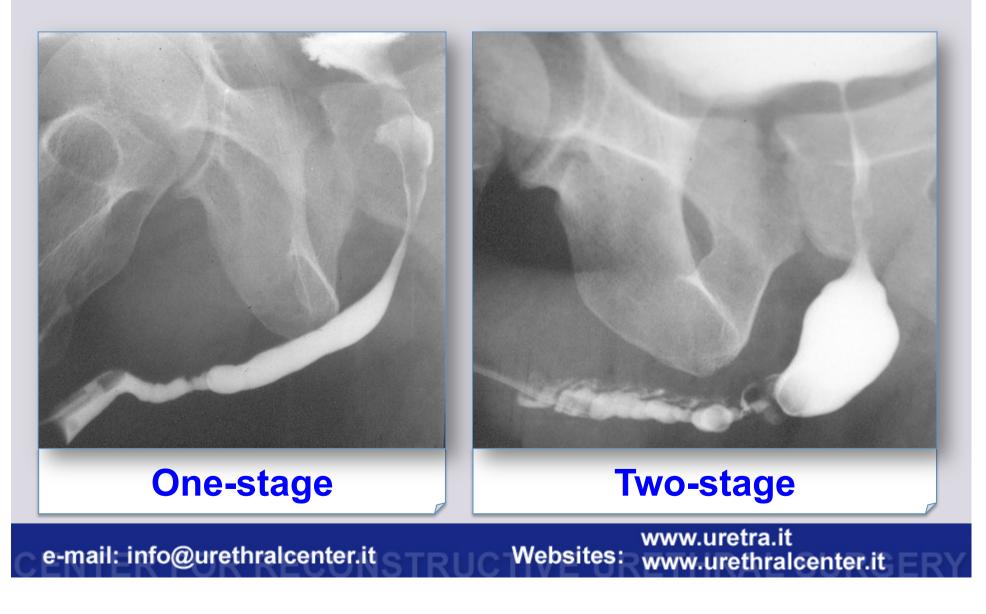
or

Two-stage repair ?



Penile urethral stricture

Radiological features



Penile urethral stricture

Clinical features





Ideal patients for one-stage repair

- Young patient
- Stricture not involving the meatus
- No obliterative stricture
- Patient with a big glans
- Selected patients with Lichen sclerosus stricture or failed hypospadias repair
- When the risk of postoperative complications or failure is < 20% according to our experience

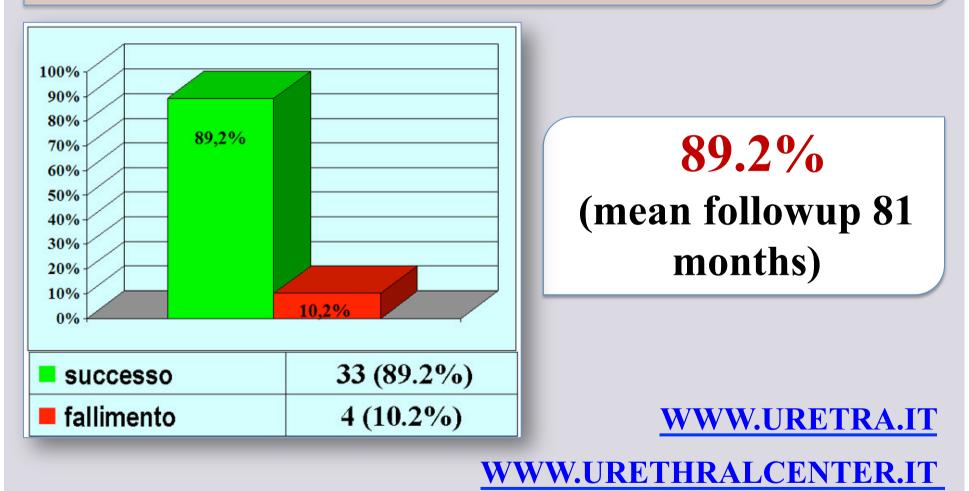
How to do one-stage penile urethroplasty using oral mucosa

VIDEO 1

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Our results in 37 patients updated to December 2013



Two-stage penile urethroplasty

When use the oral mucosa at the first stage ?

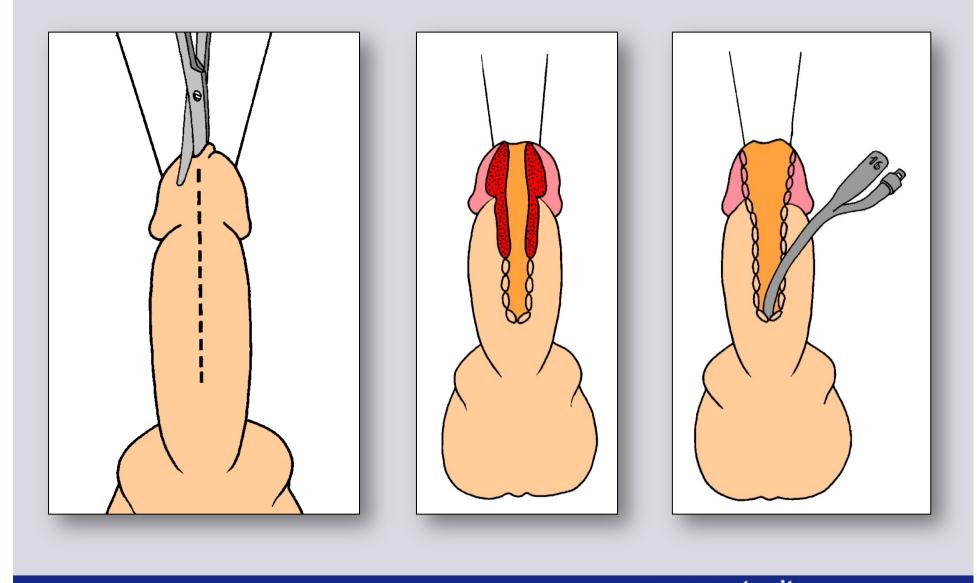


Second stage



How to do two-stage penile urethroplaty using oral mucosa only at the second stage

First stage – Johanson's urethroplasty



First stage – Johanson's urethroplasty







Second stage – Oral graft inlay urethroplasty



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It is difficult to standardize the surgical therapeutic strategy in patients with penile urethral stricture and many factors should be take into consideration before to plan the surgery

Conclusion

Stricture etiology Radiological features Features of the penis and genitalia



Surgeon background and experience/preference

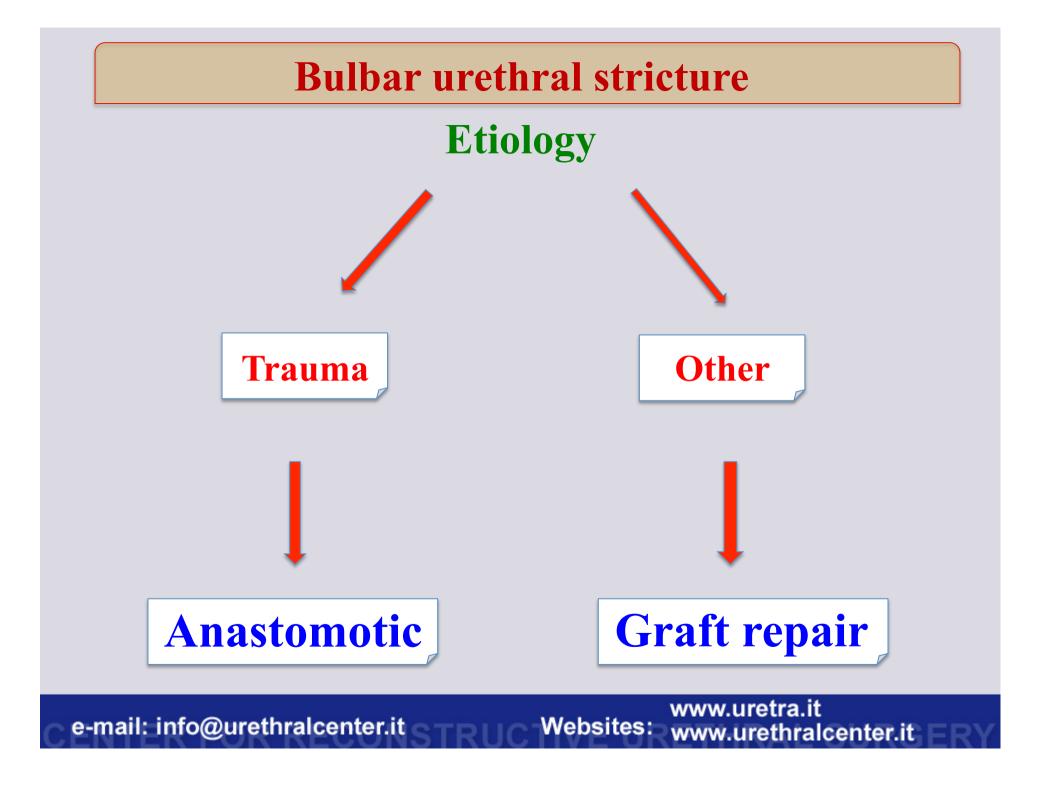
Patient age and expectations Patient co-morbidity Patient psycological status

What urethral stricture is:

a surgical therapeutic strategy

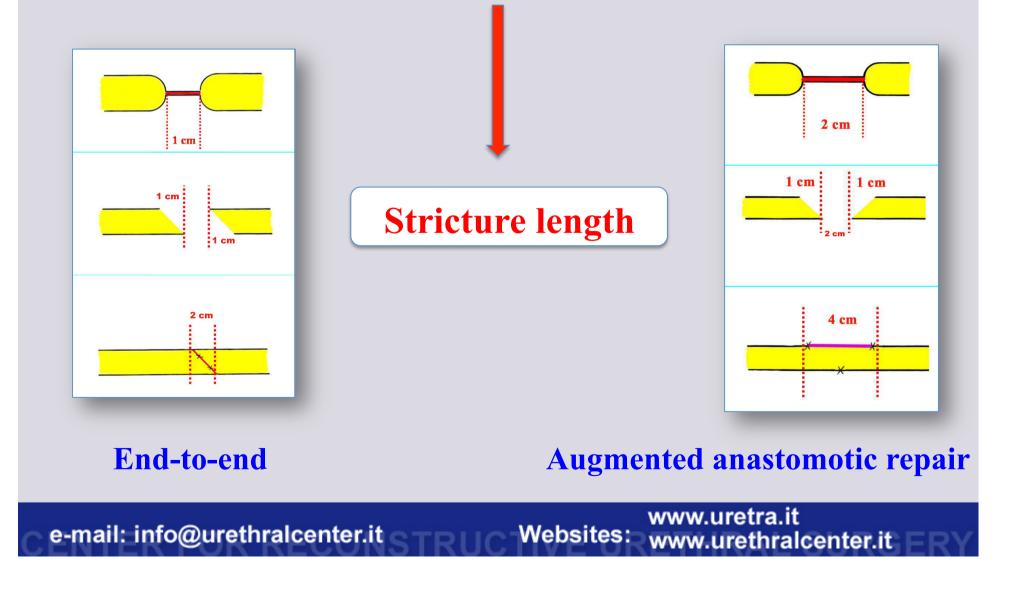




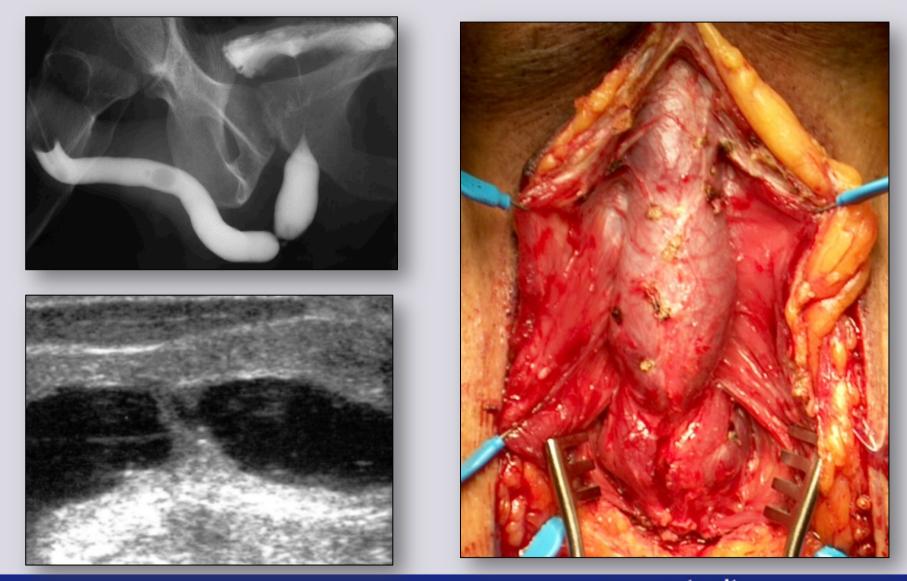


Bulbar urethral stricture

Whic type of anastomotic repair ?



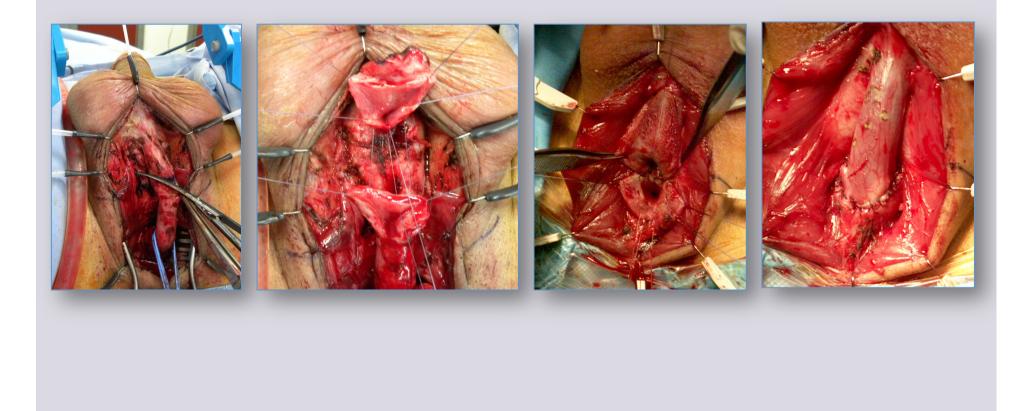
End-to-end anastomosis



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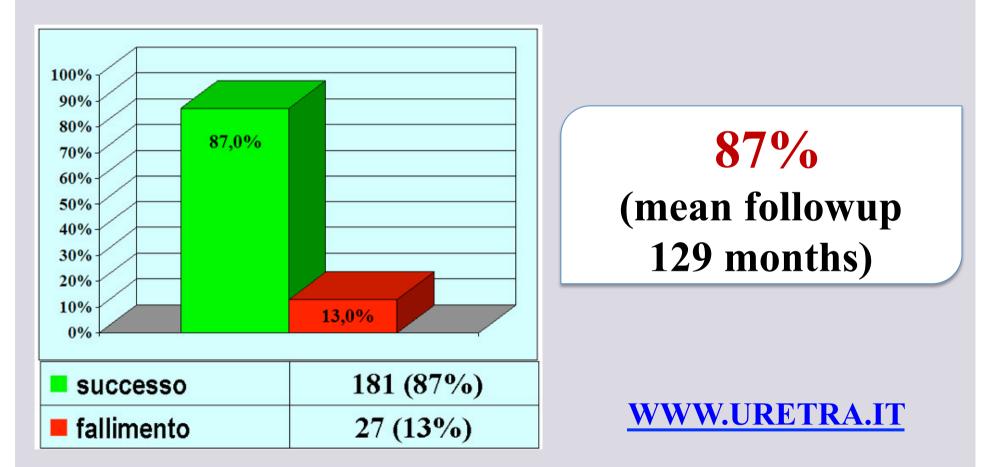
End-to-end anastomosis



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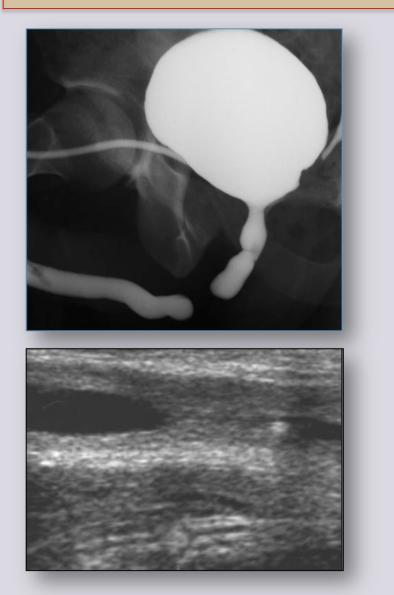
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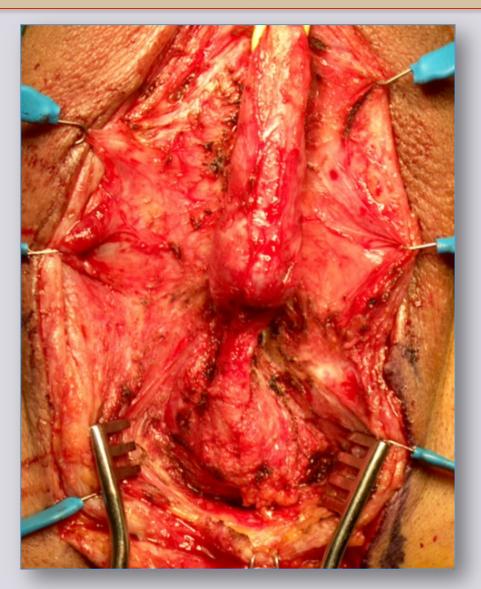
Our results in 208 patients updated to December 2013



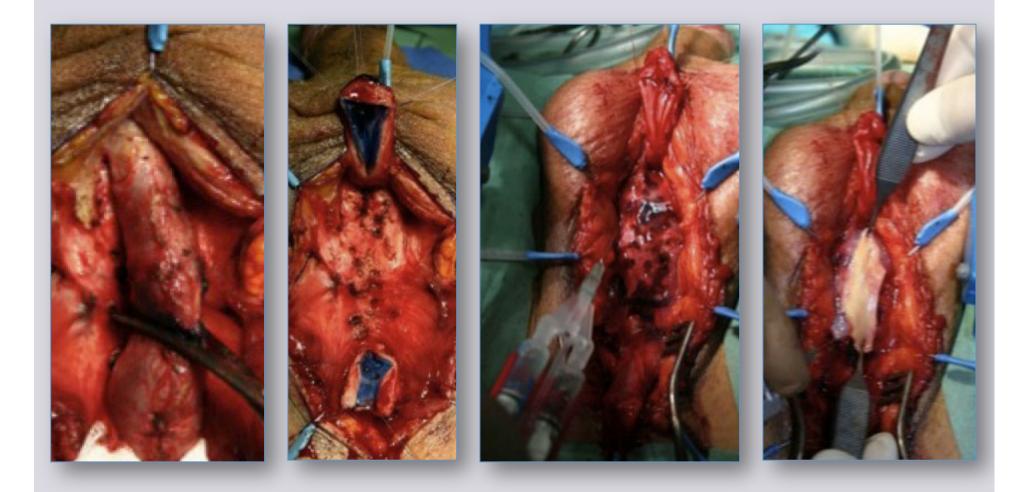
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Augmented anastomotic repair

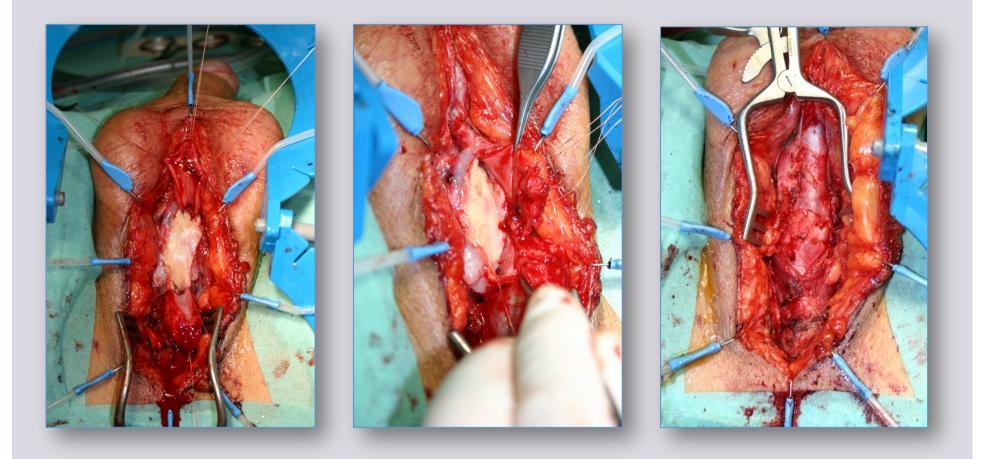




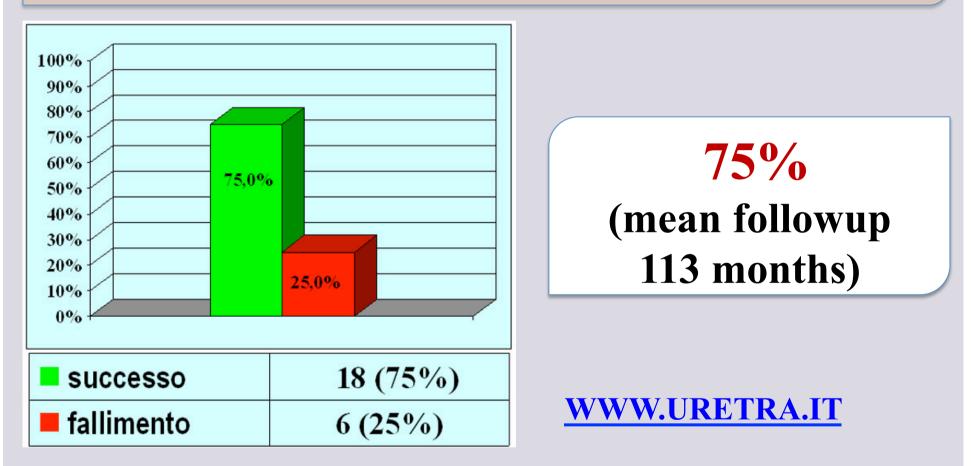
Augmented anastomotic repair



Augmented anastomotic repair



Our results in 24 patients updated to December 2013



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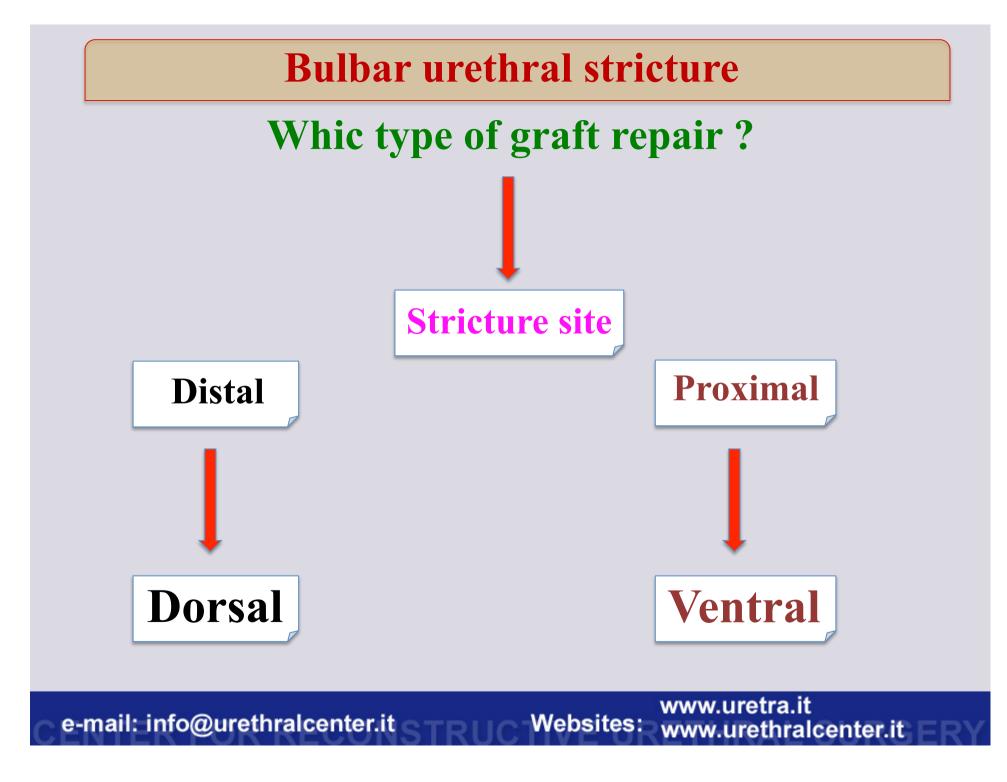
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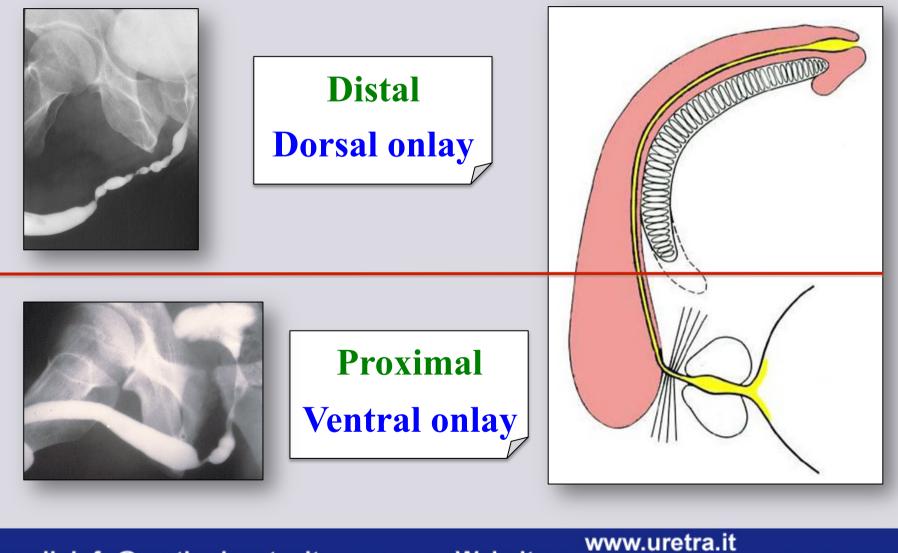
Conclusion



Using these 2 techniques you are able to repair all the traumatic bulbar urethral strictures ranging from 1 to 6 cm



Ventral or dorsal graft?



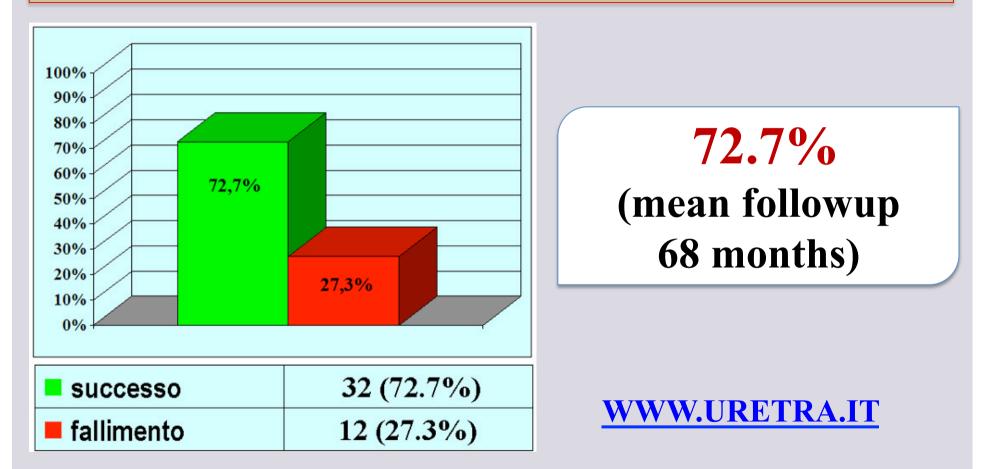
How to do bulbar dorsal onlay graft urethroplasty

VIDEO 2

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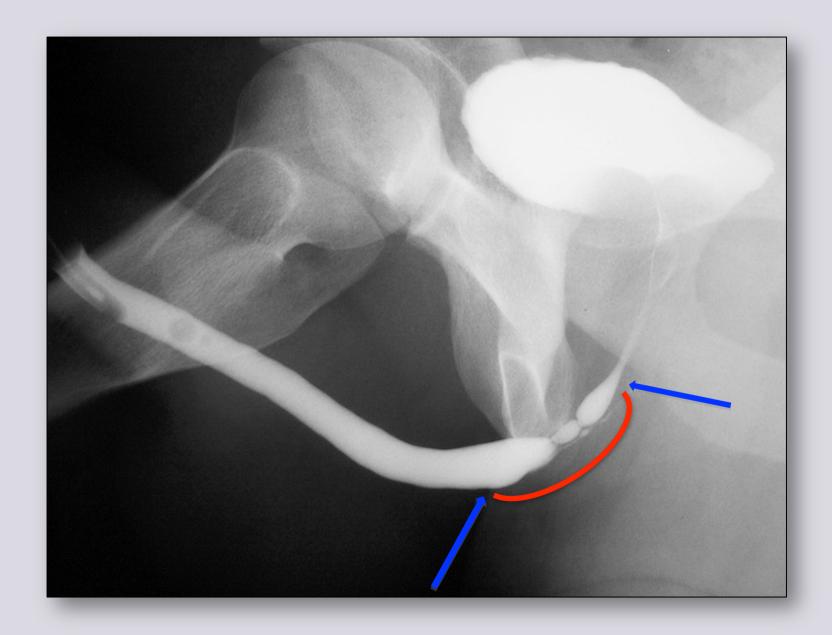
Our results in 44 patients updated to December 2013

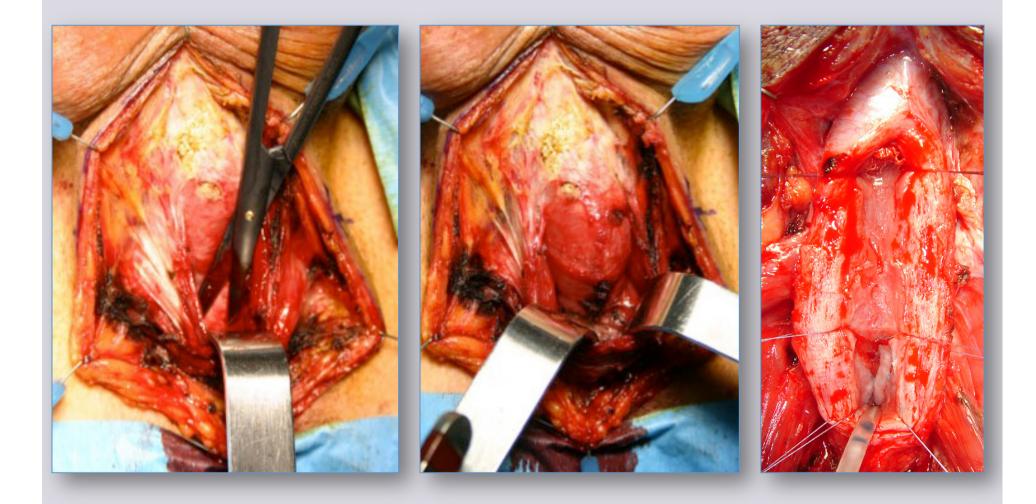


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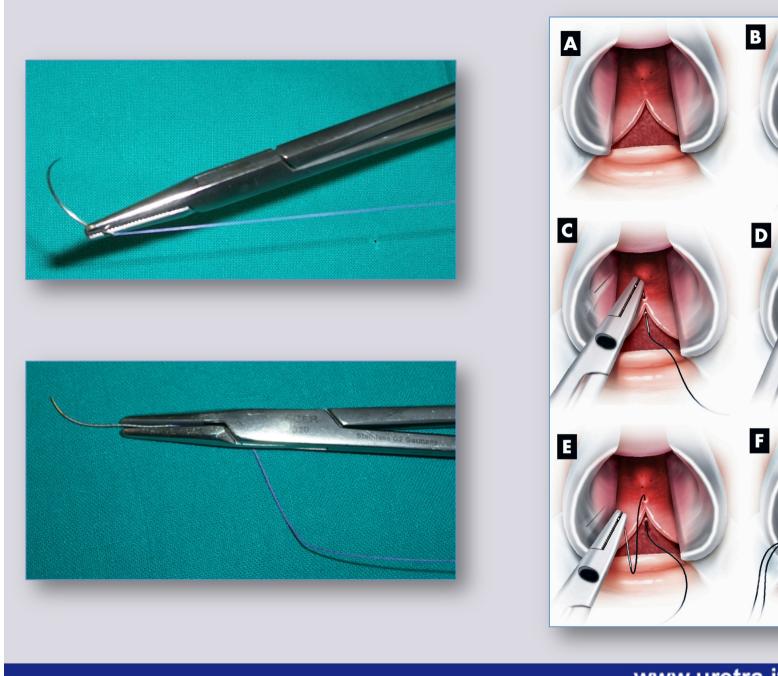
How to do bulbar ventral onlay graft urethroplasty

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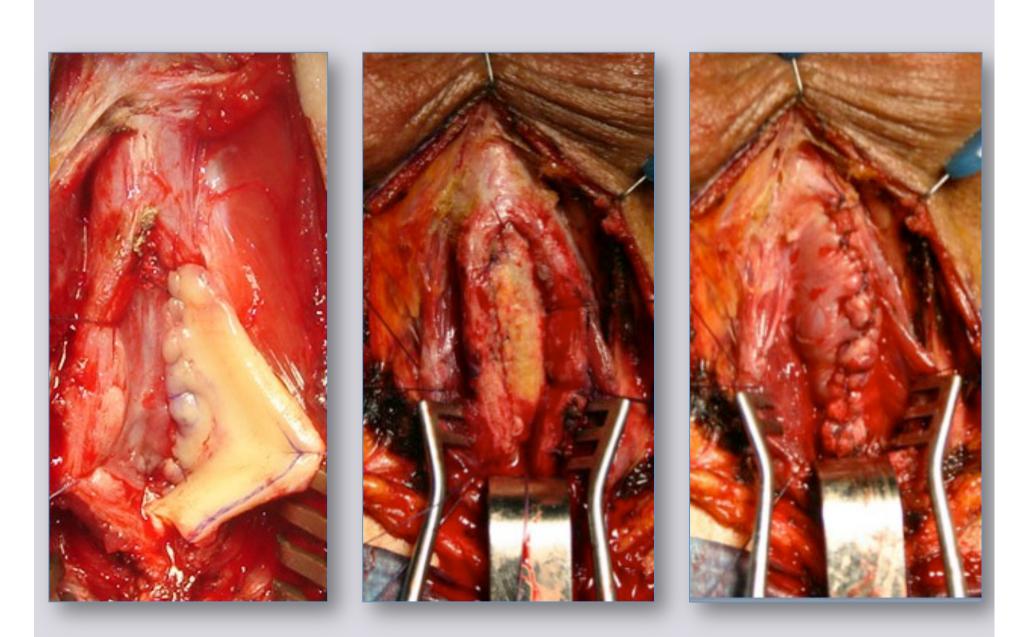




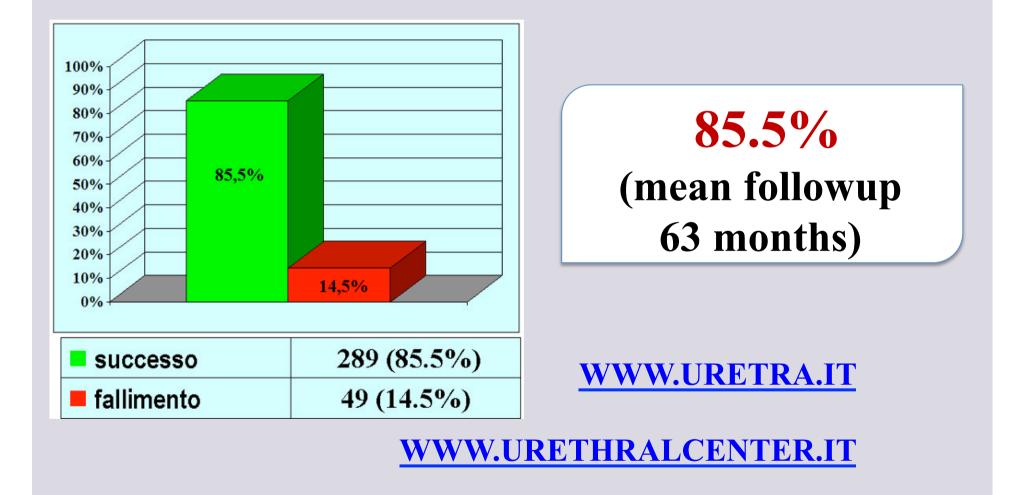




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Our results in 338 patients updated to December 2013



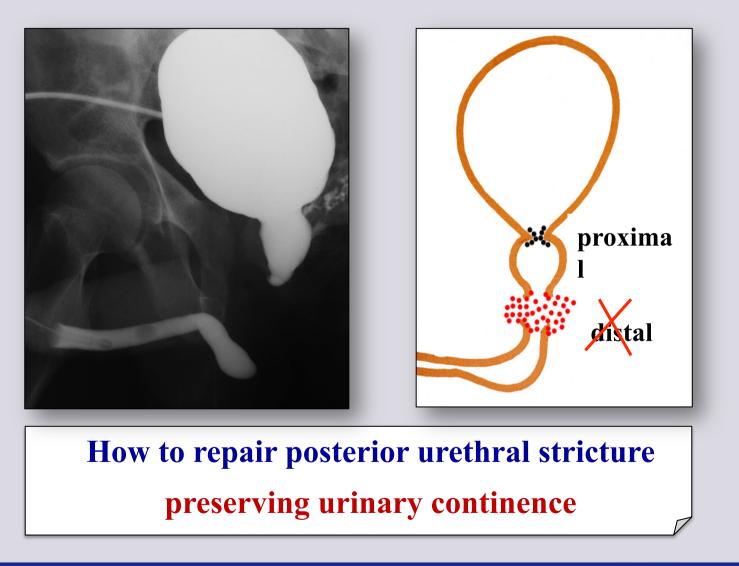
Posterior urethroplasty

Delayed treatment of patients with pelvic fracture urethral distraction defects



Posterior urethroplasty

Posterior urethroplasty



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Preoperative patient evaluation



Retrograde urethrography

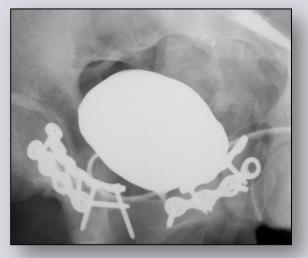
Cystography – supine position



50 cc

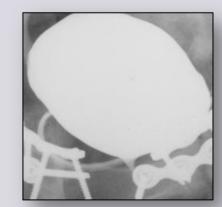


100 cc



200 cc

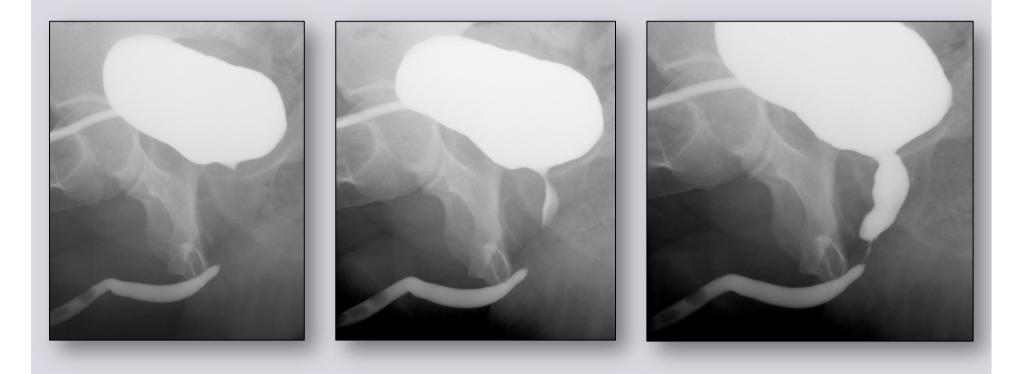
Cystography – standing position



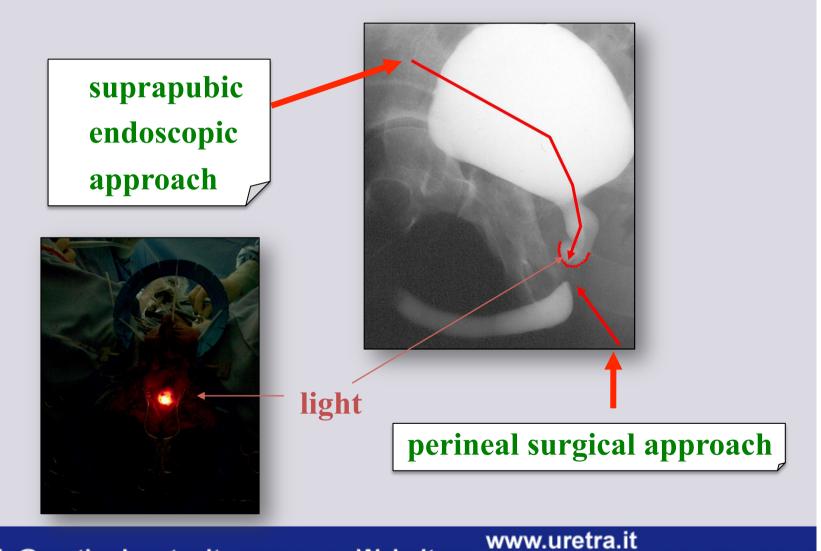


Valsalva

Combined retrograde and voiding urethrography



Posterior urethroplasty using combined approach



Patient preparation

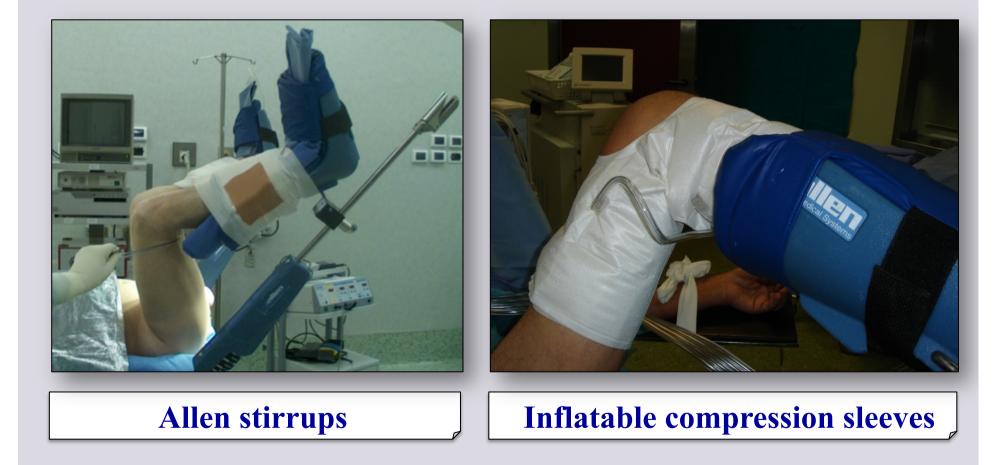


simple lithotomy position

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Patient preparation



How to do posterior urethroplasty

VIDEO 3

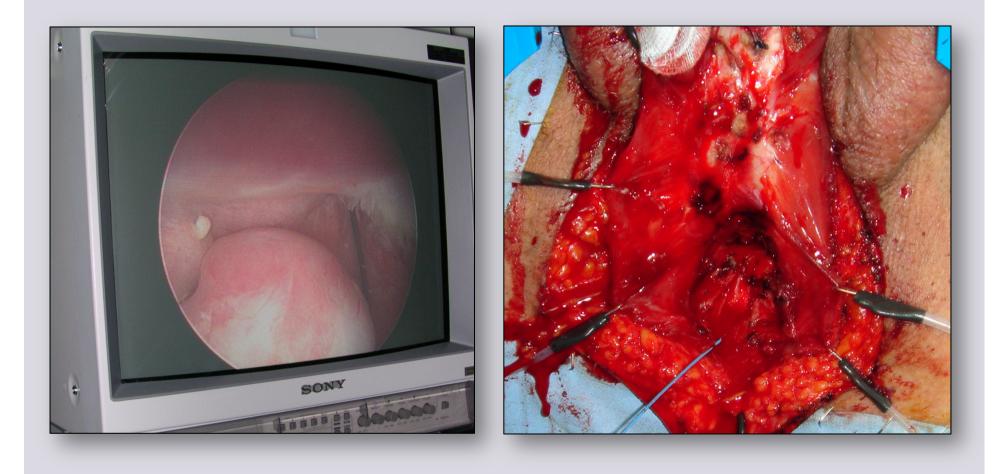
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Cut on the tip

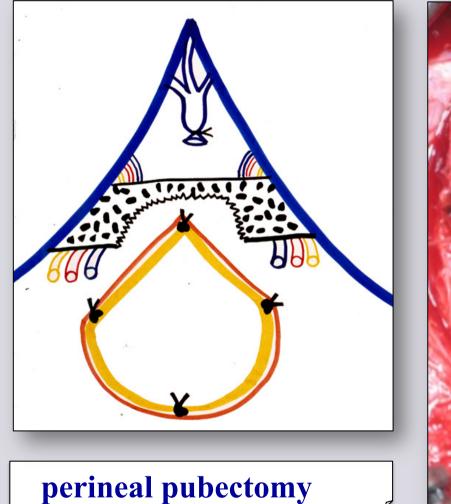


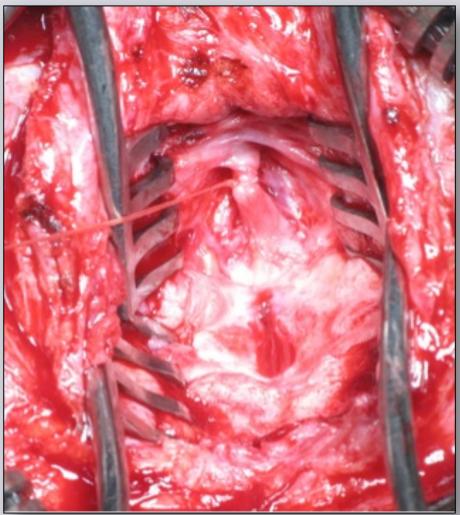




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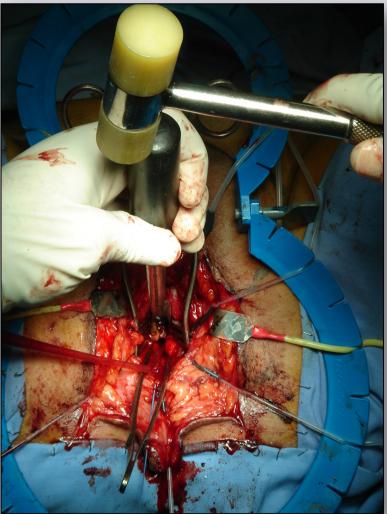
Crural separation



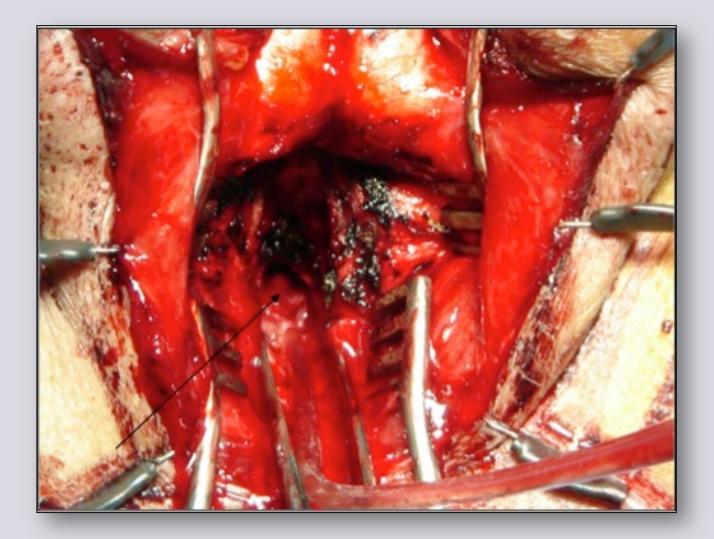


Pubectomy

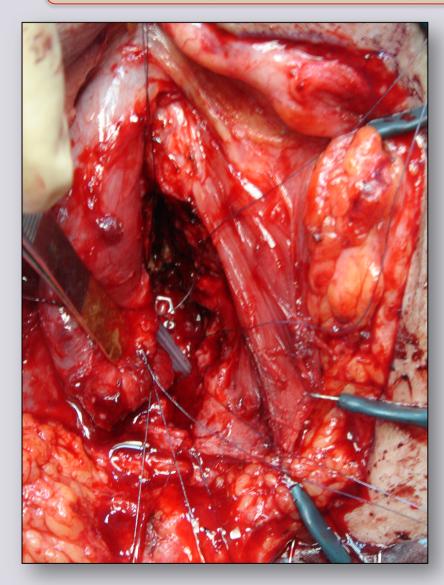




Exposure of the prostatic urethra



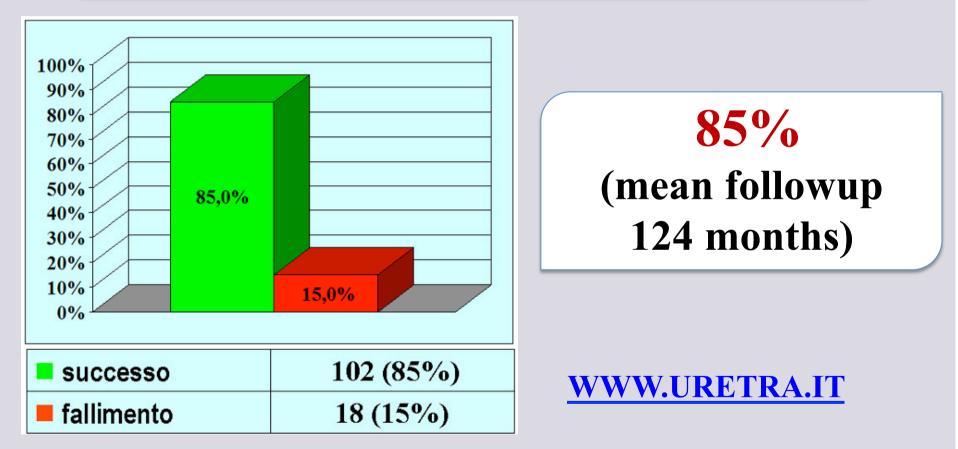
Complex bulbo-prostatic anastomosis





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Our results in 120 patients updated to December 2013



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