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# **9th Asian Congress of Urology**

of the Urological Association of Asia  
*Organized by the Urological Society of India*



## **New Delhi – India**

### **2 – 5 October 2008**

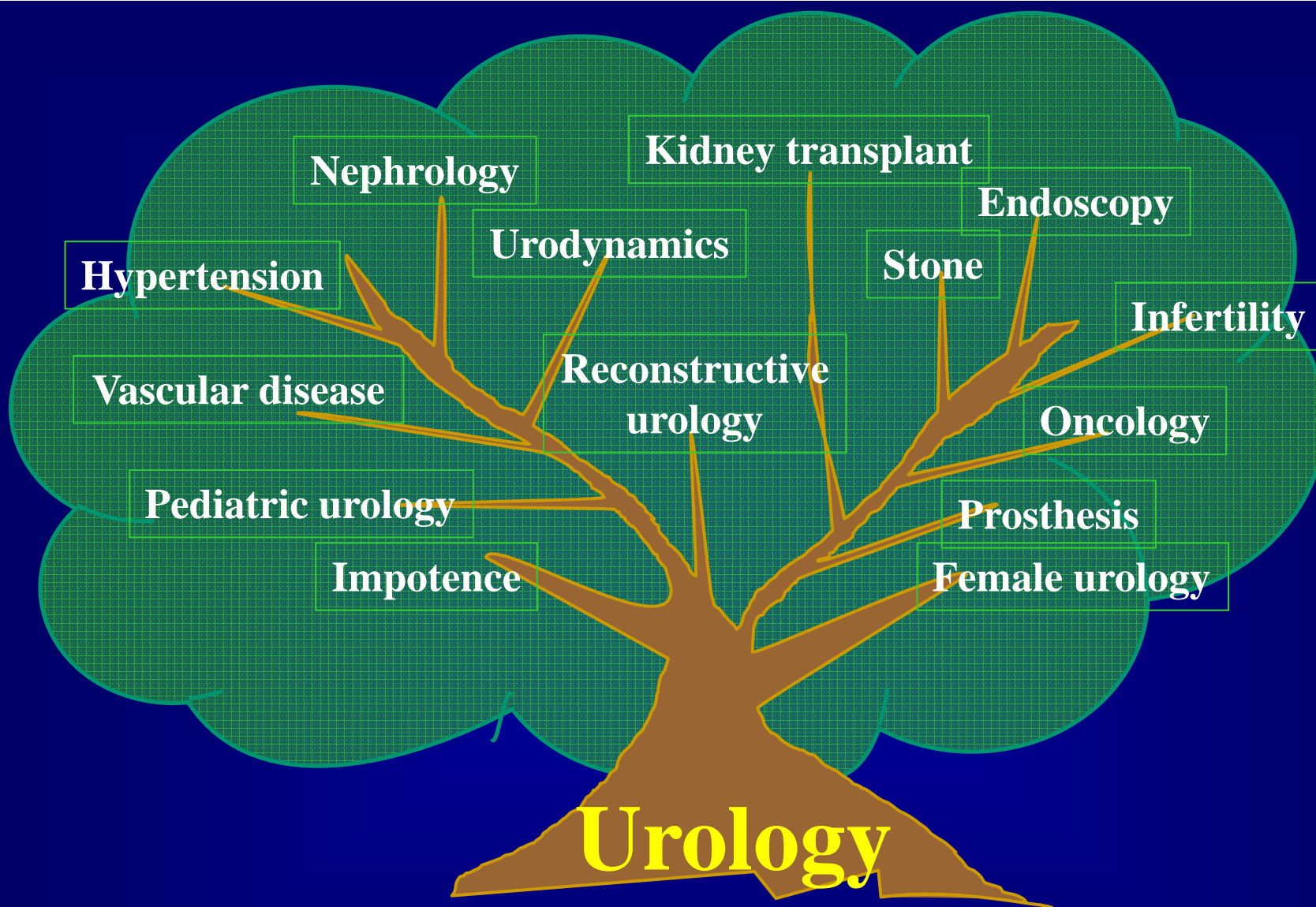


**Center for Reconstructive Urethral Surgery**

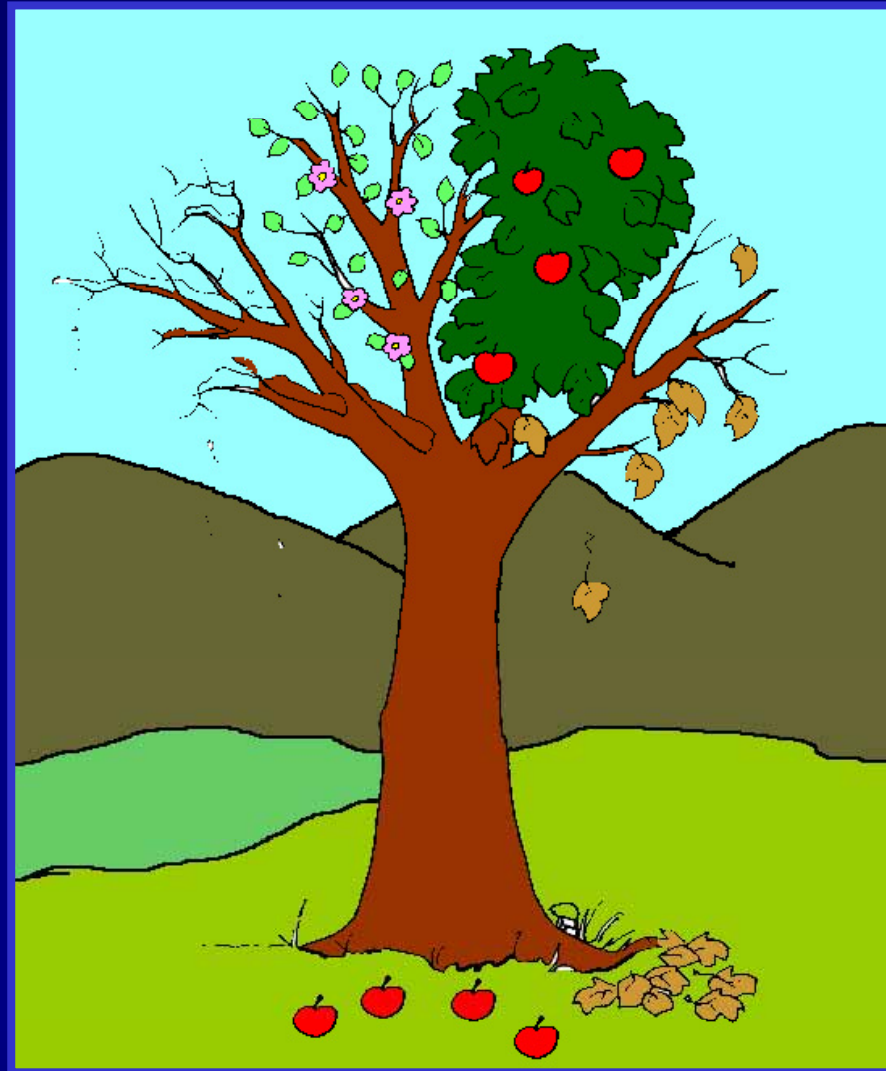


**A National Referral Center for  
Reconstructive Urethral Surgery:  
a need for every country**





For many years, Urology was a tree, laden with a variety of fruits



Over time, Urology has lost a lot of its fruit





**Hypospadiology**

**Robotic**

**Urethral surgery**



**These fruit trees are now developing new branches**

**Center for Reconstructive Urethral Surgery**





**How can Reconstructive Urethral Surgery grow and develop  
throughout the world?**



**In 1995, Mr. Turner-Warwick wrote:**

**“Reconstructive surgery is time consuming, but rarely urgent...consequently, it has a relatively low priority in a busy urologic service unit**

**To specialize exclusively, reconstructive surgeons require a “ protect “ working environment in association with colleagues who are themselves enthusiastically oriented to the care of the various urgencies of cancer, stones and emergencies. Unfortunately, there are as yet remarkably few such coordinated referral units in the world.”**





**For many years, I worked at the Department of Urology at the University of Florence “ in association with colleagues who are oriented to the care of the various urgencies”**



**Every day my scheduled urethroplasty was cancelled from the list of the operating room due to an emergency: bleeding following prostactomy, intestinal obstruction following cystectomy, perforated bladder during endoscopy and others...**



**In January 2000, about 195 patients were on my waiting list for urethroplasty and I was unable to know for certain when I would be able to operate on these patients**



**For this reason, in 2000 I left the Department of Urology in Florence and I founded The Center for Reconstructive Urethral Surgery in Arezzo, performing 250 urethroplasties in the first year only**



# Why is a National Referral Center for Reconstructive Urethral Surgery a need for every country ?

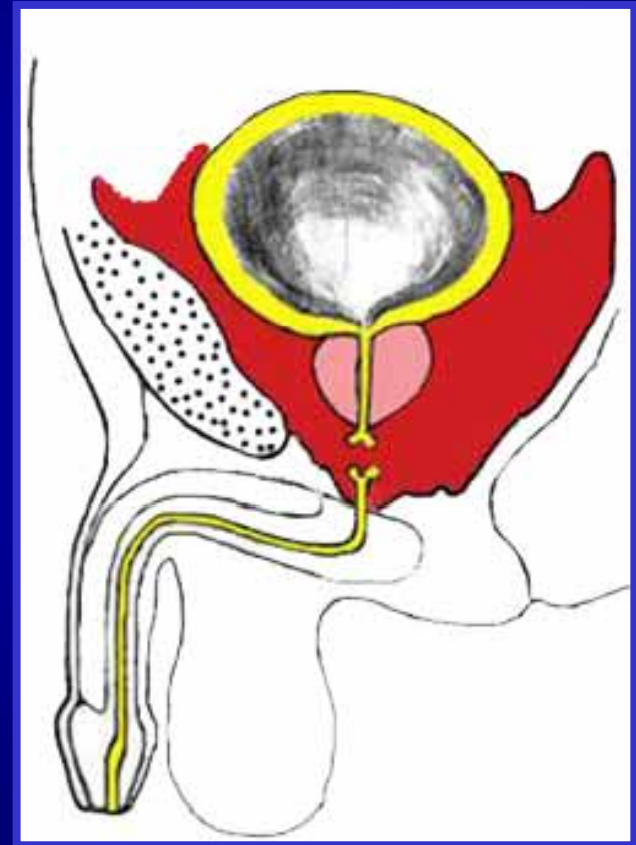
1. In developed countries, urethral strictures are more frequently observed than as reported in the literature (J Urol 2007, 177: 1667)

In developing countries, urethral stricture still represents one of the most frequent urological diseases



# Why is a National Referral Center for Reconstructive Urethral Surgery a need for every country ?

2. At present, the surgical treatment of urethral stricture is based on personal surgeon preference and background, rather than on evidence found in the current literature



# Why is a National Referral Center for Reconstructive Urethral Surgery a need for every country ?

3. Nowadays, general urologists are mainly involved in the management of prostatic cancer





# Why is a National Referral Center for Reconstructive Urethral Surgery a need for every country ?

4. Treatment of urethral stricture is an evolving process and the general urologist can not stay up to date on the new surgical strategies that are continuously suggested



**Prostatic cancer is a money-making disease, with money coming from pharmaceutical companies and from patients**



**Urologist performing robotic prostatectomy**



**Urologist performing urethral surgery**

# What the Center for Reconstructive Urethral Surgery is ?

The Center for Reconstructive Urethral Surgery is specialized **only** in diagnosis and treatment of urethral stricture disease and provides the highest standards of patient care

The Center is engaged in **permanent** educational programs for urologists who are interested in Reconstructive Urethral Surgery

The Center's website offers, **in real time**, information on the latest surgical techniques and strategies for the treatment of urethral stricture diseases



# Clinical activity

**Collect a large number  
of clinical cases**

**Select the surgical procedure according to  
the outcome in a large series of patients**

**Standardize the preoperative, intraoperative and  
postoperative surgical procedures**

**Include all patients in a  
strict follow-up protocol**



# Center for Reconstructive Urethral Surgery – Arezzo, Italy

## Surgical activity

Surgical procedure	No. of patients
Hypospadias repair	43
Failed hypospadias repair	204
Lichen sclerosus disease	140
Penile urethral strictures	92
Bulbar urethral strictures	646
Posterior urethral strictures	95
Cold knife urethrotomy	68
Holmium laser urethrotomy	57
Removal of urethral stents	36
Penile or urethral cancer	30
AMS 800 prosthesis	13
Penile congenital curvature	94
<b>total</b>	<b>1518</b>



# Scientific activity

Report, in the literature,  
on a large and homogeneous series of patients

## **Long-Term Followup of Bulbar End-to-End Anastomosis: A Retrospective Analysis of 153 Patients in a Single Center Experience**

**Guido Barbagli, Michele De Angelis, Giuseppe Romano and Massimo Lazzeri\***

*From the Center for Urethral Reconstructive Surgery (GB), Unità Operativa Urologia, Ospedale San Donato (MDA, GR), Arezzo, and Department of Urology, Santa Chiara-Firenze, Florence (ML), Italy*

**J Urol 2007**

## **One-Stage Bulbar Urethroplasty: Retrospective Analysis of the Results in 375 Patients**

**Guido Barbagli<sup>a</sup>, Giorgio Guazzoni<sup>b</sup>, Massimo Lazzeri<sup>c,\*</sup>**

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<sup>c</sup> Department of Urology, Santa Chiara-Firenze, Florence, Italy

**Eur Urol 2008**

Present, in Meetings and Congresses, guidelines of surgical  
treatment of patients with urethral strictures



# Teaching activity

## Training



**Organize full-immersion training on Reconstructive Urethral Surgery for young urologists**



# Teaching activity

Impart knowledge



Transform clinical activity, based on a large series of patients, into scientific evidence and transparency



# Teaching activity

## Impart skills



**Prepare high volume surgeons working in high volume hospitals**



# Training, knowledge, skills



All of these goals can be reached only through the development of “Centers” which are able to combine the energy of urologists, health-care givers and payers





# Teaching activity

*Full-immersion Training on Reconstructive Urethral Surgery*  
Arezzo, 3 – 26 June 2008

## Program at first glance

Teaching activity	N. of sessions	N. of patients
operating room	12 sessions	42
radiology	3 sessions	20
outpatient service	3 sessions	75
lectures	5 sessions	total 137

## High volume hospital

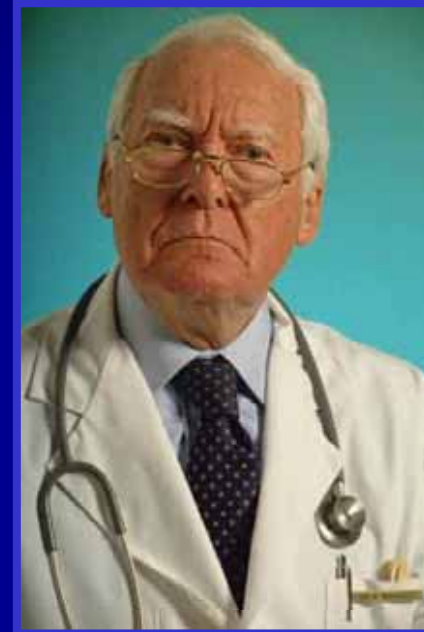


Many studies have suggested that outcomes for surgical procedures are better if they are performed in hospitals where a high number of such procedures are performed (**high volume hospital**), showing lower complication rates than those at hospitals that are less experienced with the procedures



# High volume surgeon

**Many studies have explored the associations between surgeon volume (the number of procedures performed by the surgeon) and outcome**



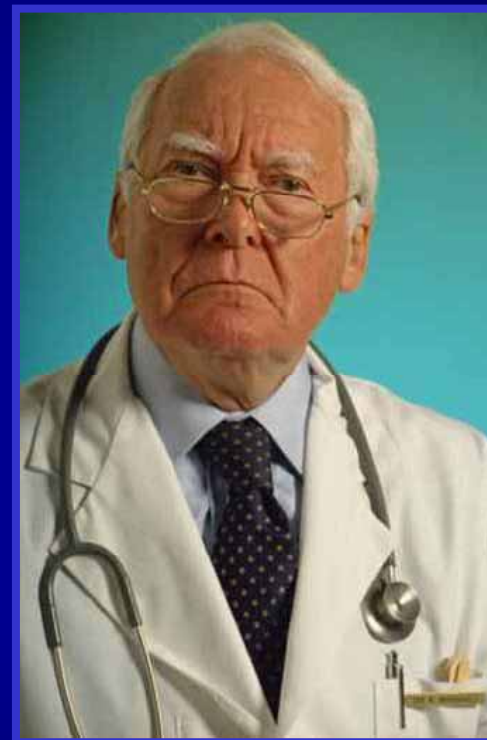
**The outcome of a surgical procedure may depend as much on how well the operation itself is performed**



# The Center for Reconstructive Urethral Surgery



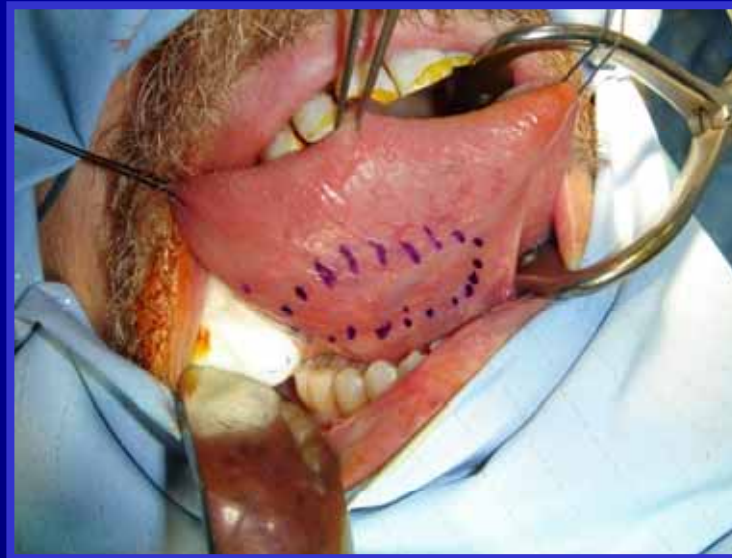
**High volume hospital**



**High volume surgeon**



**Reconstructive urethral surgery seems to be in a perpetual state of unrest, as during the last decades new surgical techniques are continuously suggested**



**Only the **high volume surgeon** working in the **high volume Center** is able to evaluate the safety, tolerability and efficacy of a new surgical technique suggested in the literature**





# In 2006, harvesting of lingual mucosal graft was first described by Italian authors

## **The Tongue as an Alternative Donor Site for Graft Urethroplasty: A Pilot Study**

**Alchiede Simonato,\* Andrea Gregori, Andrea Lissiani, Stefano Galli,  
Francesco Ottaviani, Roberta Rossi, Anna Zappone and Giorgio Carmignani**

*From the Department of Urology "Luciano Giuliani," University of Genoa (AS, GC), Genoa and Departments of Urology (AG, AL), Pathology (RR) and Anesthesiology and Intensive Care (AZ), and Otorhinolaryngological Clinic IV (FO), "Luigi Sacco" University Medical Center (SG), Milan, Italy*

**J Urol, 2006; 175: 589-592**



**In just a few months, we were able to evaluate safety, tolerability, and efficacy of this new surgical technique in a sufficient number of patients**

Reconstructive Urology

**The Use of Lingual Mucosal Graft in Adult Anterior Urethroplasty: Surgical Steps and Short-Term Outcome**

Guido Barbagli <sup>a</sup>, Michele De Angelis <sup>b</sup>, Giuseppe Romano <sup>b</sup>, Pier Guido Ciabatti <sup>c</sup>, Massimo Lazzeri <sup>d,\*</sup>

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**Eur Urol 2008; 54: 671-676**



# Patient Referral Center



Patients can improve their outcome by selecting a **high volume surgeon** who performs the operation frequently in a **high volume Center**



# Patient Referral Center

**In 2008, the patient is expert in using the internet and prior to accepting the doctor's diagnosis and surgical solution, he wants to know everything about the doctor, the Center, the suggested surgical technique and the results**

**In our present experience, 70% of patients consulted the internet prior to visiting our office**



# Patient Referral Center

**Internet must be the patient's primary source of information on the doctor's clinical and surgical activities**

**Your website should reflect the future care of the patient in your hands**



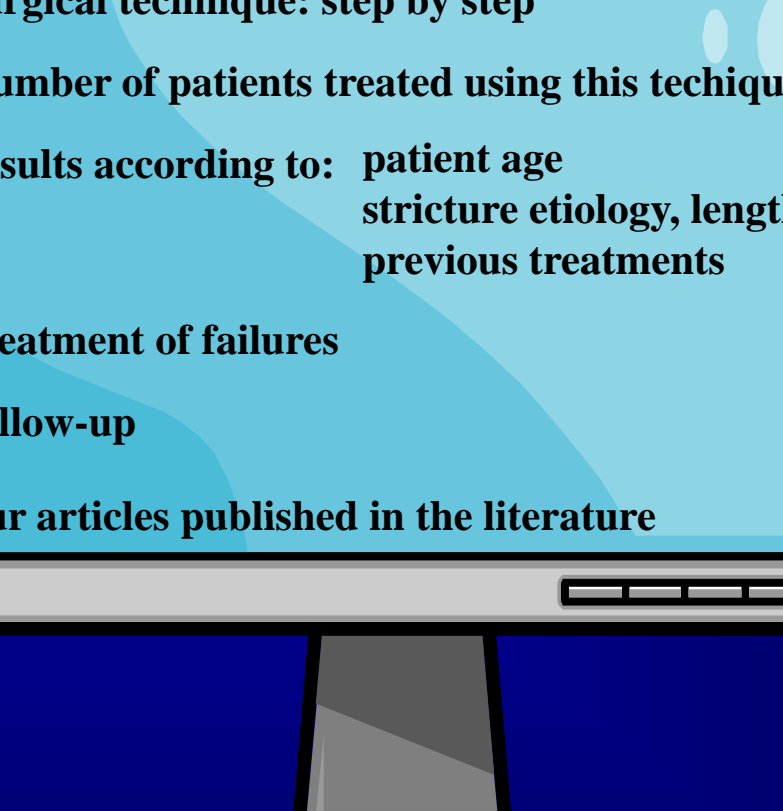


Doctor, what's an end-to-end anastomosis?  
What are the results and complications of this technique?

Mr. Smith, for your short, bulbar urethral stricture, I would like to perform an end-to-end anastomosis



## A cartoon illustration of a man with dark hair, smiling broadly, wearing a bright yellow tuxedo jacket and a black bow tie. He is leaning over a white railing with his right hand on the top bar and his left hand pointing downwards. The background is dark blue. On the railing, the word 'chique' is partially visible in a light blue font.



**surgical technique: step by step**

**number of patients treated using this technique**

**results according to: patient age**  
**stricture etiology, length,**  
**previous treatments**

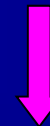
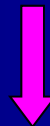
**treatment of failures**

**follow-up**

**our articles published in the literature**

# and more....the complete list of 176 patients

BULBAR URETHRA: END-TO-END ANASTOMOSIS										
Up-to-date to 07/31/2008										
N	Age	stricture etiology	stricture length	previous treatment	date of surgery	Follow-up months	outcome S/F	further surgery	date of surgery	outcome S/F
1	23	unknown	1-2	1urethrotomy	Nov-01	80	success			
2	35	trauma	2-3	none	Feb-01	89	success			
3	58	trauma	2-3	1urethrotomy	Oct-06	21	failure	end-to-end anastomosis	Oct-06	success
4	27	catheter	2-3	none	Mar-05	40	success			
5	71	unknown	2-3	5urethrotomies	Jun-04	49	success			
6	44	instrumentation	2-3	2urethrotomies	Nov-01	80	success			
7	30	unknown	2-3	none	Apr-99	111	success			
8	22	unknown	1-2	1urethrotomy	May-05	38	failure	urethrotomy	Jul-06	failure



170	32	unknown	2-3	none	Nov-03	56	success			
171	51	unknown	1-2	none	Sep-04	46	success			
172	70	instrumentation	1-2	2urethrotomies	Jan-08	6	success			
173	33	catheter	2-3	dilation 2urethrotomies	Dec-00	91	success			
174	39	unknown	2-3	2urethrotomies	Jan-06	30	success			
175	25	unknown	2-3	none	Jul-02	72	success			
176	38	catheter	1-2	none	Oct-05	33	success			



**Mr. Smith, on our website, you can  
follow the evolution  
of your disease and its treatment,  
comparing your data with the data of 176  
men who underwent the same surgical  
repair**



**The patient will certainly appreciate this information because...**



**...no patient likes to be considered an experimental animal**





# Patient Referral Center

The next step is to create a nomogram utilizing our data-base

The patient should create a personal table, including age, stricture etiology, length, previous treatment and suggested surgical technique  
He will then obtain the success rate of his surgical operation

Patient and stricture data	
age	73 years
stricture etiology	lichen sclerosis
stricture length	14 cm
previous treatments	six failed urethroplasties
surgical technique	perineal urethrostomy
Final succes rate	72%



# **How can a Patient Referral Center become a National Referral Center ?**

**When the Patient Referral Center is able to provide the highest possible standard of care and success rate**

**When the results of the Patient Referral Center become widespread, and the urological community is forced to compare their results with those of the Center**

**When the general urologist suggests that the patient visits our Center for consultation before the patient asks :**

**“ Doctor, why didn't you tell me about the Center specialized in treatment of urethral strictures before ? ”**



# **A National Referral Center for Reconstructive Urethral Surgery: a need for every country**

## **Why ?**

**To ensure that the patient receives the highest possible standards of care, strictly according to the surgical options suggested in the current literature**

**To enroll the patient in a strict follow-up protocol, so as to be sure that patient quality of life is not negatively influenced by surgery outcome**



# **A National Referral Center for Reconstructive Urethral Surgery: a need for every country**

## **Why ?**

**To make room for a “New Urethral Science” that puts both  
learning and expertise to the best use**

**To standardize in every country surgical treatment of urethral  
trauma and stricture, avoiding out-dated treatment based on  
“personal opinion” rather than evidence from the high volume  
Center**



# A National Referral Center for Reconstructive Urethral Surgery: a need for every country

## Why ?

To make room for a “**New School of Reconstructive Urethral Surgery**” that schools the urologist according to the following principles:

knowledge

evidence

transparency





# A National Referral Center for Reconstructive Urethral Surgery: a need for every country

## Why ?

Reconstructive Urethral Surgery must leave the busy hands of the general urologist to be placed into the sure hands of the specialized urologist who has dedicated his life to treating patients with urethral stricture disease



# A National Referral Center for Reconstructive Urethral Surgery: a need for every country

## Why ?



20 years old

Time is changing

Urology is changing

Teaching is changing

Learning is changing

**Life is changing**



58 years old



[www.urethralcenter.it](http://www.urethralcenter.it)



**Next month, this lecture will be fully available on our website**

**Thank you !**



**Center for Reconstructive Urethral Surgery**

