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Urology 2007 State of the art... Looking at the future

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Messina - Italy





Reconstructive urethral surgery













...sometimes means returning to where one left off





Looking at the future...for me, meant reviewing the results of all the urethroplasties I have performed up until









Looking at the future...for me, meant reporting these data in a dedicate website and making them as available as possible to the public and urologists







CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY

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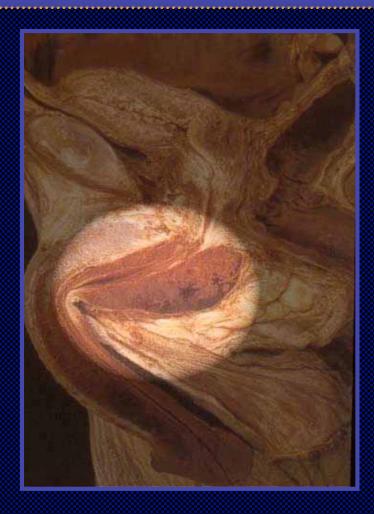
Prof. Guido Barbagli Where we are Scientific activity What is the Center Urethral Patology Clinical Activity performed at our center Results of urethroplastics Clinical Research Meetings & congresses Training Editorial Historical review Atlas of surgical techniques Videos Meetings lectures Scientific Director Dr. Massimo Lazzeri

- End-to-end anastomosis (update to 12/31/2006)
- Augmented anastomotic repair using dorsal skin graft (update to 12/31/2006)
- Augmented anastomotic repair using dorsal buccal mucosal graft (update to 12/31/2006)
- Augmented anastomotic repair using ventral buccal mucosal graft (update to 12/31/2006)
- Dorsal buccal mucosal onlay graft urethroplasty (update to 12/31/2006)
- Lateral buccal mucosal onlay graft urethroplasty (update to 12/31/2006)
- Circumferential substitution buccal mucosal graft urethroplasty (update to 12/31/2006)





Results of 375 one-stage bulbar urethroplasties



Looking at the future...





End-to-end anastomosis: 165 patients

Augmented anastomotic repair: 40 patients

- dorsal skin graft
- dorsal buccal mucosal graft
- ventral buccal mucosal graft

Onlay graft urethroplasty: 170 patients

- ventral onlay (BM)
- dorsal onlay (BM)
- lateral onlay (BM)
- circumferential substitution onlay (BM)
- dorsal onlay (skin)





End-to-end anastomosis



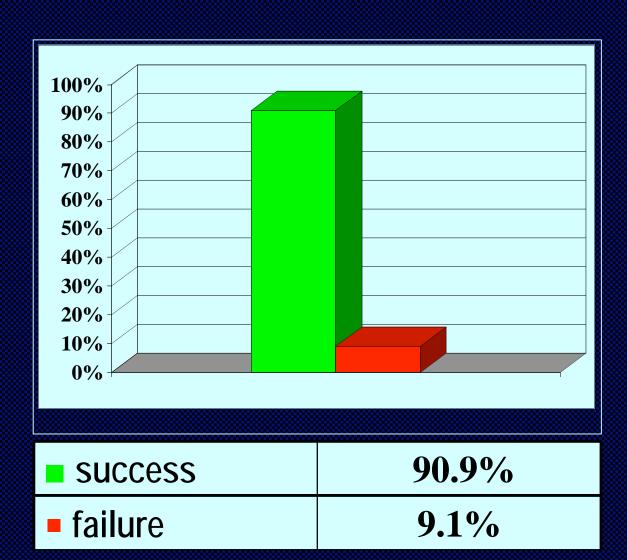








Results of 165 end-to-end anastomosis







Outcome based on patient age



	0-49 years	50-69 years	> 70 years
success	91%	86.4%	100%
failure	9%	13.4%	





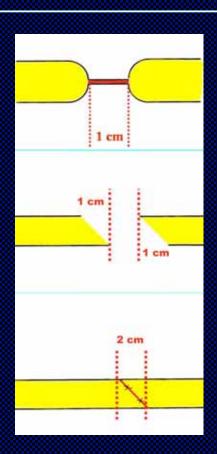
Outcome based on stricture length



	1-2 cm	2-3 cm	3-4 cm	4-5 cm
success	93.8%	85.7%	100%	100%
failure	6.2%	14.3%		







bulbar urethral stricture of 1 cm or less



penile chordee due to excessive urethral shortening

Guralnick and Webster, J Urol 2001







Urethral reconstructability is proportional to

the length and elasticity of the distal urethra

Morey et al., J Urol 2006

authors	patients	length	success rate
Santucci et al. 2002	168	1 to 4.5 cm	95%
Morey et al. 2006	22	2.6 to 5 cm	91%
Eltahawy et al. 2005	213	1 to 4.5 cm	98%





Outcome based on previous treatments

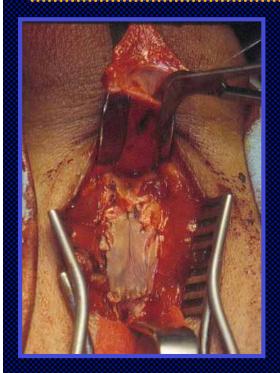


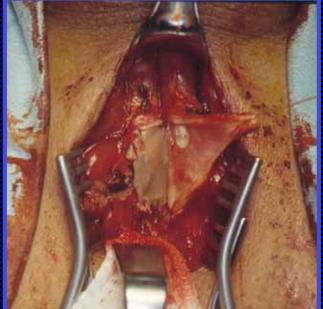
	none	urethrotomy	associated treatments	urethroplasty	dilation
success	92.4%	93.4%	80%	100%	100%
• failure	7.6%	6.6%	20%		

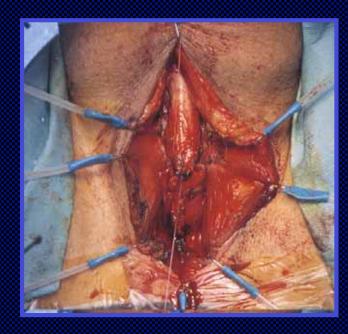




Augmented anastomotic repair using dorsal skin graft



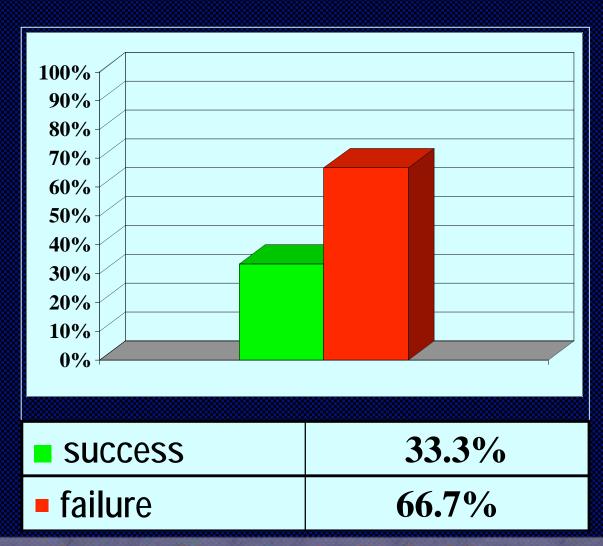








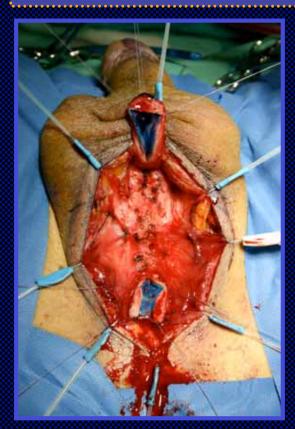
Results of 9 augmented anastomotic repair using dorsal skin graft



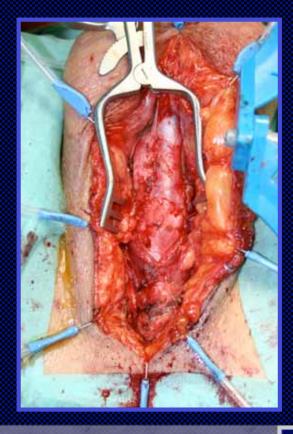




Augmented anastomotic repair using dorsal buccal mucosal graft



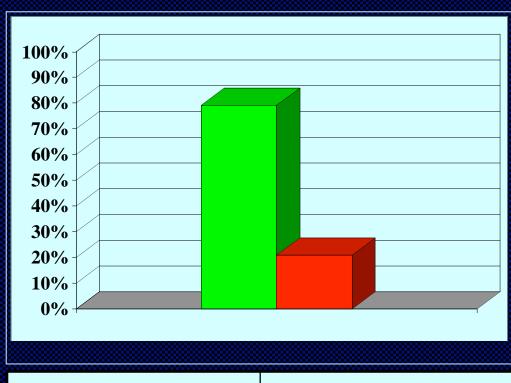








Results of 24 augmented anastomotic repair using dorsal buccal mucosal graft



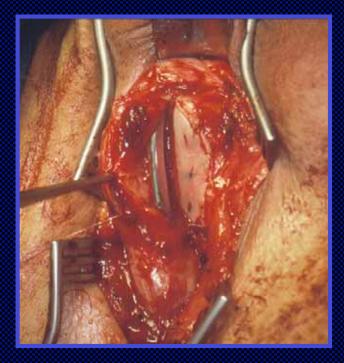
success	79.2%
failure	20.8%





Dorsal skin onlay graft urethroplasty



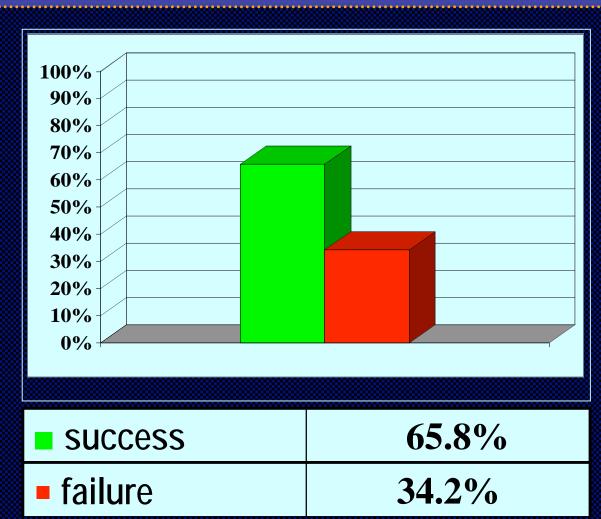








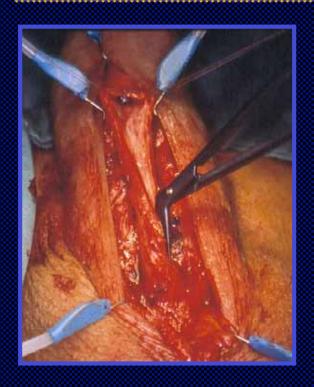
Results of 38 dorsal skin onlay graft urethroplasty

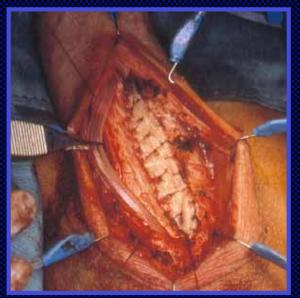






Dorsal buccal mucosal onlay graft urethroplasty



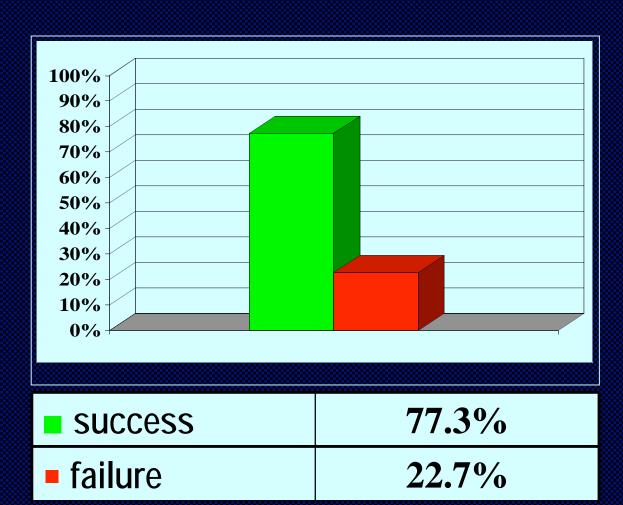








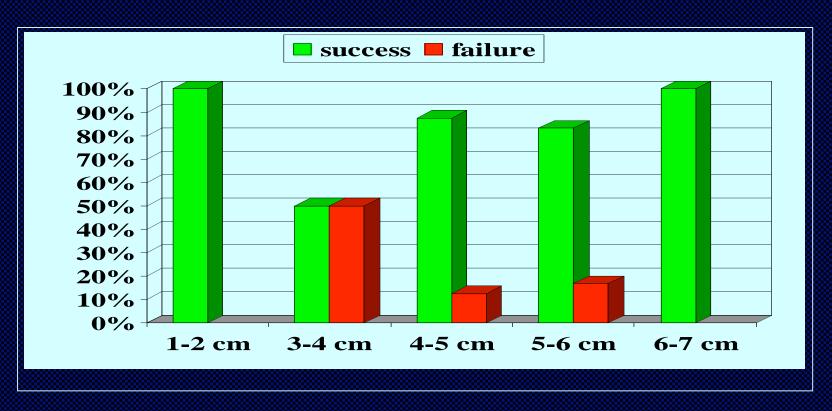
Results of 22 dorsal buccal mucosal onlay graft urethroplasty







Outcome based on stricture length

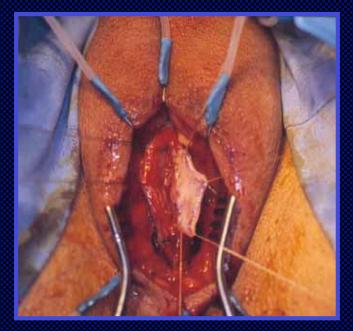


	1-2 cm	3-4 cm	4-5 cm	5-6 cm	6-7 cm
success	100%	50%	87.5%	83.3%	100%
failure		50%	12.5%	16.7%	





Ventral buccal mucosal onlay graft urethroplasty



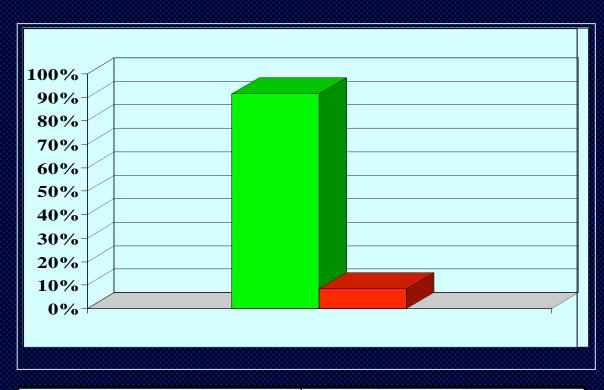








Results of 93 ventral buccal mucosal onlay graft urethroplasty

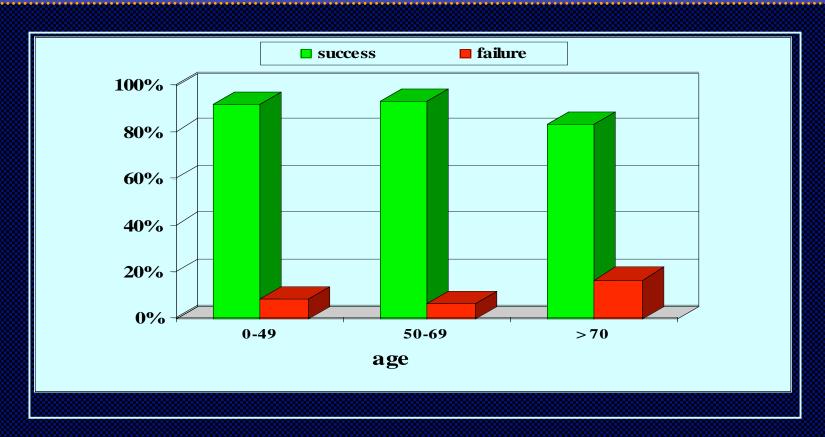


success	91.4%
failure	8.6%





Outcome based on patient age

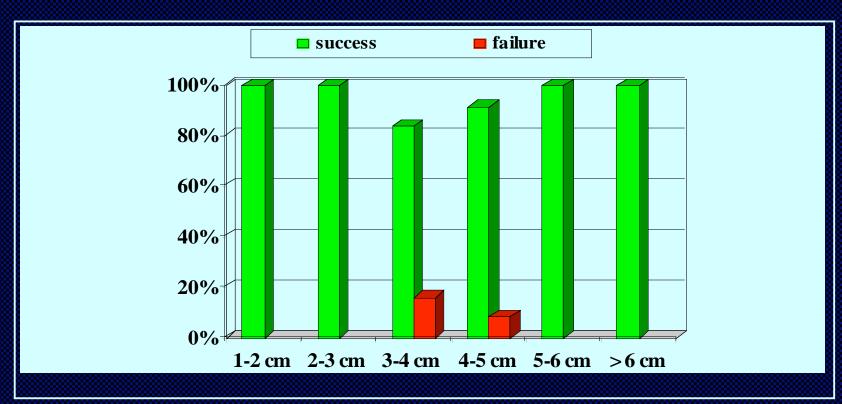


	0-49 years	50-69 years	> 70 years
success	91.7%	93.3%	83.3%
failure	8.3%	6.7%	16.7%





Outcome based on stricture length



	1-2 cm	2-3 cm	3-4 cm	4-5 cm	5-6 cm	> 6 cm
success	100%	100%	84%	91.5%	100%	100%
failure			16%	8.5%		





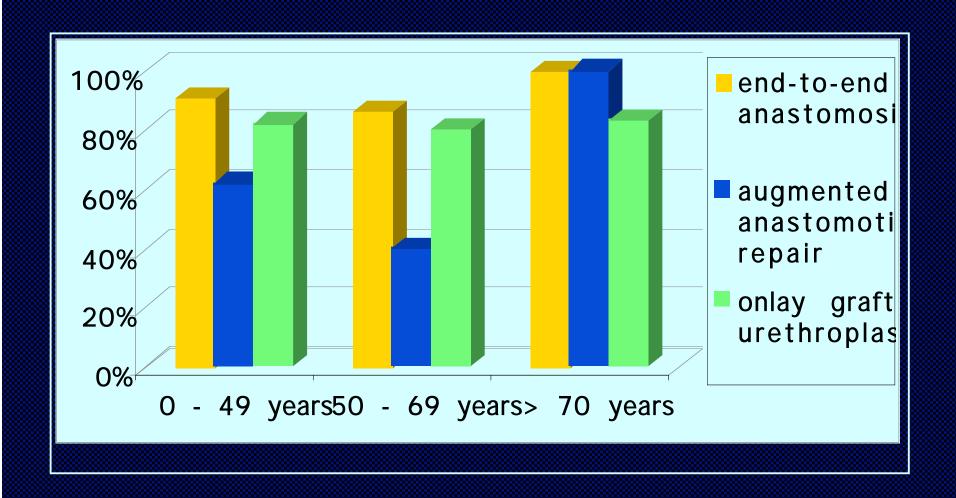
Comparison of success rates of 375 one-stage bulbar urethroplasty

surgical technique	success	failure
end-to-end anastomosis	90.9%	9.1%
onlay graft urethroplasty	81.8%	18.2%
augmented anastomotic repair	60%	40%





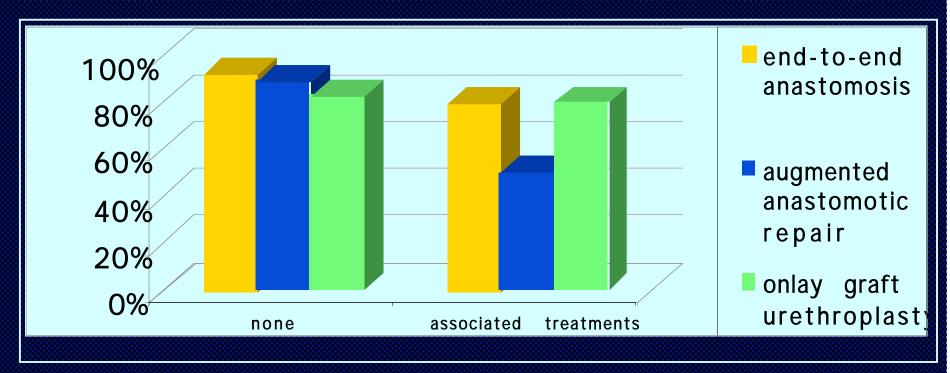
Success rate based on patient age







Outcome based on previous treatments



previous treatments	end-to-end anastomosis	augmented anastomosis repair	onlay graft urethroplasty
none	92.4%	88.9%	82.5%
associated treatments	80%	50%	80%





Augmented anastomotic repair

type of repair	success rate
dorsal buccal mucosal graft	79.2%
dorsal skin graft	33.3%
ventral buccal mucosal graft	28.6%





Onlay graft urethroplasty

type of urethroplasty	success rate
ventral onlay (BM)	91.4%
lateral onlay (BM)	83.3%
dorsal onlay (BM)	77.3%
dorsal onlay (skin)	65.8%
substitution onlay (BM)	63.6%





Substitute material





Penile skin or buccal mucosa?





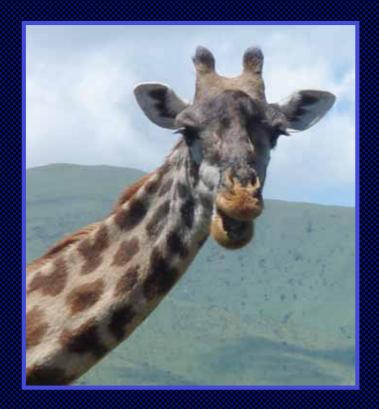
Success rate based on the substitute material

substitute material	success rate
buccal mucosa	82.8%
penile skin	59.6%





Based on these results, is it time to change our approach to surgical treatment of bulbar urethral stricture disease?







End-to-end anastomosis still

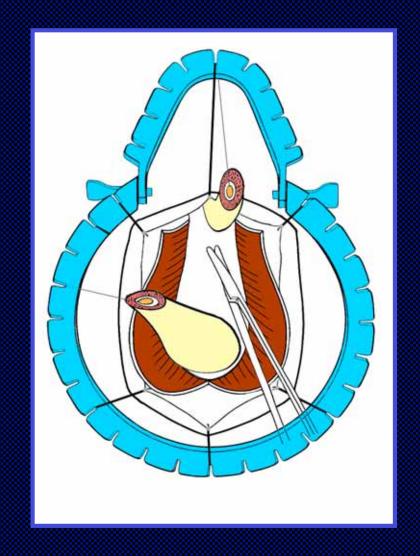
represents one of the best technique

for repair of bulbar urethra

strictures of various etiologies,

various lengths, in patients of

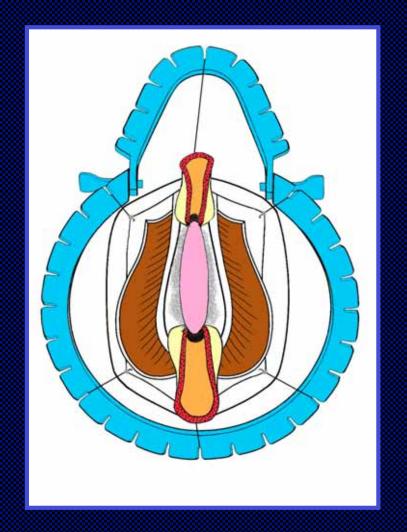
various ages





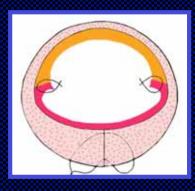


- Augmented anastomotic repair
 should be reserved only for complex
 cases when end-to-end anastomosis
 or the onlay graft procedure are not
 appropriate
- The patient should be informed that the success rate of this technique is about 60%

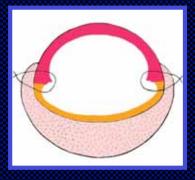




- The use of onlay graft procedures
 still represents the only valid
 alternative to an end-to-end
 anastomosis
- Buccal mucosa still represents the best substitute material for bulbar urethral reconstruction



ventral graft



dorsal graft





We feel that a new frontier of reconstructive urethral surgery must be included in future medical practice: transparency







Transparency, reporting of data and making them as available as possible to the public, will be our weapon to overcome scepticism of the "statistically significant results" that prevail in the medical literature







Through the internet, patients have become sophisticated consumers of medical information, and they need more details and easy access to data to choose the best tailored therapy







More than 5000 people visit our website monthly





www.urethralcenter.it



What can you find in www.urethralcenter.it?

- · Up-to-date Information on urethral pathology and surgery
- · Everything you need to know about urethral stricture diseases
- · How to make a diagnosis
- · All the surgical techniques performed at our Center
- · An up-to-date database of surgical outcome
- · Information and opportunities for "hands-on" training
- · Up-to-date literature
- The articles published by Guido Barbagli
- . The books published by Guido Barbagli
- · The lectures presented by Guido Barbagli at Meetings and Congress
- . The history of urethral surgery
- An Atlas of Surgical Techniques
- Video
- · Comments and suggestion for the urologists of XXI century
- · ... and more

The website is up-to-date monthly

Next month, this lecture will be fully available in our website

Welcome!



