Center for Reconstructive Urethral Surgery

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23rd ANNUAL EAU CONGRESS

EAU – USI Session

Joint session of the European Association of Urology (EAU) and the Urological Society of India (USI)

26 – 29 March 2008

Milan – Italy

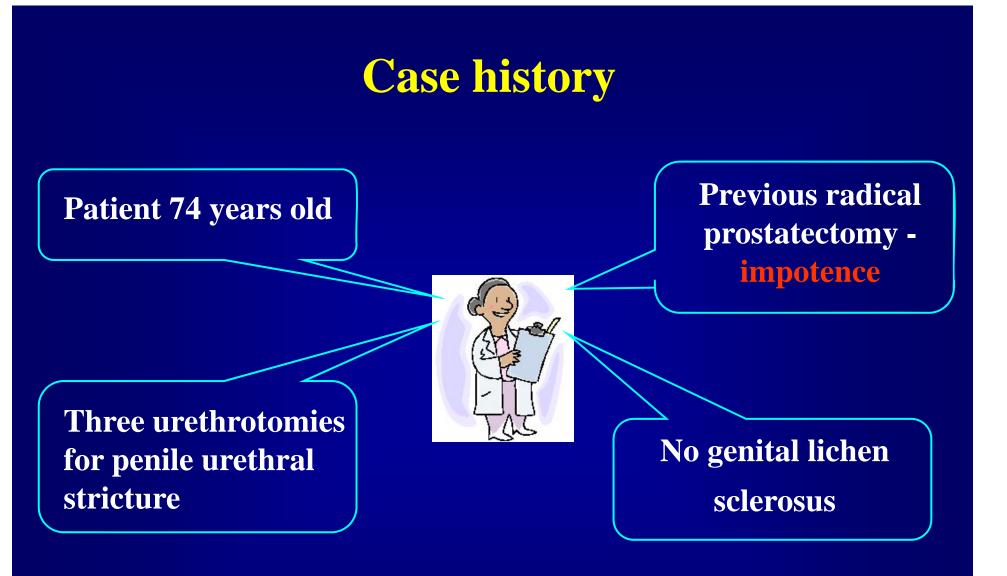
G. Barbagli and D. Dubey



L. Martínez-Piñeiro N.P. Gupta S.B. Kulkarni S. Joniau

Round table

Clinical cases presentation and discussion



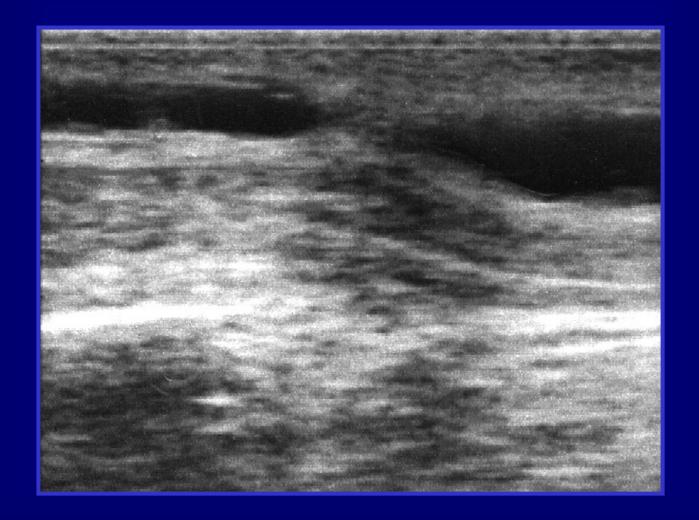
Retrograde urethrography



Voiding cystourethrography



Sonourethrography



Diagnosis

Penile urethral stricture, 1.5 cm in length, recurrent

following repeated internal urethrotomies, in impotent

patient who underwent radical prostatectomy

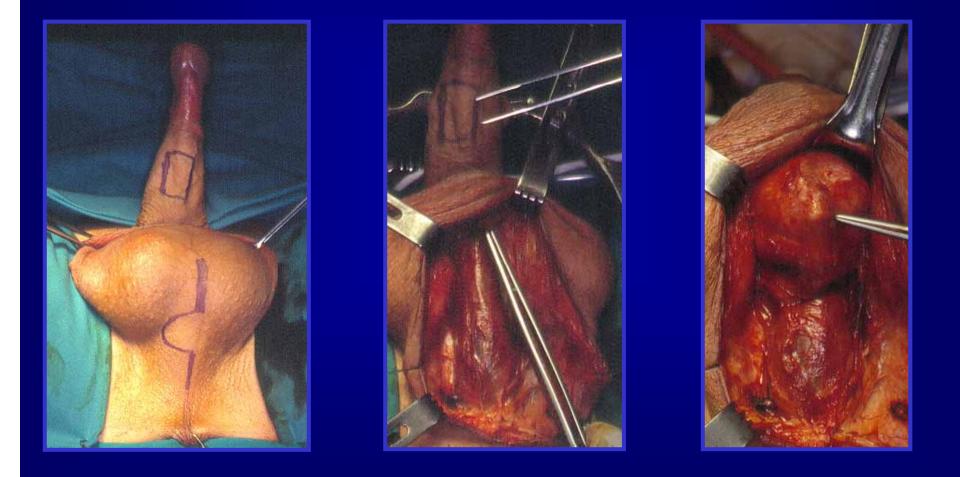
Surgical options

- 1. **Periodic dilation**
- 2. Urethrotomy
- 3. End-to-end anastomosis
- 4. One-stage penile skin flap urethroplasty
- 5. One-stage graft urethroplasty
- 6. Johanson's procedure
- 7. Other

Postoperative urethrography



End-to-end anastomosis through perineal approach



End-to-end anastomosis through perineal approach







End-to-end anastomosis through perineal approach





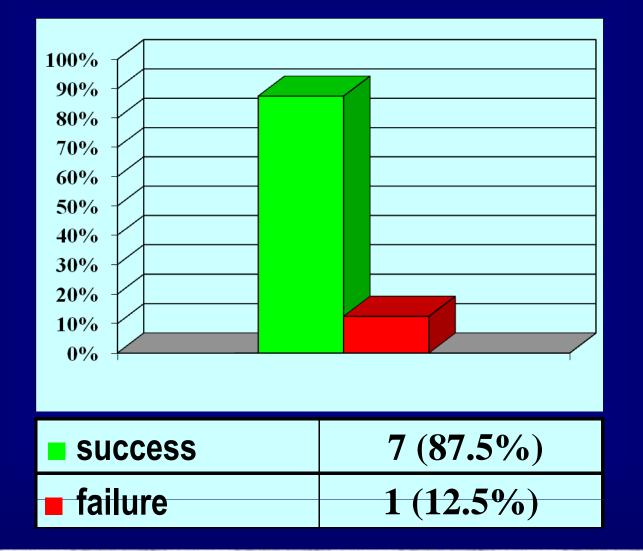
Penile chordee ?

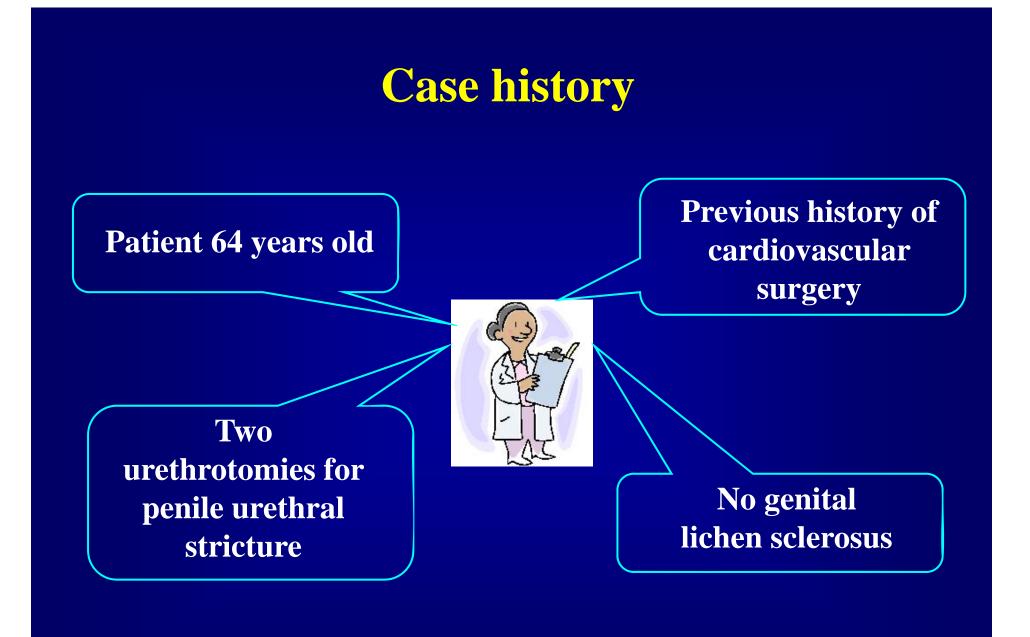
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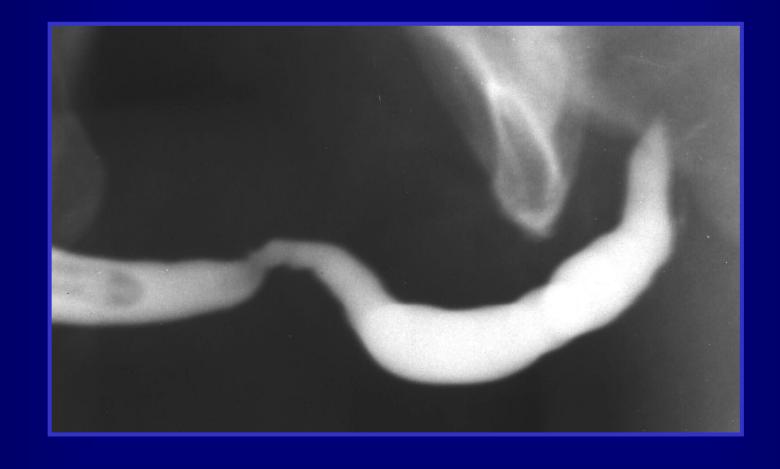
Results of 8 penile end-to-end anastomosis

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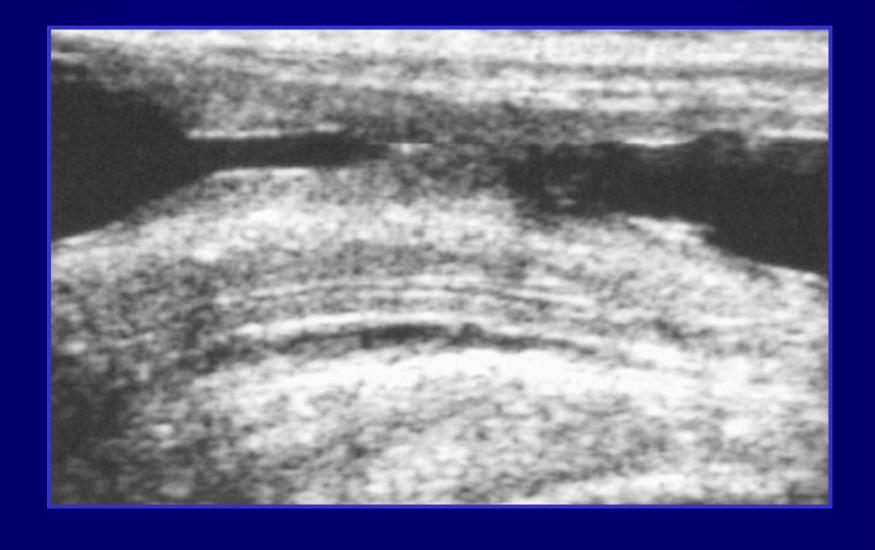
Retrograde urethrography



Voiding cystourethrography



Sonourethrography



Diagnosis

Penile urethral stricture, 3.5 cm in length, recurrent

following repeated internal urethrotomies, in patient who

underwent cardiovascular surgery

Surgical options

- 1. **Periodic dilation**
- 2. Urethrotomy
- **3.** One-stage penile skin flap urethroplasty
- 4. One-stage graft (skin/oral mucosa) urethroplasty
- 5. Johanson's procedure
- 6. Other

Postoperative urethrography



Modified Orandi's penile skin flap urethroplasty







Modified Orandi's penile skin flap urethroplasty





Results of 63 one-stage penile urethroplasty

patients	type of repair	success
18	flap	66.7%
22	oral graft	81.8%
23	skin graft	78.3%

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Basically, the choice between flap or graft one-stage urethroplasty should be made according to the status of the urethral plate and according to the surgeon background, training and preference

graft

flap

Case history

Patient 35 years old



No previous history of urologic diseases or urethral instrumentation

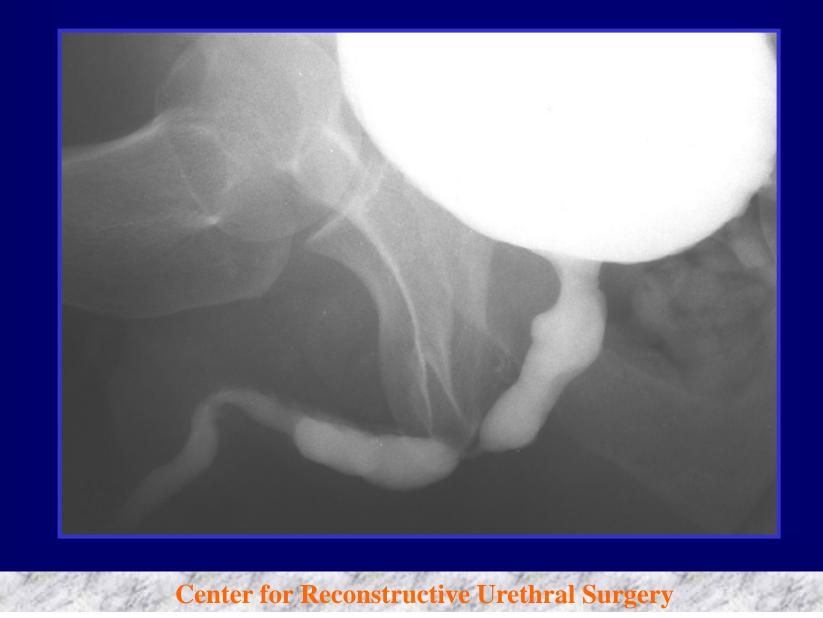
In 2005, acute urinary retention treated by bouginage and medical therapy

No genital lichen sclerosus

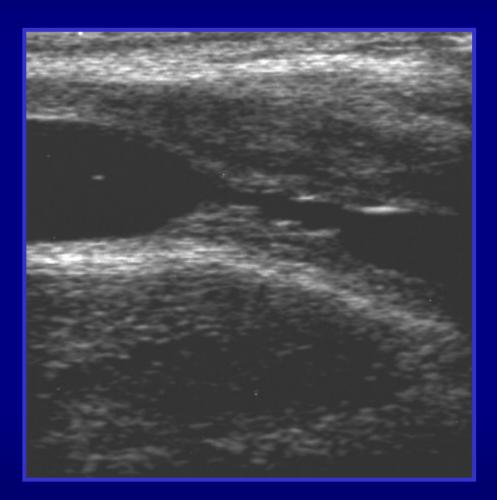
Retrograde urethrography



Voiding cystourethrography



Sonourethrography



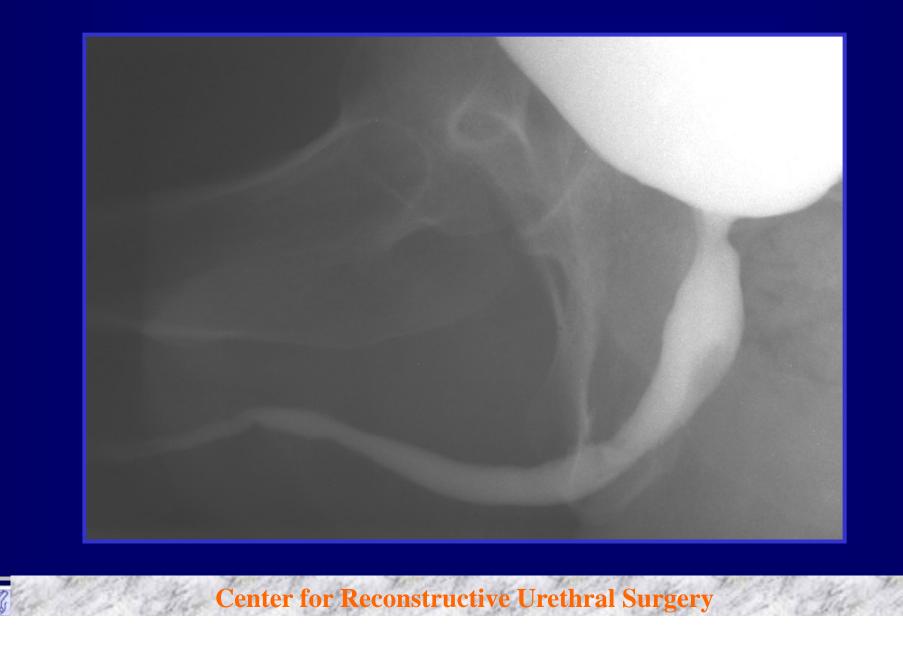
Diagnosis

Bulbar urethral stricture, 2.5 cm in length, of unknown etiology

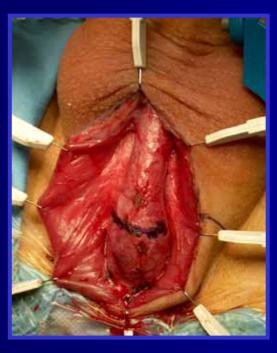
Surgical options

- 1. **Periodic dilation**
- 2. Urethrotomy
- **3. End-to-end anastomosis**
- 4. One-stage onlay graft urethroplasty
- 5. Two-stage procedure
- 6. Other

Postoperative urethrography



End-to-end anastomosis



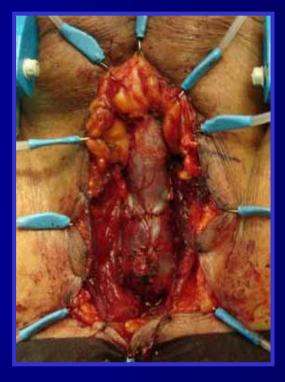




End-to-end anastomosis







Results of 153 end-to-end anastomosis

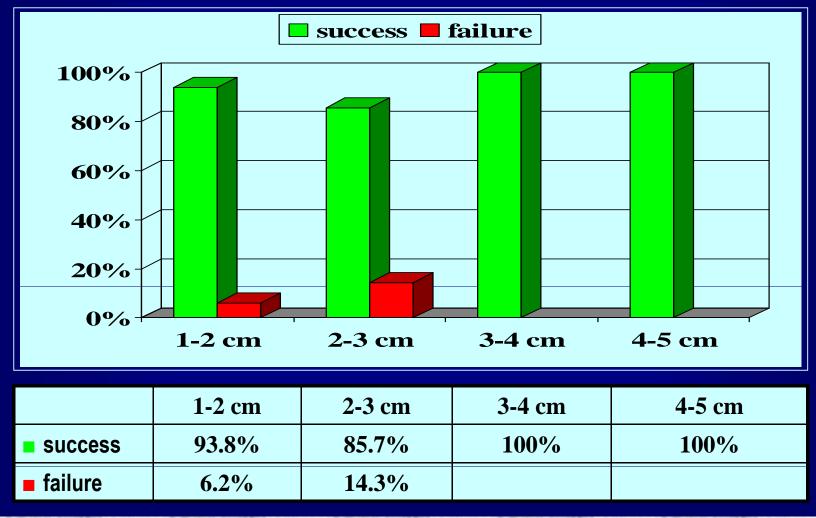
Follow-up: 12 - 218 months (mean 68)



Barbagli G. et al, J Urol 2007

Outcome according to the stricture length

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Case history

Patient 67 years old



Obesity, diabetes, cerebrovascular stroke, amputation of toes of left foot (therapy: insulin, lasix, heparin)

Previous circumcision, periodic dilation, repeated urethrotomies

Lichen sclerosus of genitalia and meatal stenosis

Retrograde urethrography



Voiding cystourethrography



Diagnosis

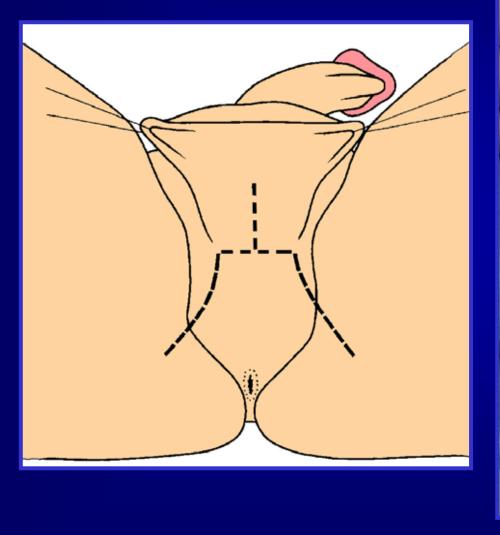
Panurethral stricture, recurrent following repeated

internal urethrotomies, in patient with genital lichen

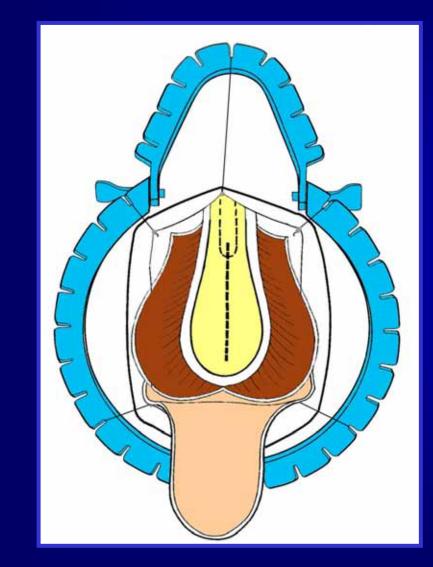
sclerosus

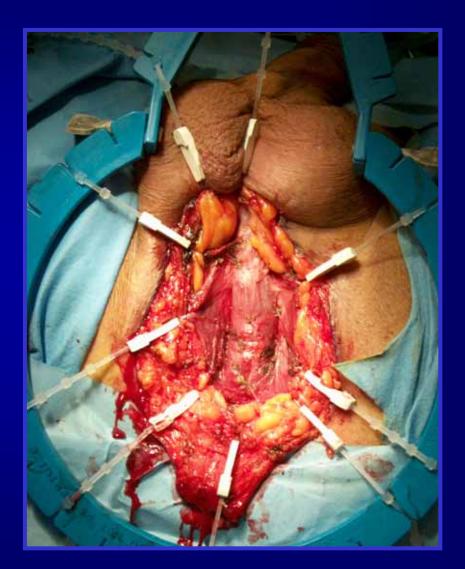
Surgical options

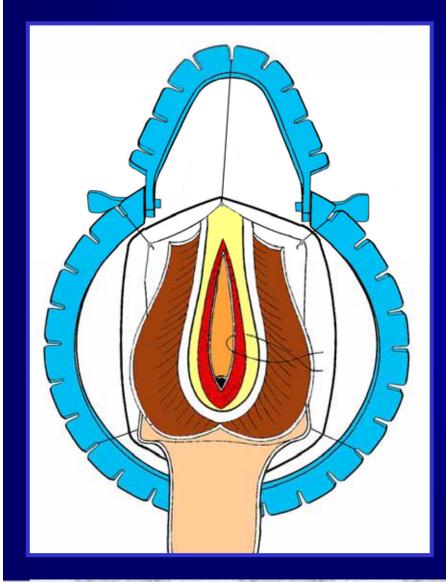
- Periodic dilation
- Urethrotomy
- Kulkarni's one-stage graft oral mucosal graft urethroplasty
- Definitive perineal urethrostomy
- Other



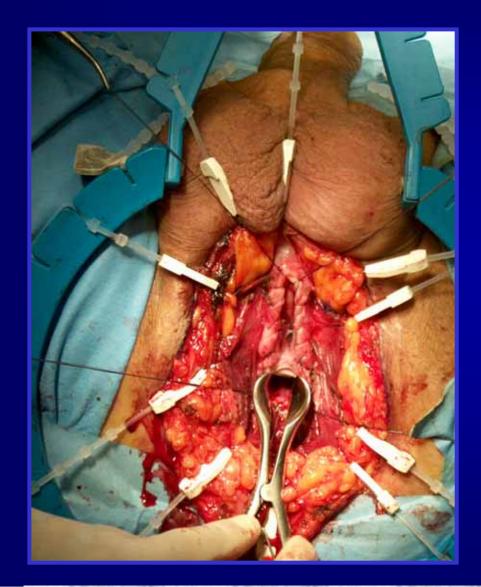


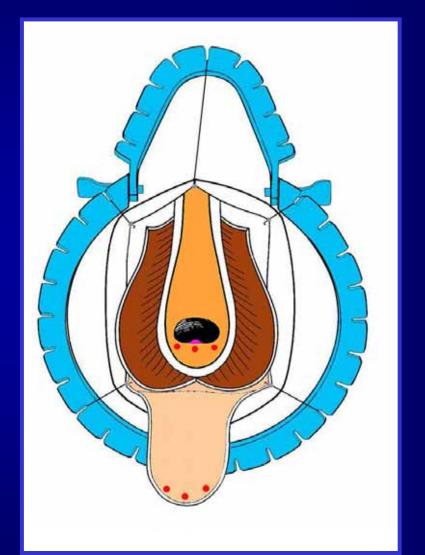










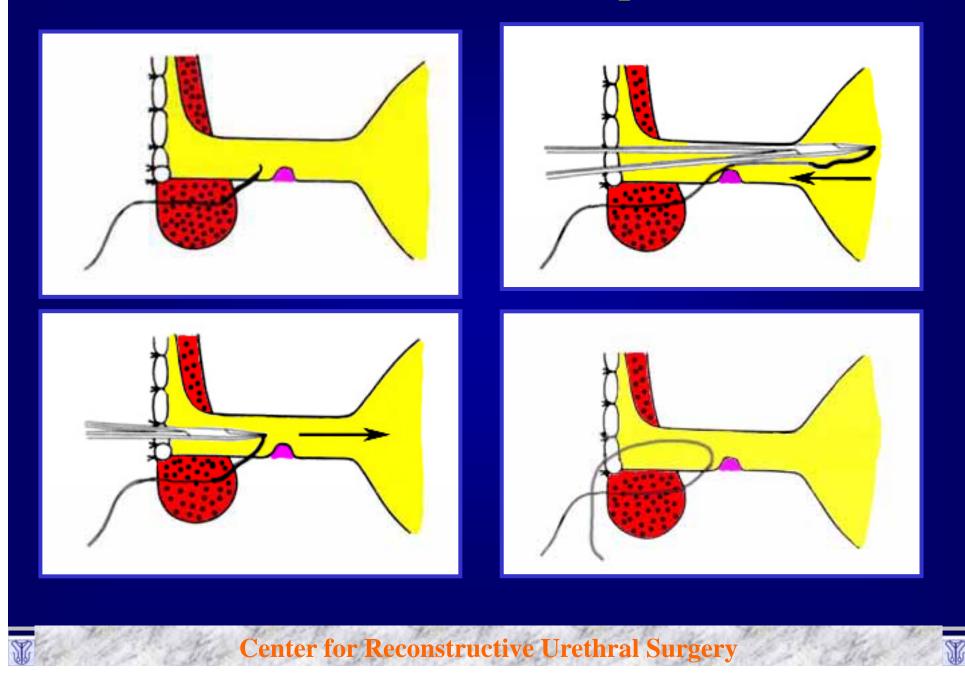


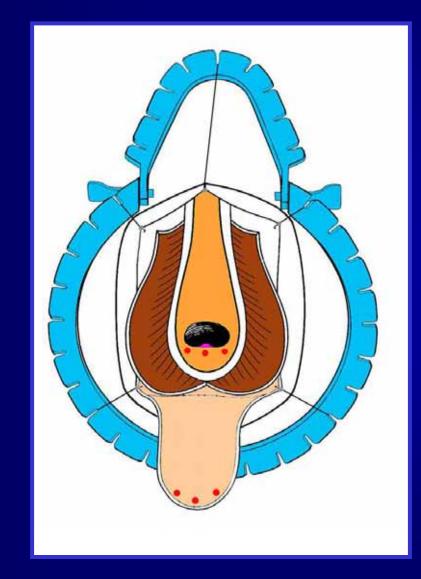
Webster's technique

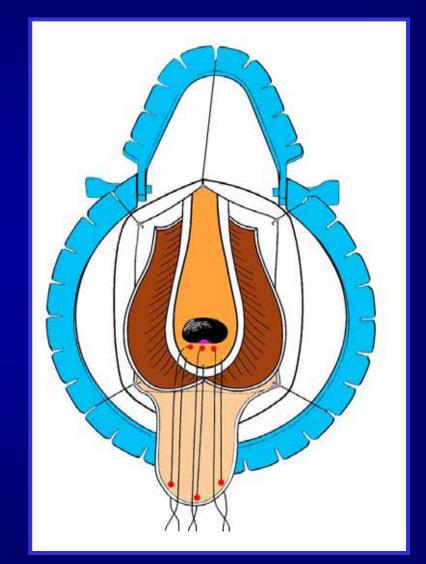


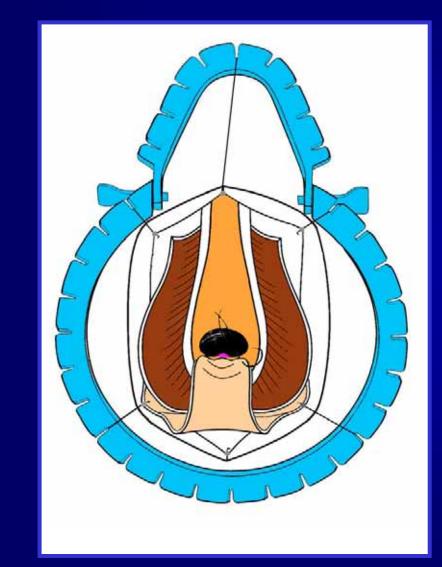


Webster's technique

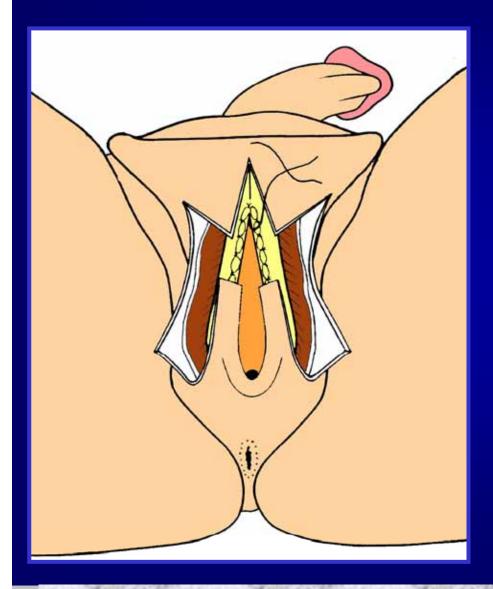




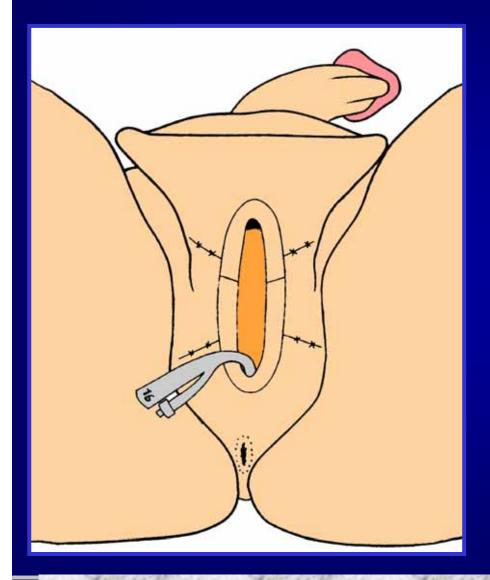














Results



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Round table



Thank you for your kindness, your professionality and your honesty