CENTER FOR RECONSTRUCTIVE URETHRAL SURGERY



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INTERNATIONAL CONFERENCE

Urogenital Reconstructive Surgery



Moscow – Russia June 15 – 16, 2017



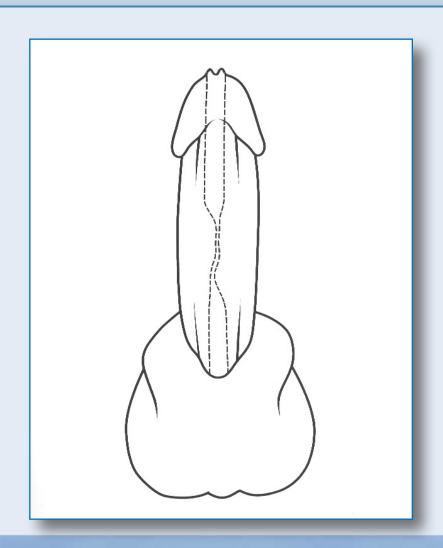


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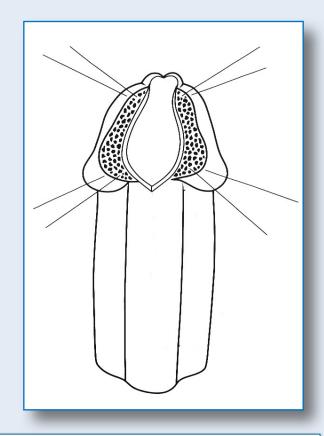
www.centrochirurgicotoscano.it

Reconstruction of the Male Urethra Part 1

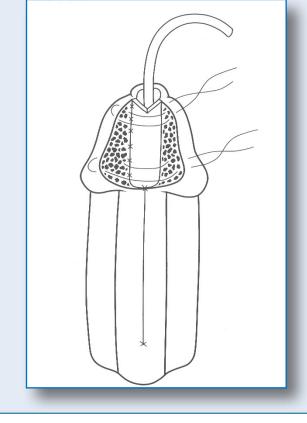
New Concepts in the Reconstruction of the Penile Urethra



Meatal Stenosis



Meatotomy



or

Meatoplasty?

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

Meatotomy



BJU Int 2012; 109: 616-619

RESULTS

44/74 (59%) patients who underwent meatotomy completed a post-operative survey using a questionnarie

84% satisfied or very satisfied. 82% described thier outcems as good or excellent.

Fluttering stream (58.4%)

Irregualar stream (33.3%)

Deviation of stream (8.3%)

Meatotomy

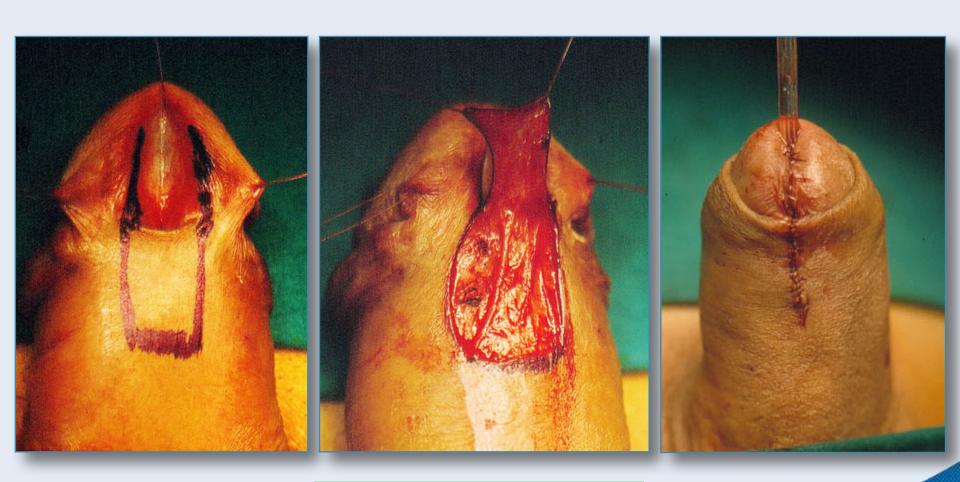
"Don't hesitate to treat selected patients using a simple meatomy. The majority of your patients will be happy and they will thank you! "

Take home message

Patients Selected for Meatoplasty

Patient requiring an Young patient aesthetic outcome Patient with big glans

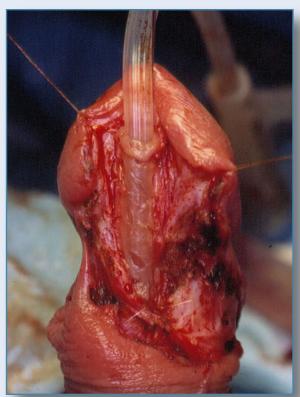
Blandy-Tresidder Meatoplasty



Br J Urol 1967; 39:633-234

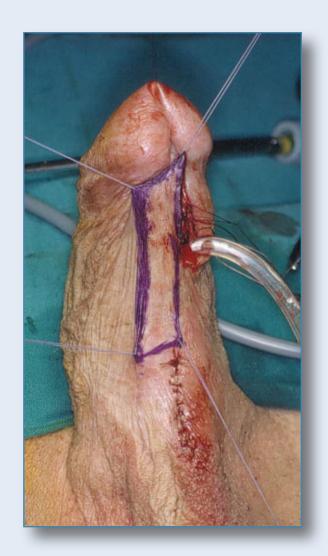
Skin Graft Meatoplasty

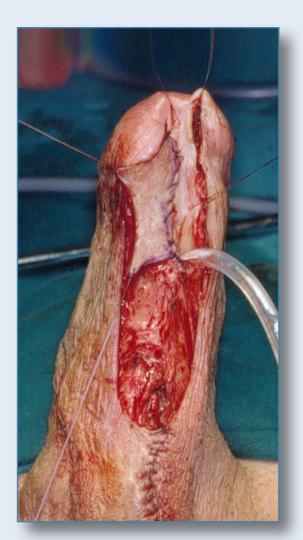






Skin Flap Meatoplasty







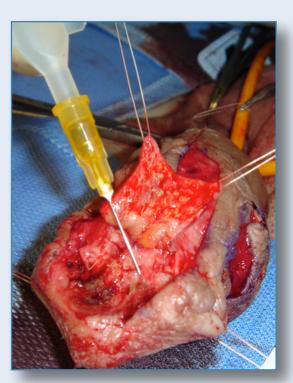
Combined Flap and Graft Urethroplasty with New Glue (Glubran 2)







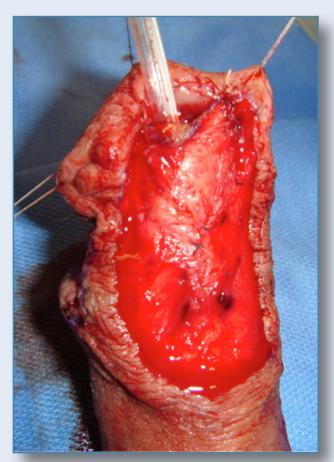
Combined Flap and Graft Urethroplasty with New Glue (Glubran 2)







Combined Flap and Graft Urethroplasty with New Glue (Glubran 2)







Complications of Meatoplasty







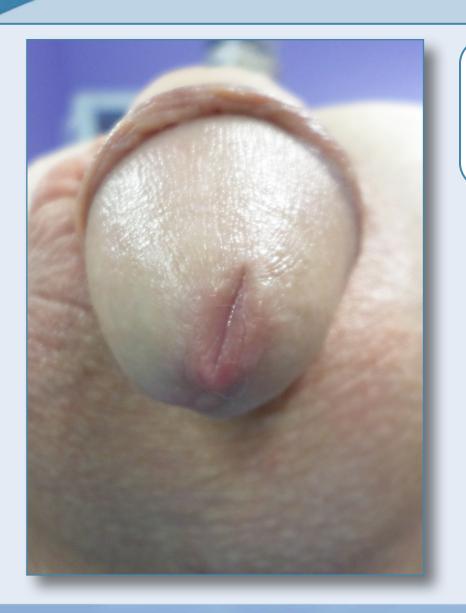


Meatoplasty

"Don't hesitate to treat selected patients using a meatoplasty. But, inform patients that the surgery may present a lot of post-operative complications or unsatisfactory aesthetic outcome! "

Take home message

Conclusions



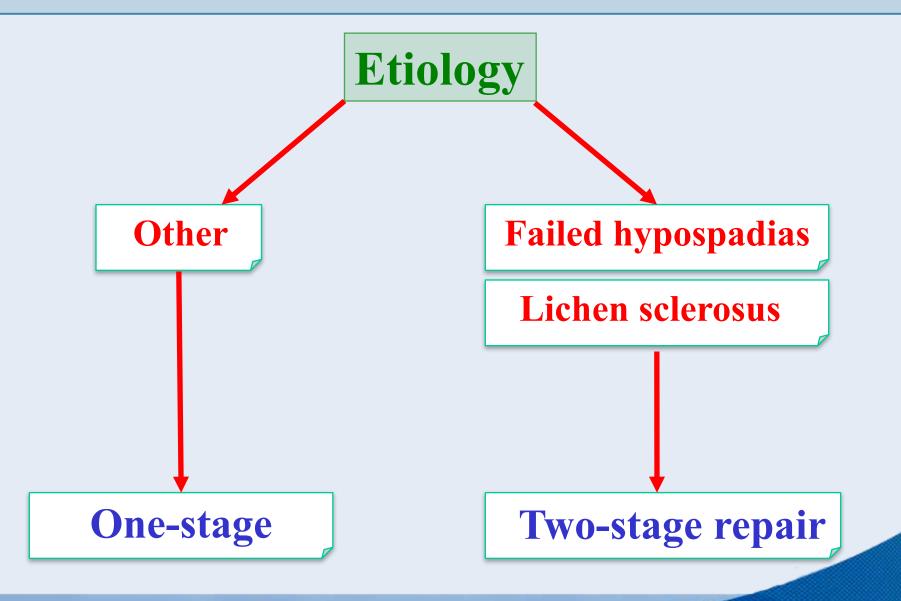
It is more difficult to repair 1 cm meatal stenosis than 5 cm bulbar stricture



One-stage

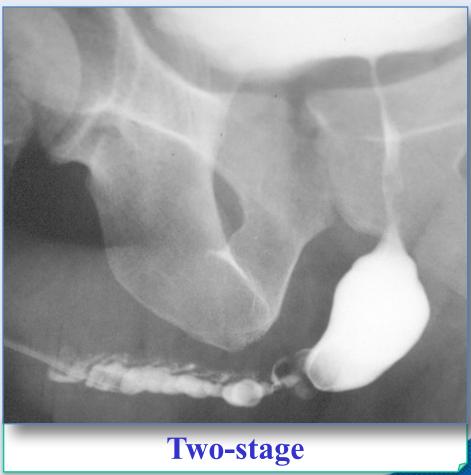


Two-stage repair?



Radiological features



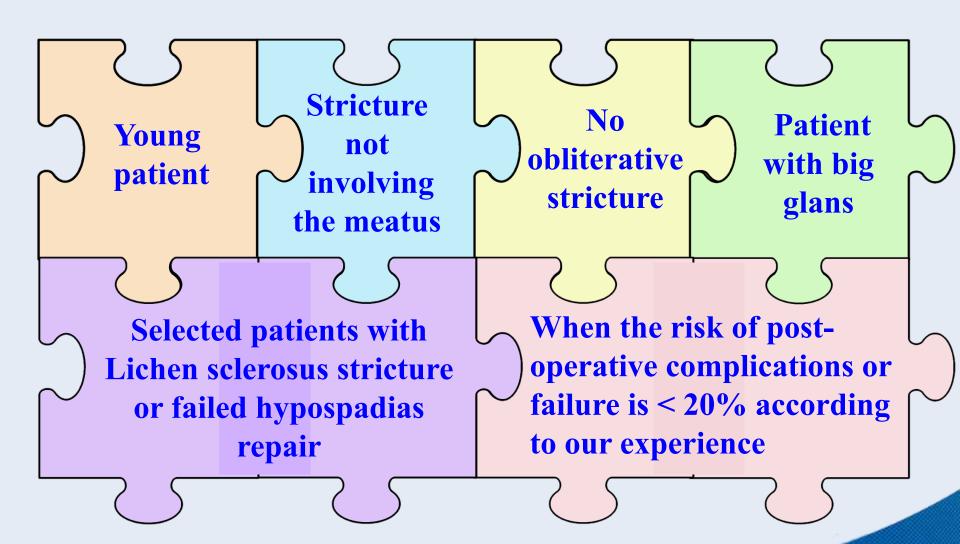


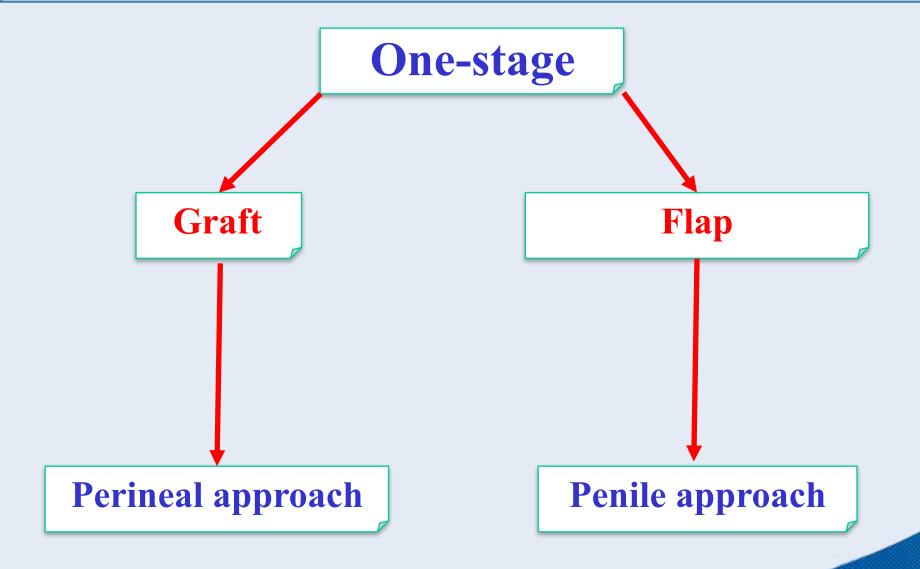
Clinical Features



Two-stage

Ideal Patients for One-Stage Repair





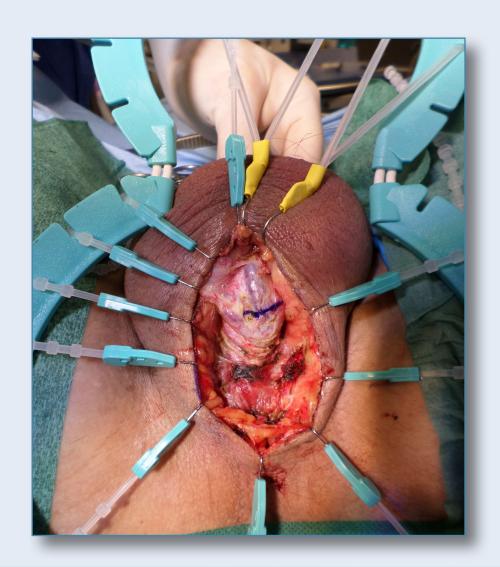


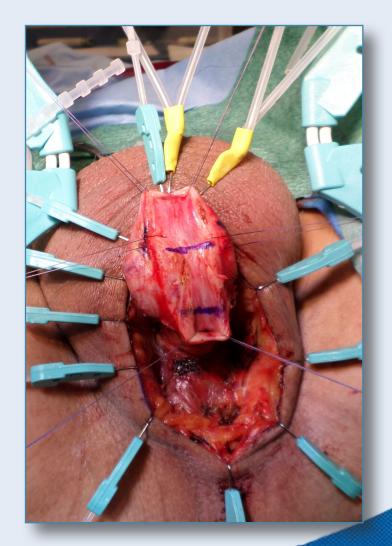
Perineal approach

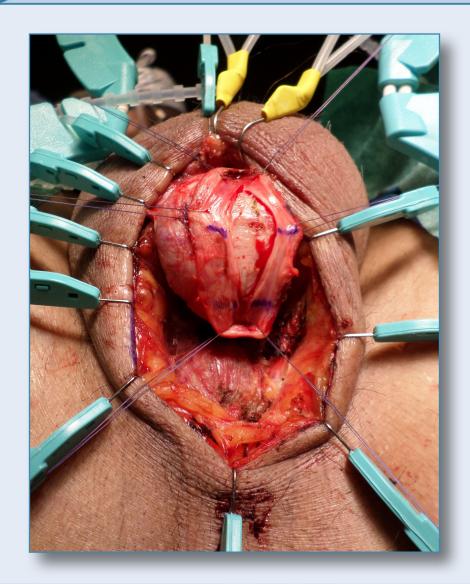


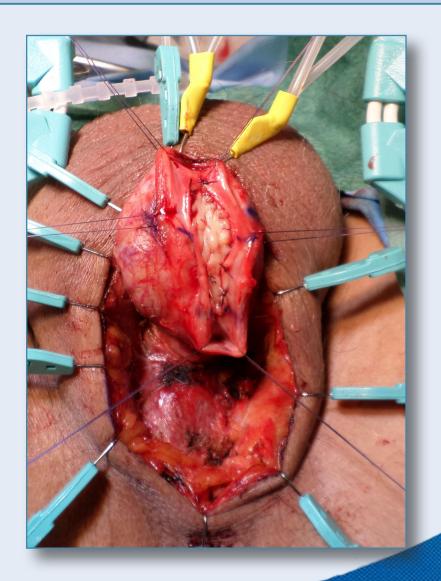


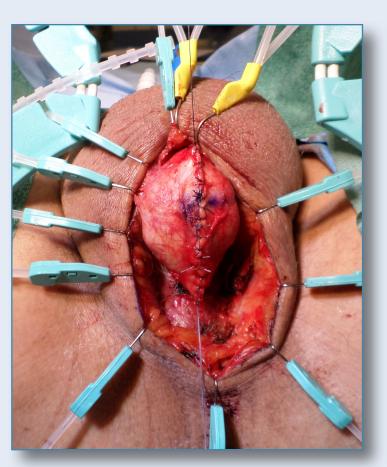


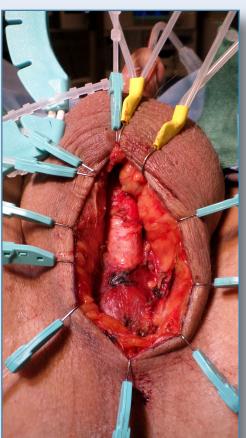














When use the oral mucosa at the first stage?



When use the oral mucosa at the first stage?

Lichen sclerosus

Yes





When use the oral mucosa at the first stage?

Failed hypospadias Other etiology

No







39% of patients

Eur Urol 2006; 49: 887-895

How to do Two-Stage Penile
Urethroplasty Using Oral Mucosa
Only at the Second Stage

























Second Stage – Oral Graft Inlay Urethroplasty







Second Stage – Oral Graft Inlay Urethroplasty







Second Stage – Oral Graft Inlay Urethroplasty







One-Stage Penile Urethroplasty

"The use of graft vs flap and perineal vs

penile approach may help you to avoid

unsatisfactory post-operative complications."

Take home message

"The use of oral mucosal graft only at the second stage-urethroplasty may help you to avoid retraction of the graft, requiring more revisons of the first-stage urethroplasty."

Take home message

Conclusions



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.

Conclusions

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