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III Simposio Internacional de Cirurgia Urologica Reconstructora

April 11 - 12, 2008

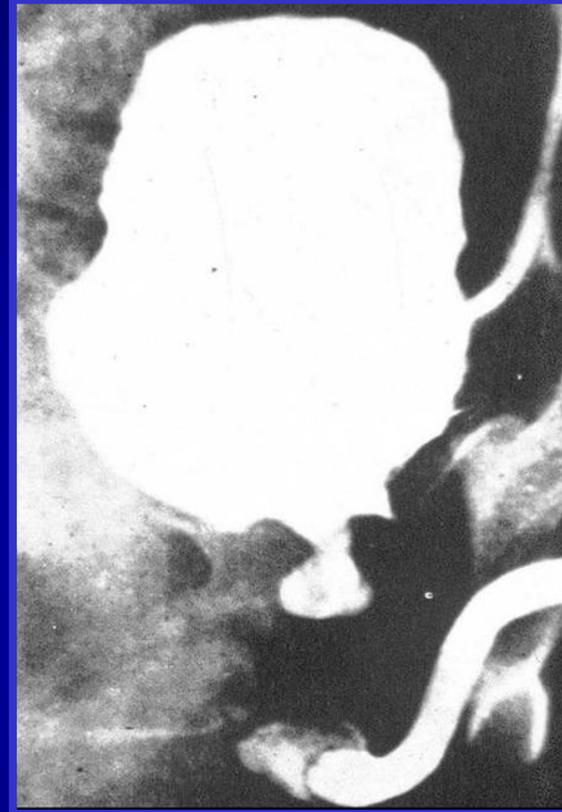
Rio de Janeiro - Brazil



Posterior Urethroplasty

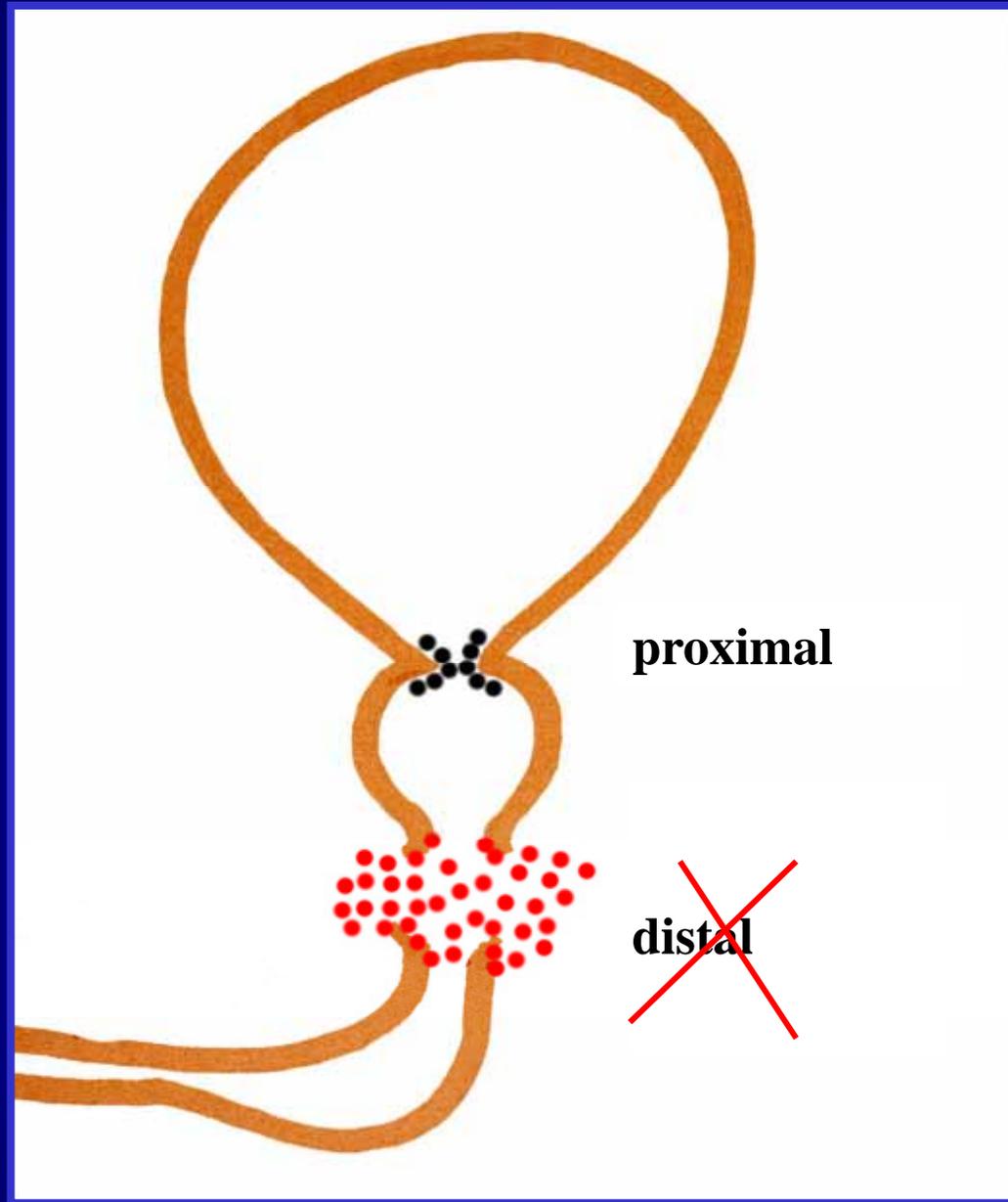


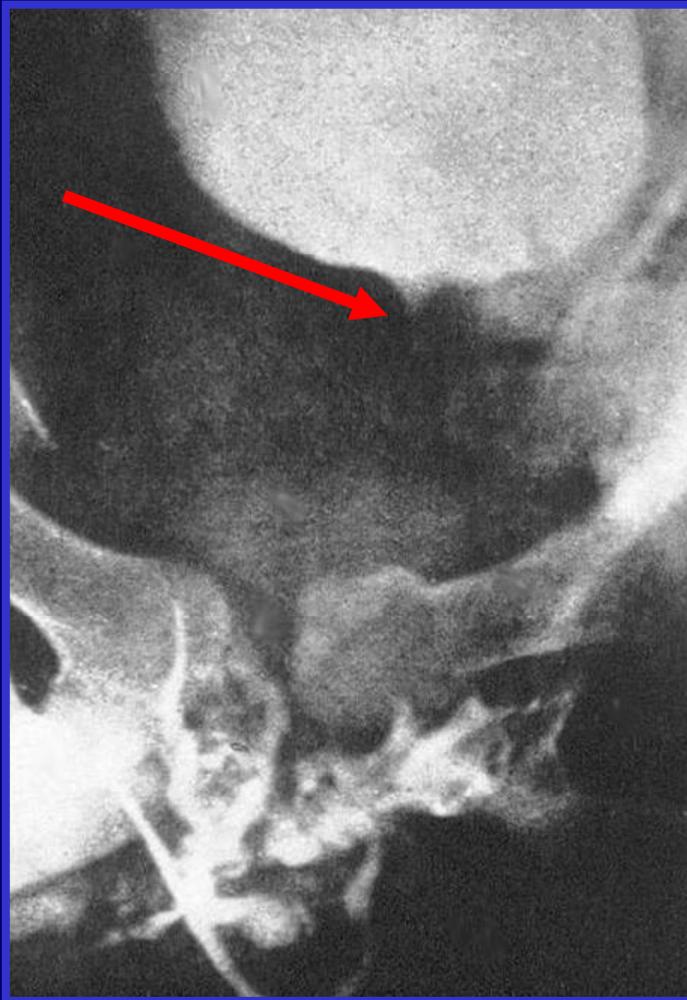
Goal of surgery of the posterior urethra



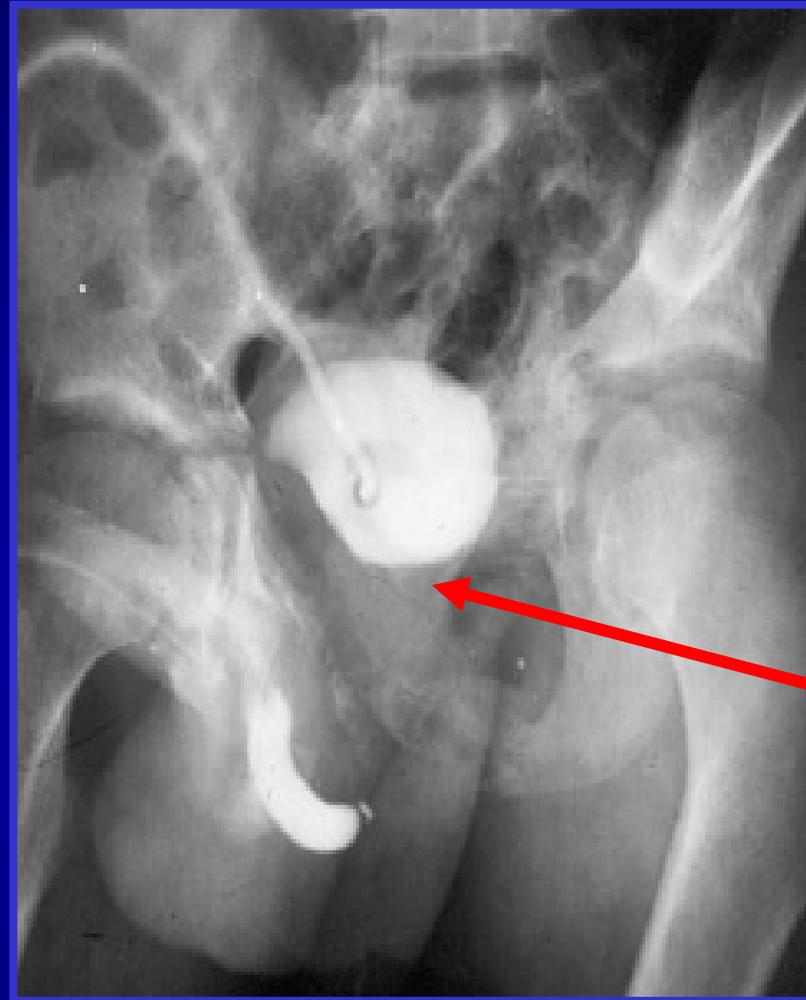
Repair the urethral disruption or defect
preserving urinary continence







trauma



stricture

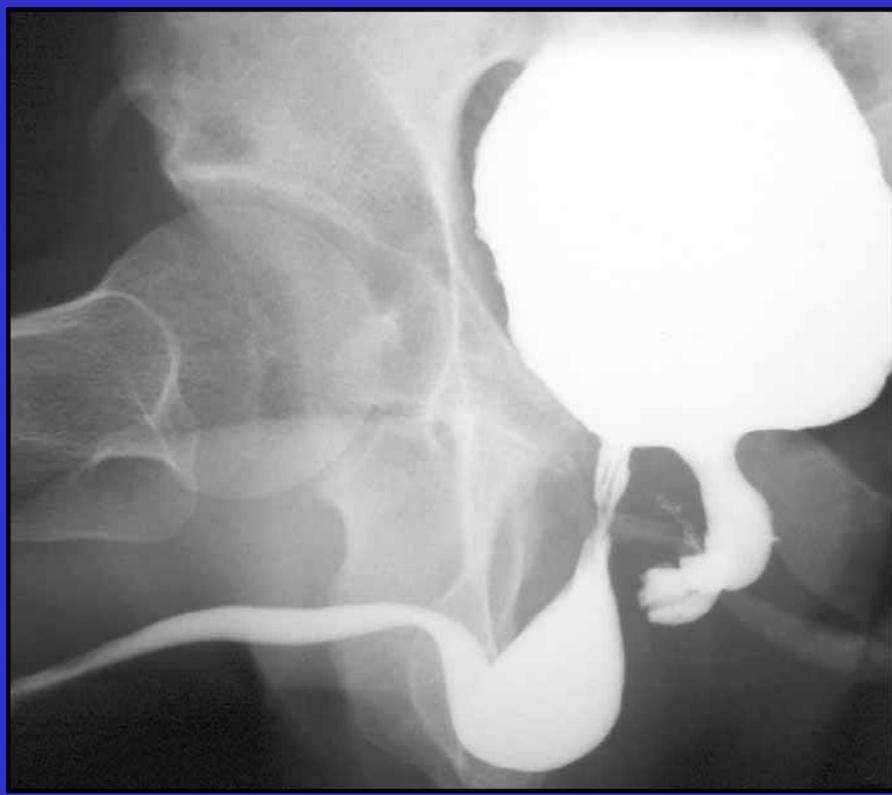




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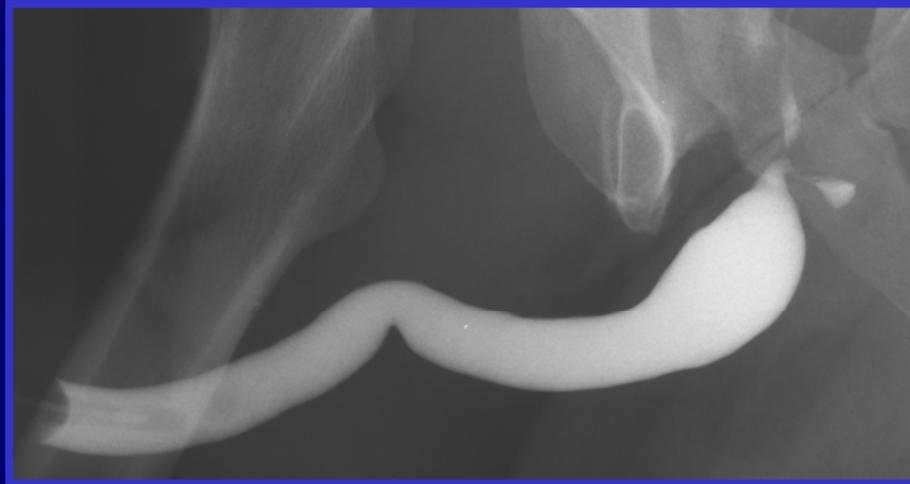


Posterior Urethroplasty

Concerns and concepts based on 140 patients



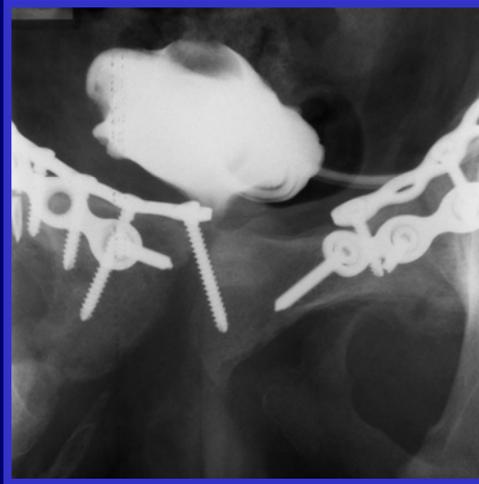
Preoperative evaluation of the patient



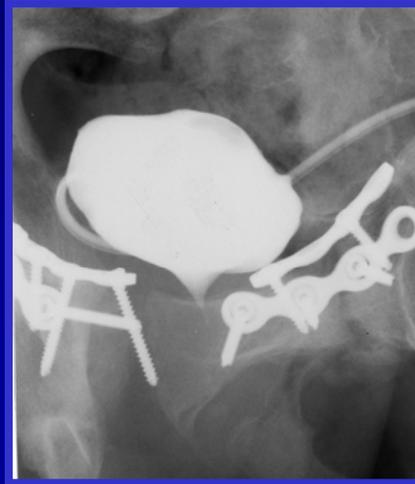
retrograde urethrography



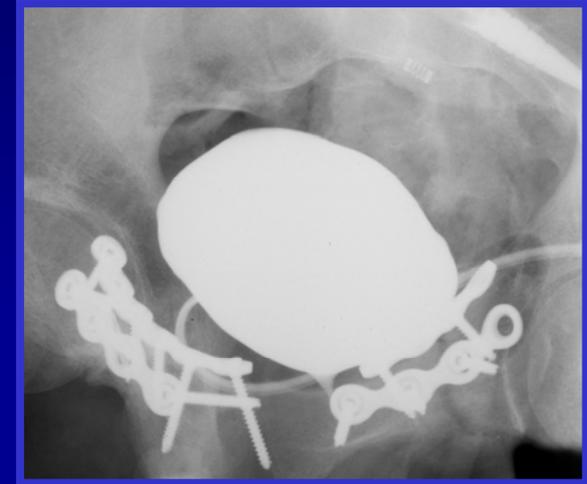
Cystography - supine position



50 cc



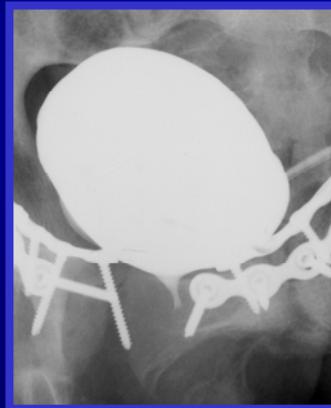
100 cc



200 cc

Cystography - standing position

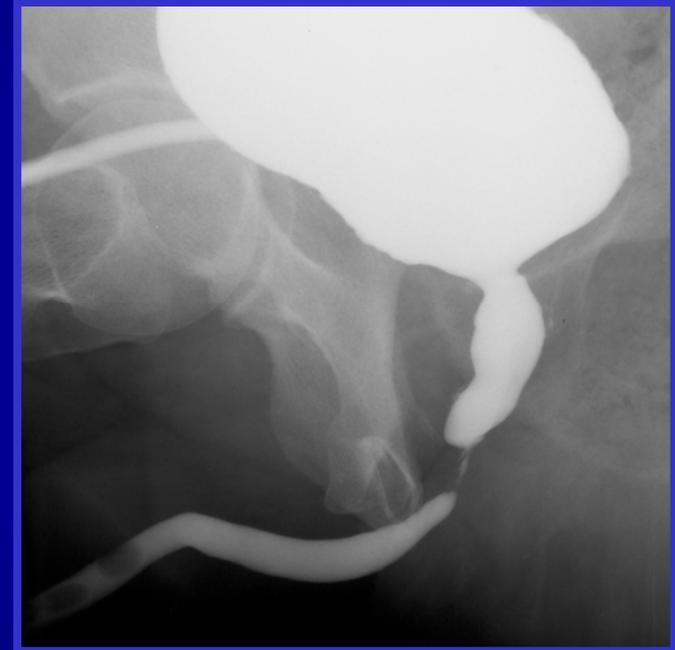
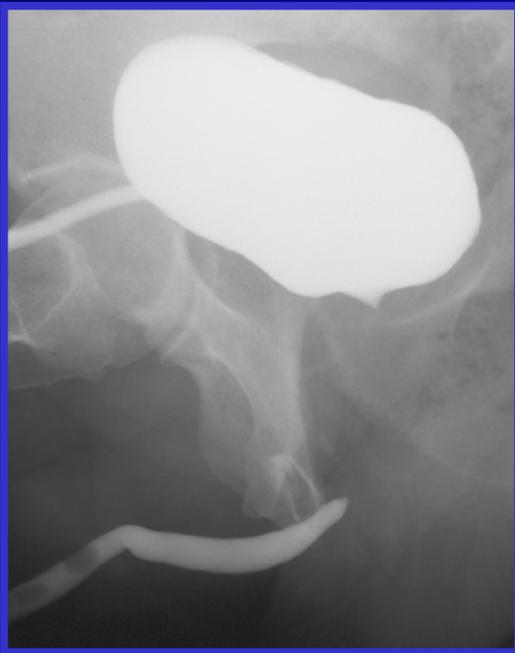
cough

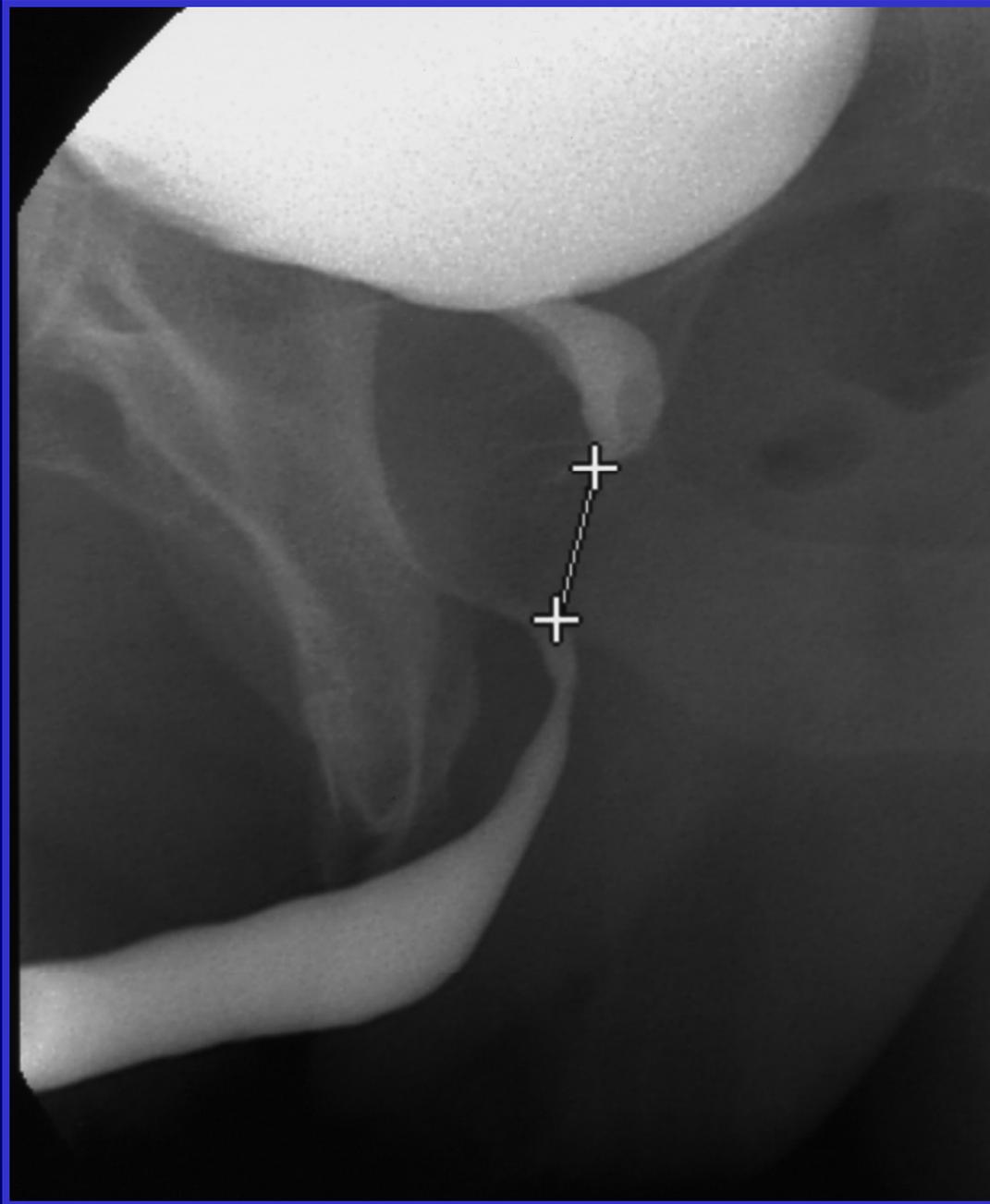


voiding



Combined retrograde and voiding study





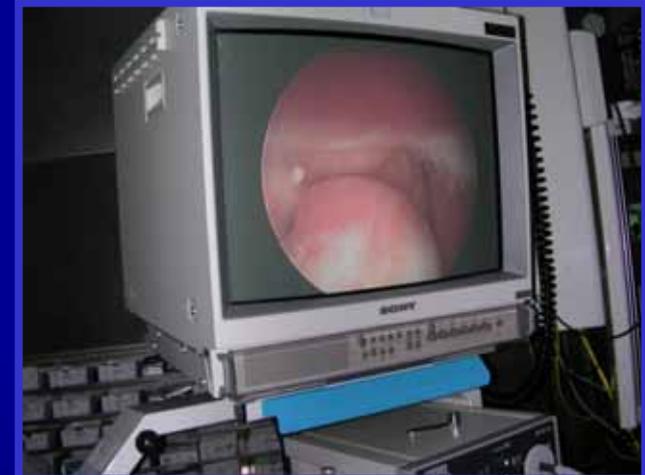
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Endoscopic evaluation of the anterior urethra

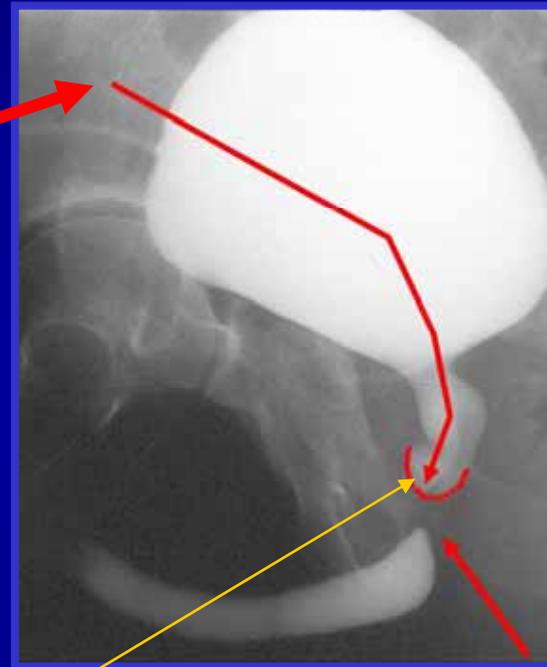
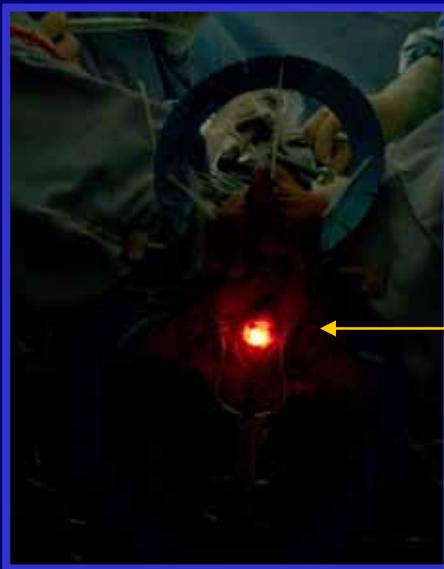


Endoscopic evaluation of the bladder neck and posterior urethra



Posterior urethroplasty using a combined endoscopic and surgical approach

suprapubic
endoscopic
approach



light

perineal surgical
approach



Preparation of the patient



Simple lithotomy position



Preparation of the patient



Allen stirrups with sequential inflatable compression sleeves

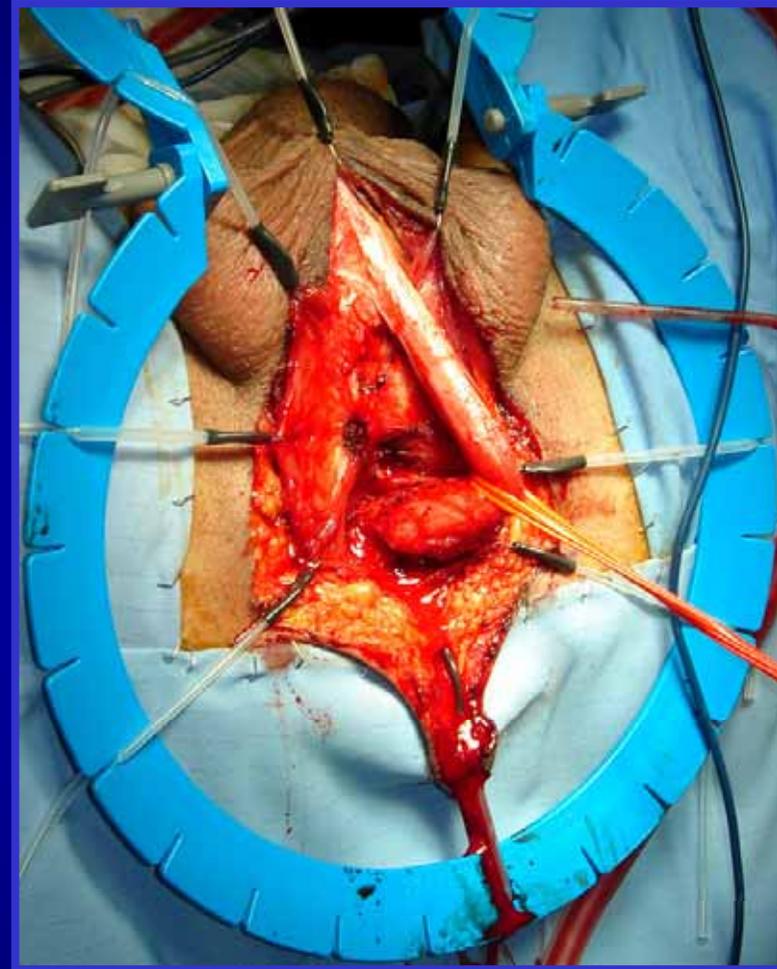
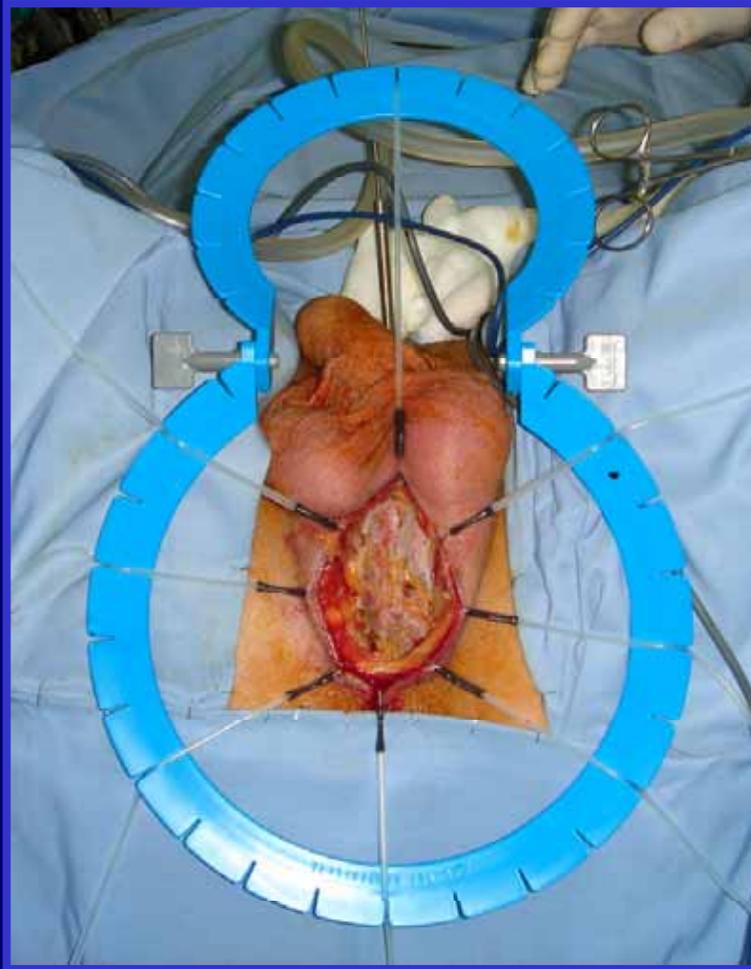
Two surgical teams work simultaneously



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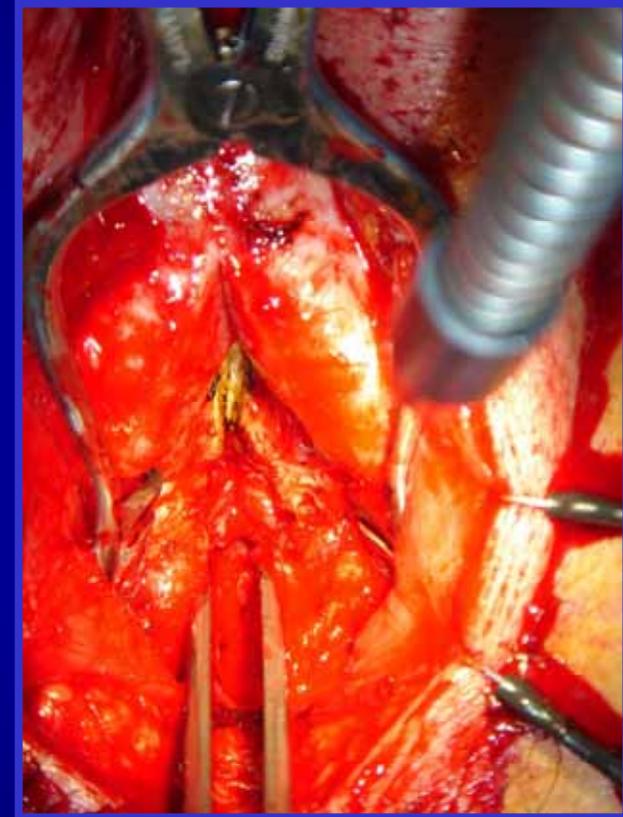
Appropriate surgical instruments and devices



Atraumatic retractor and hooks



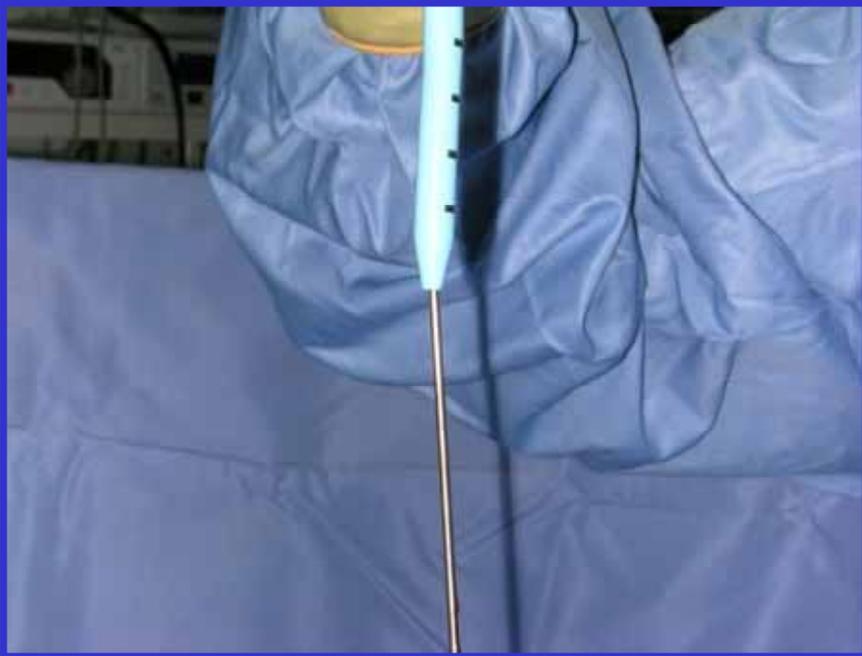
Appropriate surgical instruments and devices



Flexible perineal light



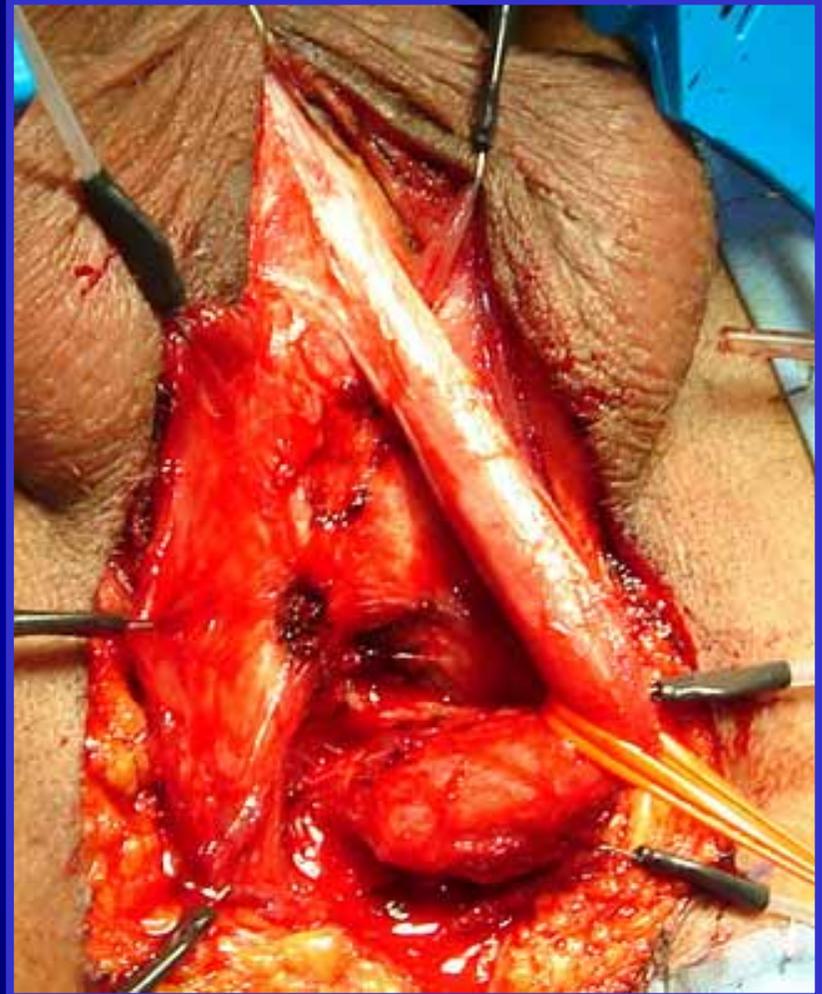
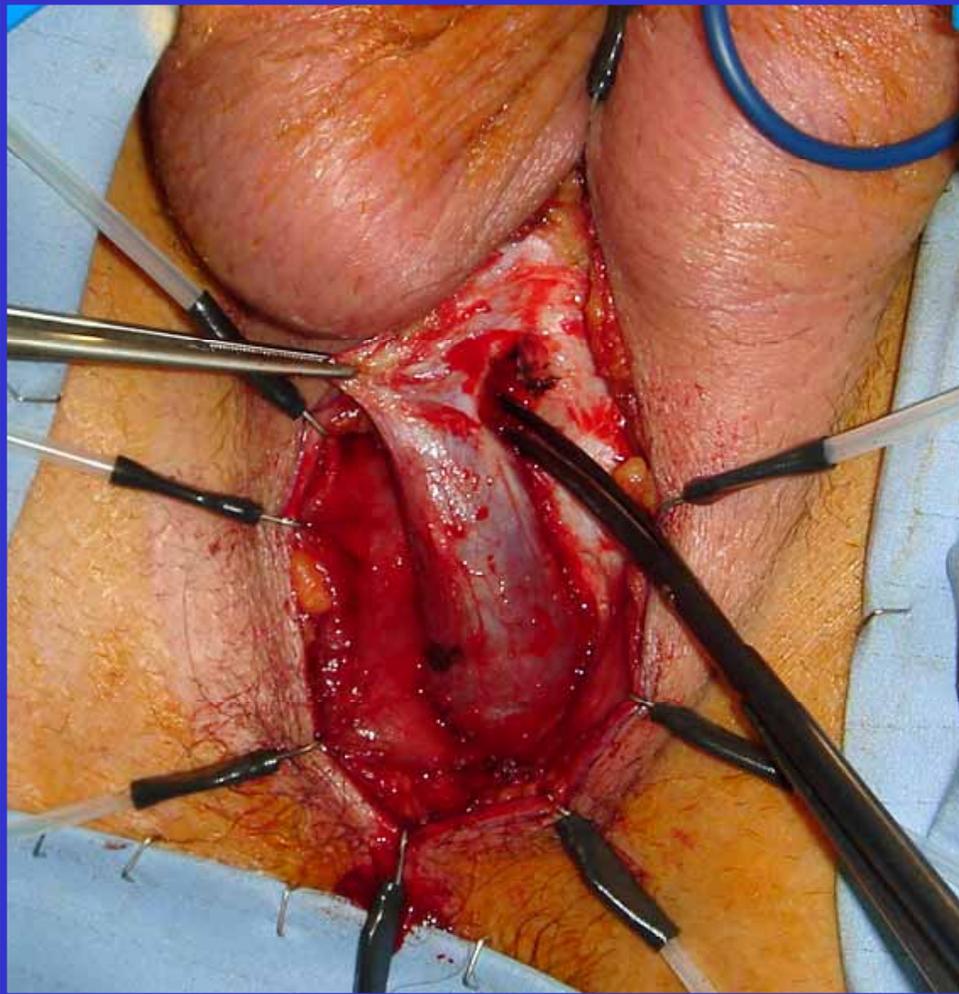


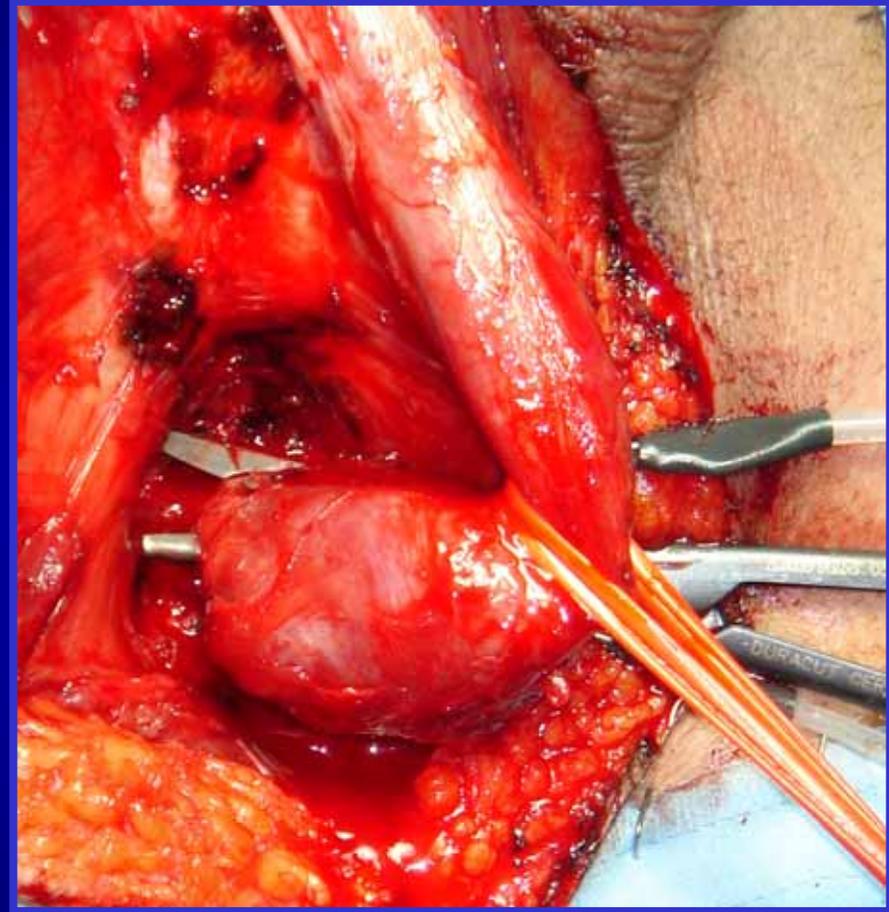
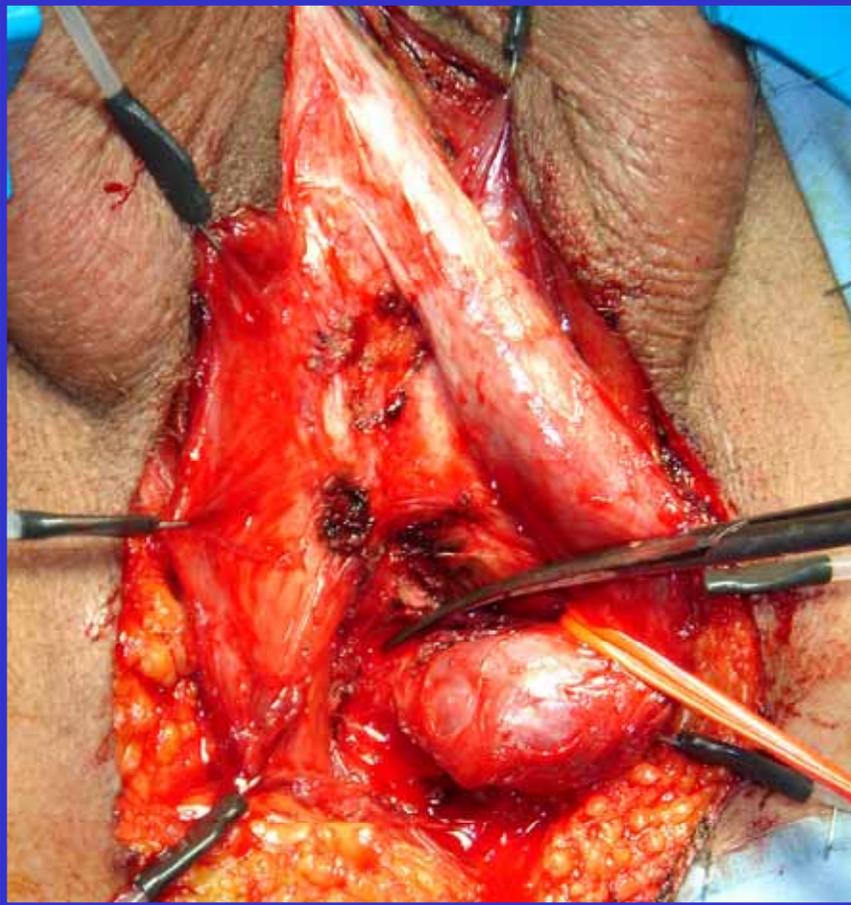


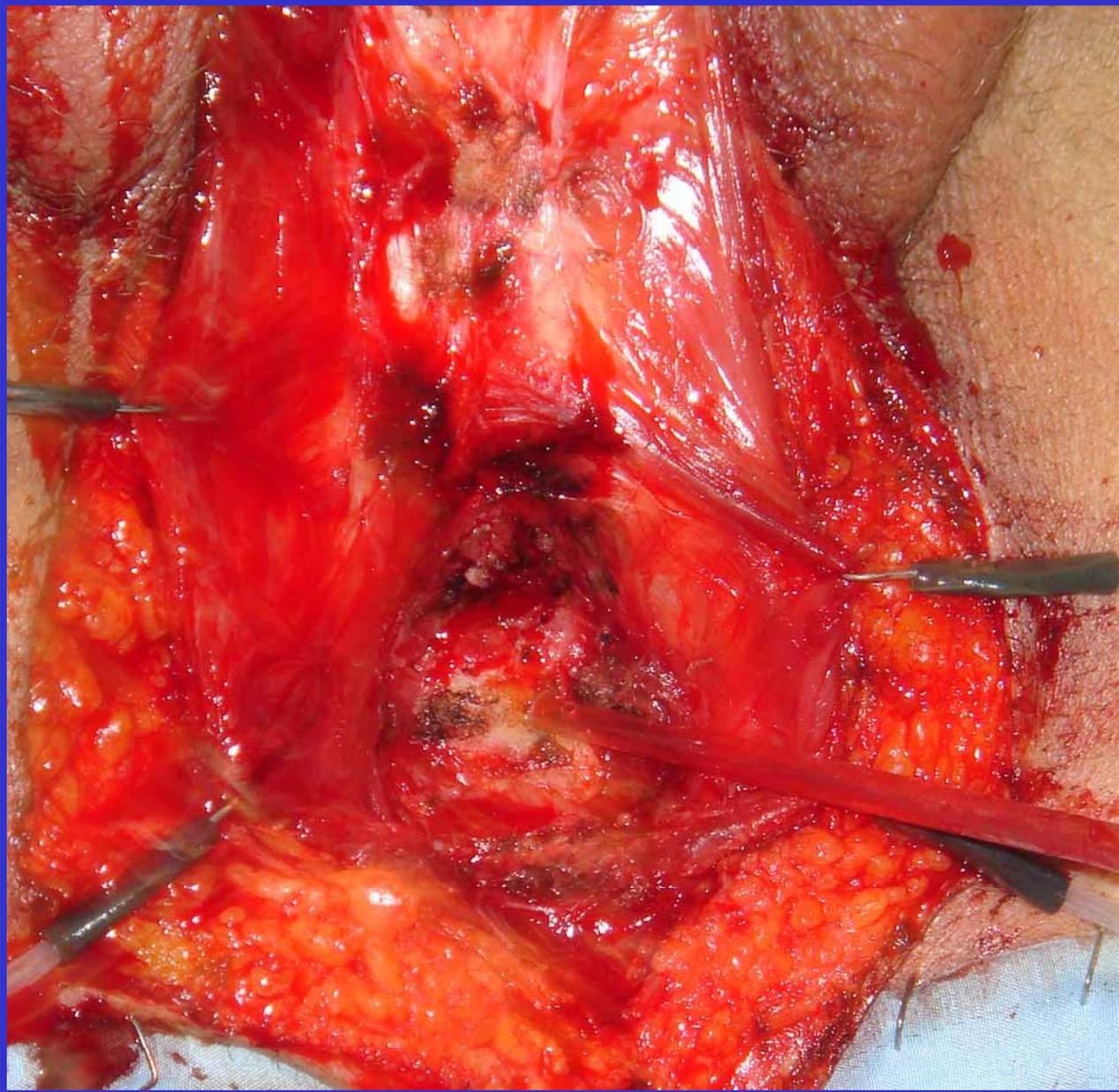


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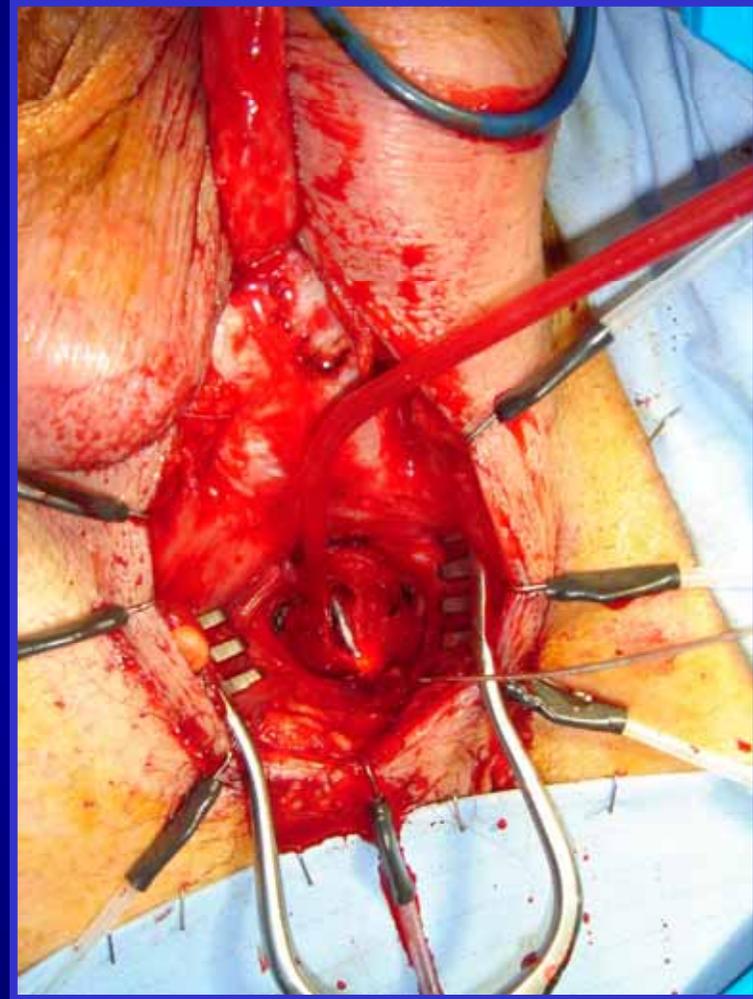




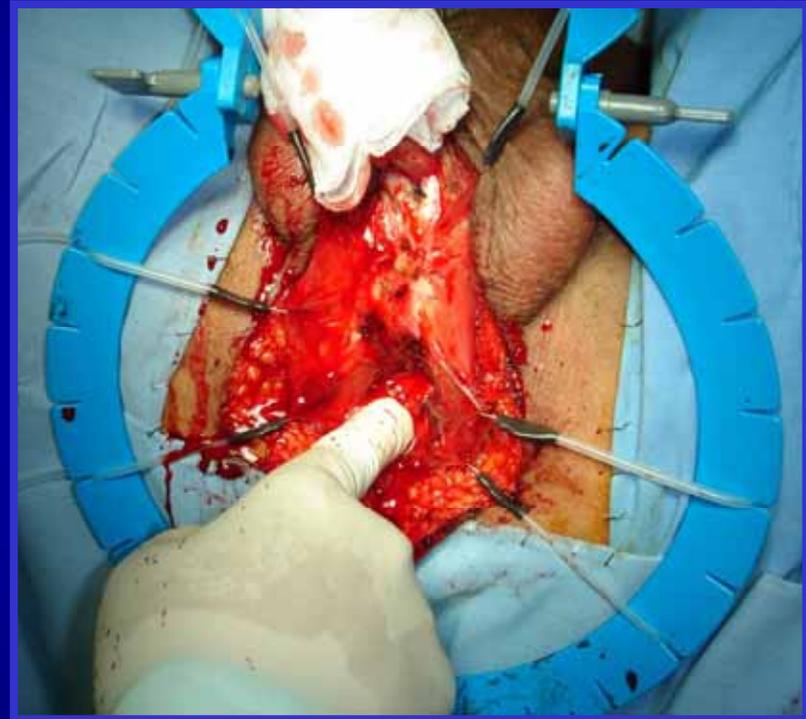
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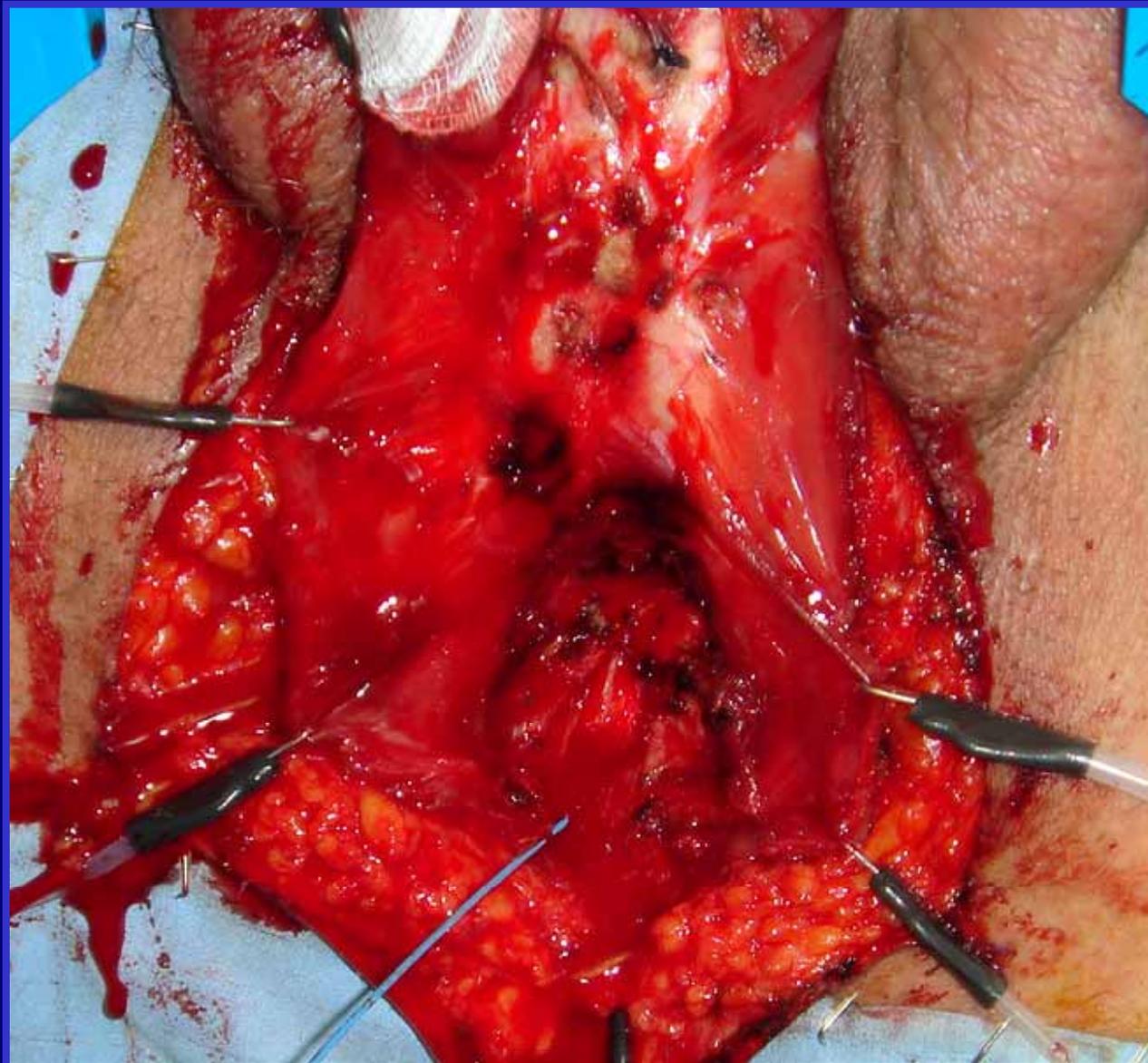


Cut on the light



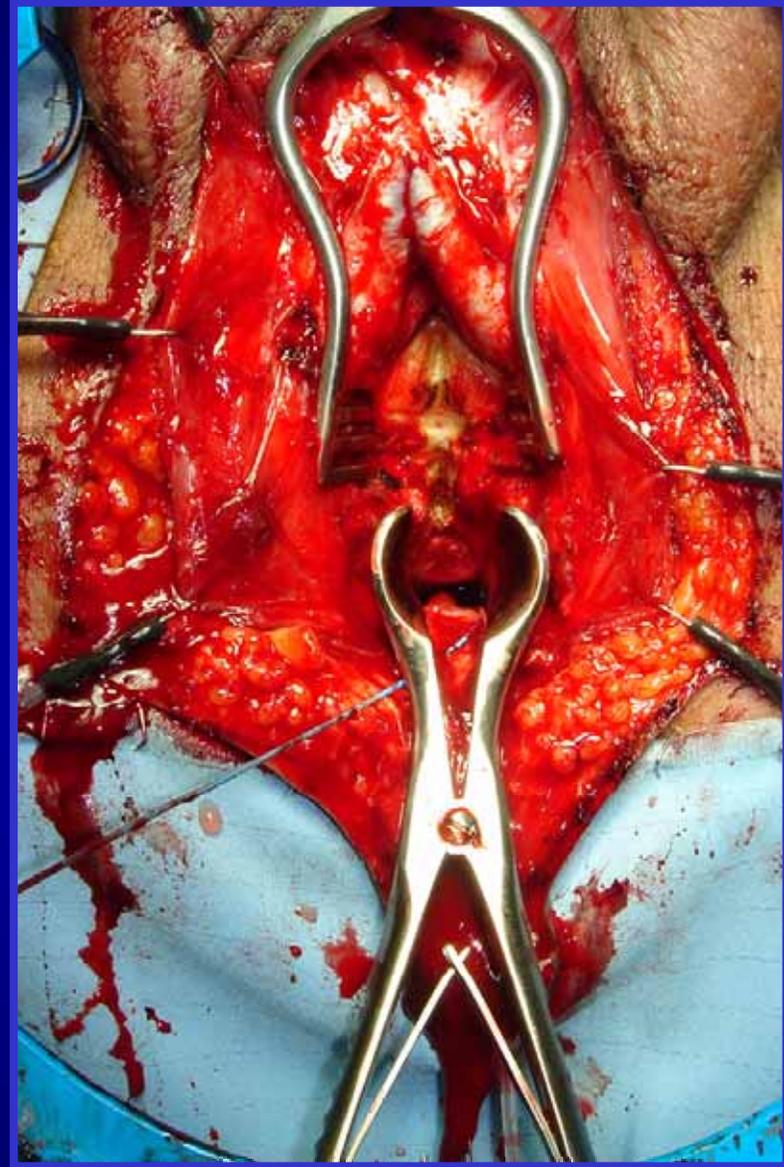
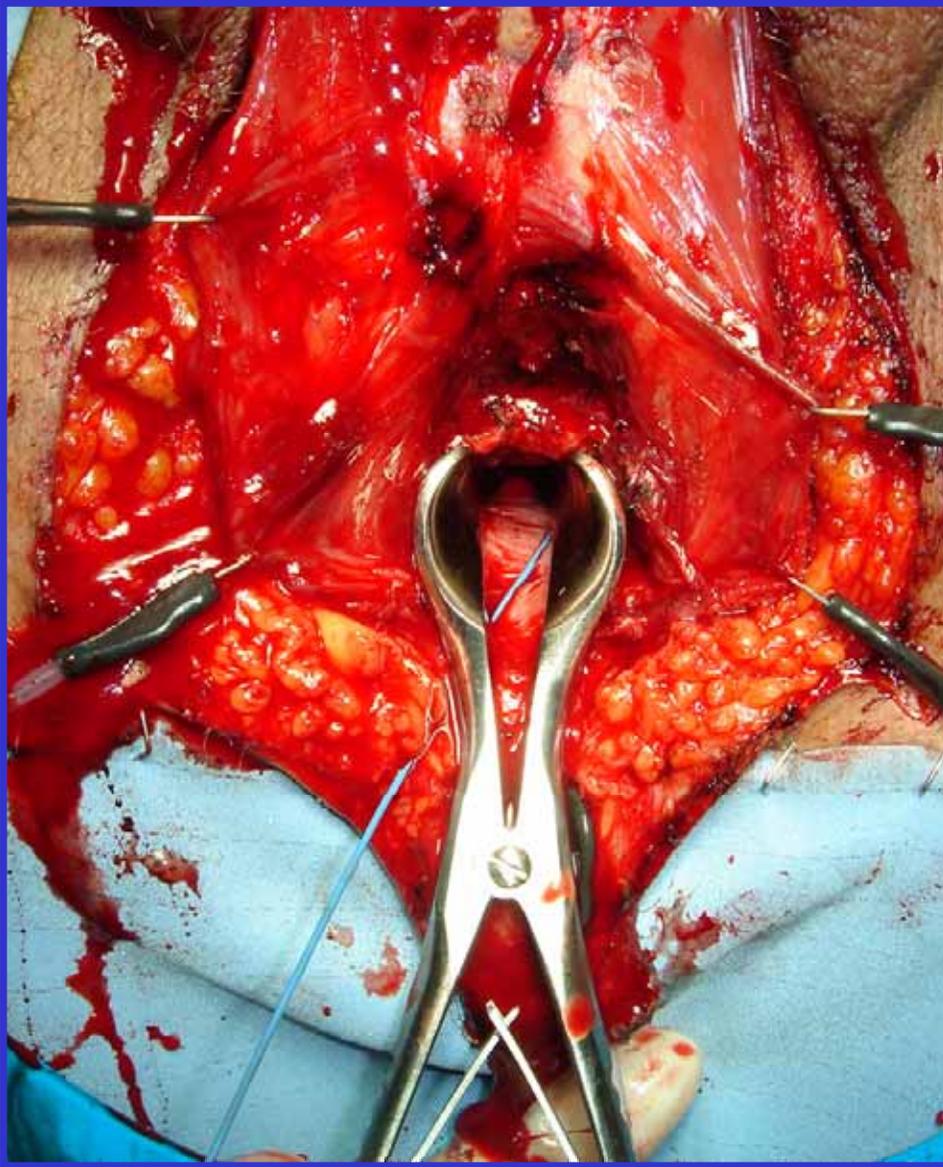
Cut on the tip of the endoscopic instrument

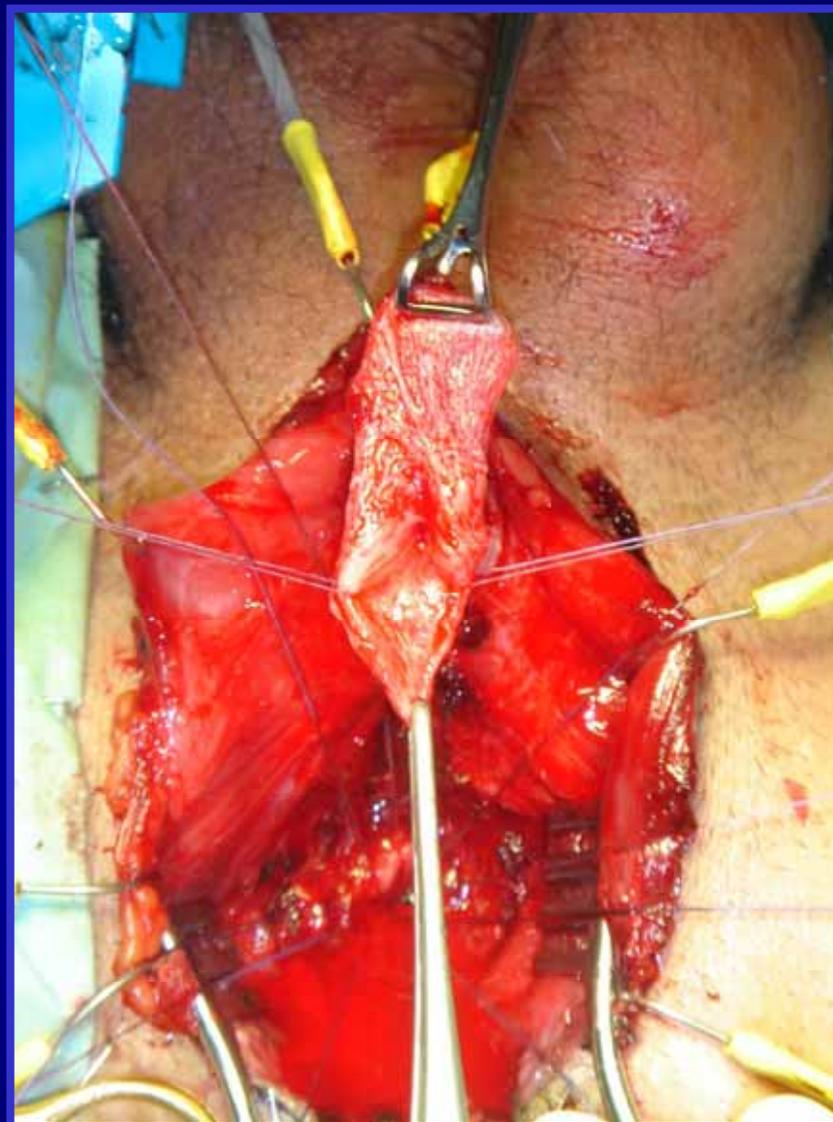
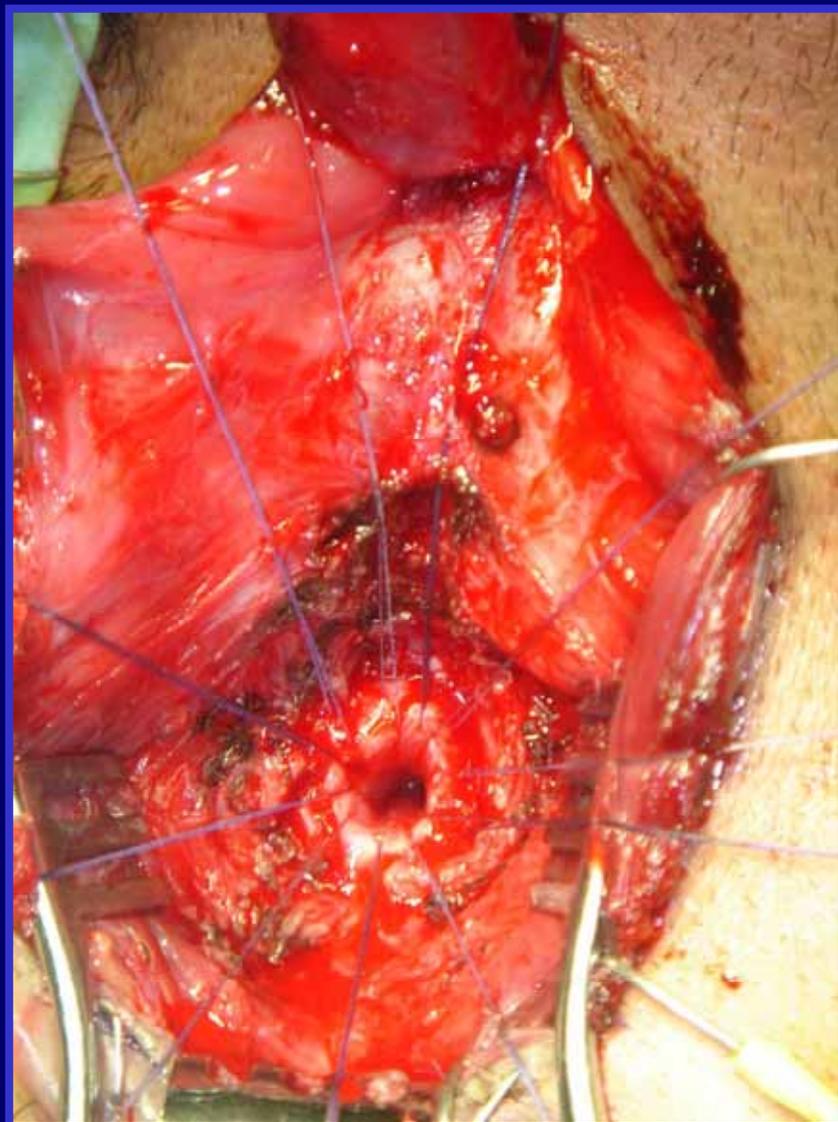


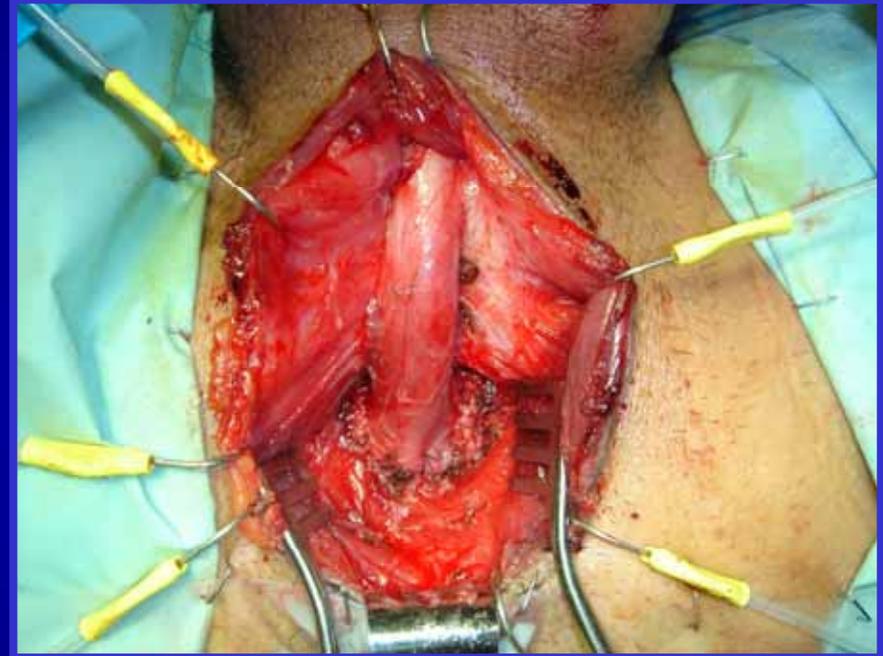
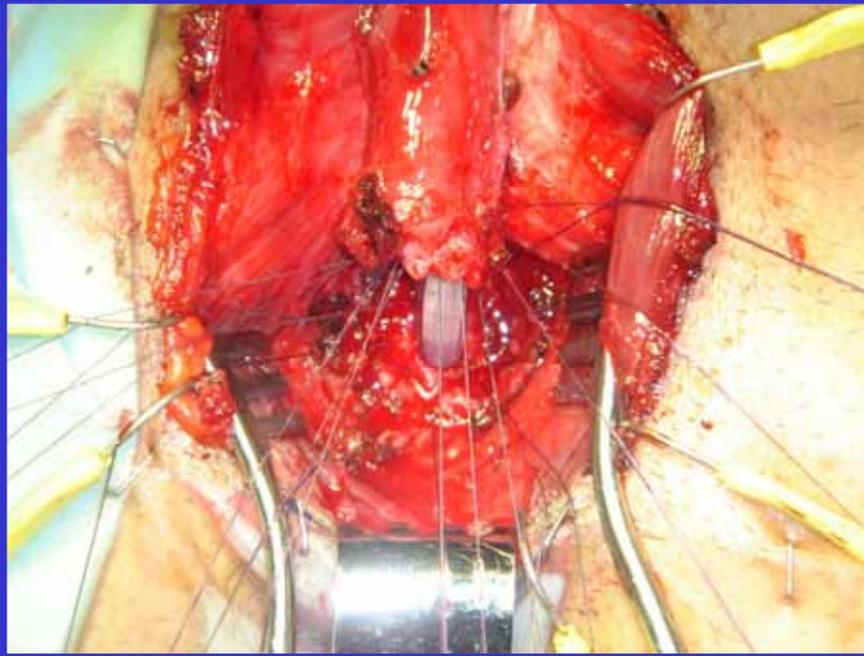


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In posterior urethroplasty, some ancillary manoeuvres are suggested to obtain a free-tension anastomosis



pubectomy

When ?

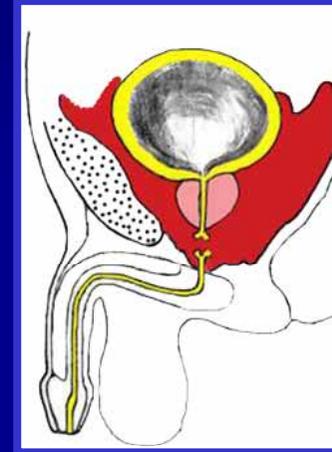


urethral rerouting

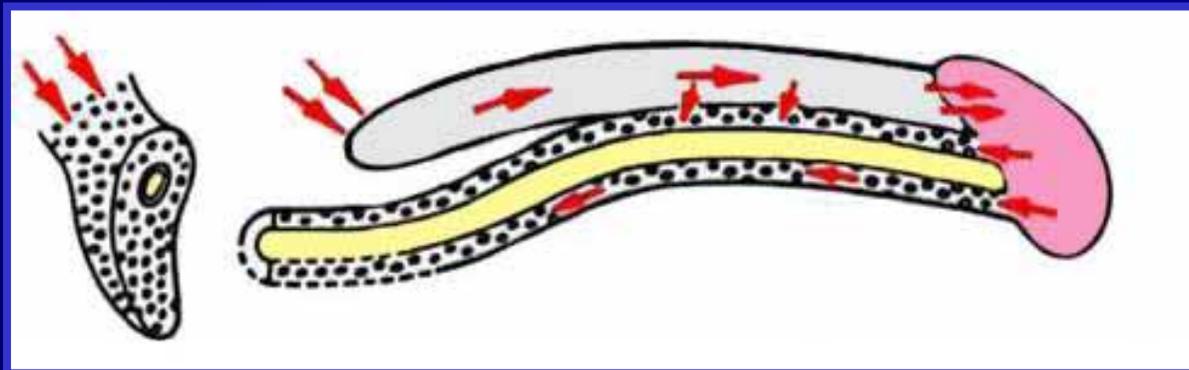


Pubectomy – Urethral rerouting

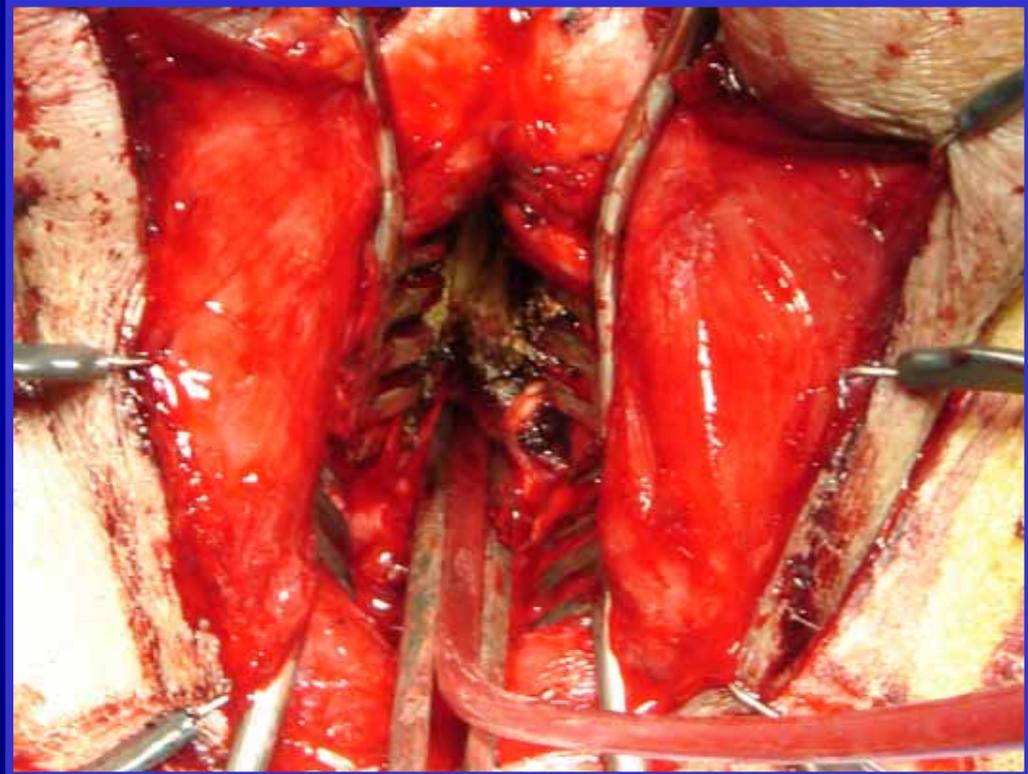
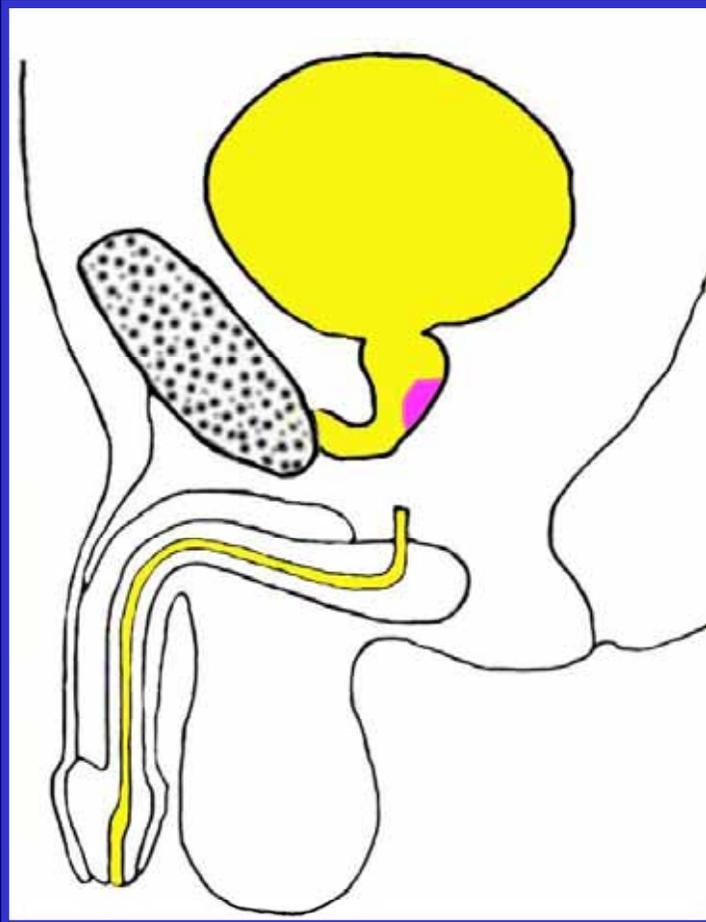
1. Relationship between the prostatic apex and the pubic bone

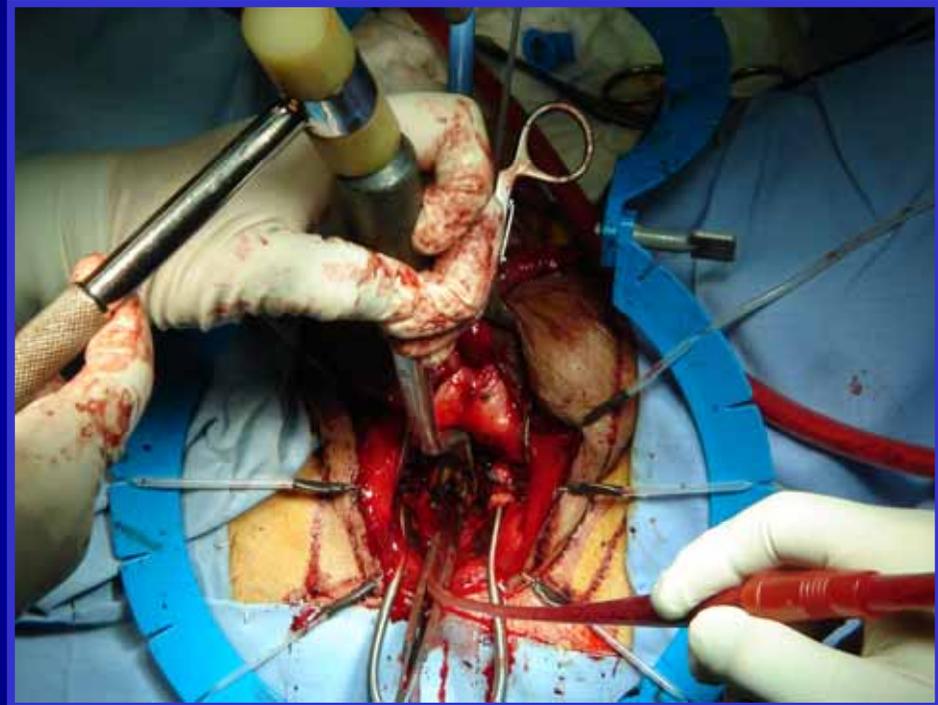
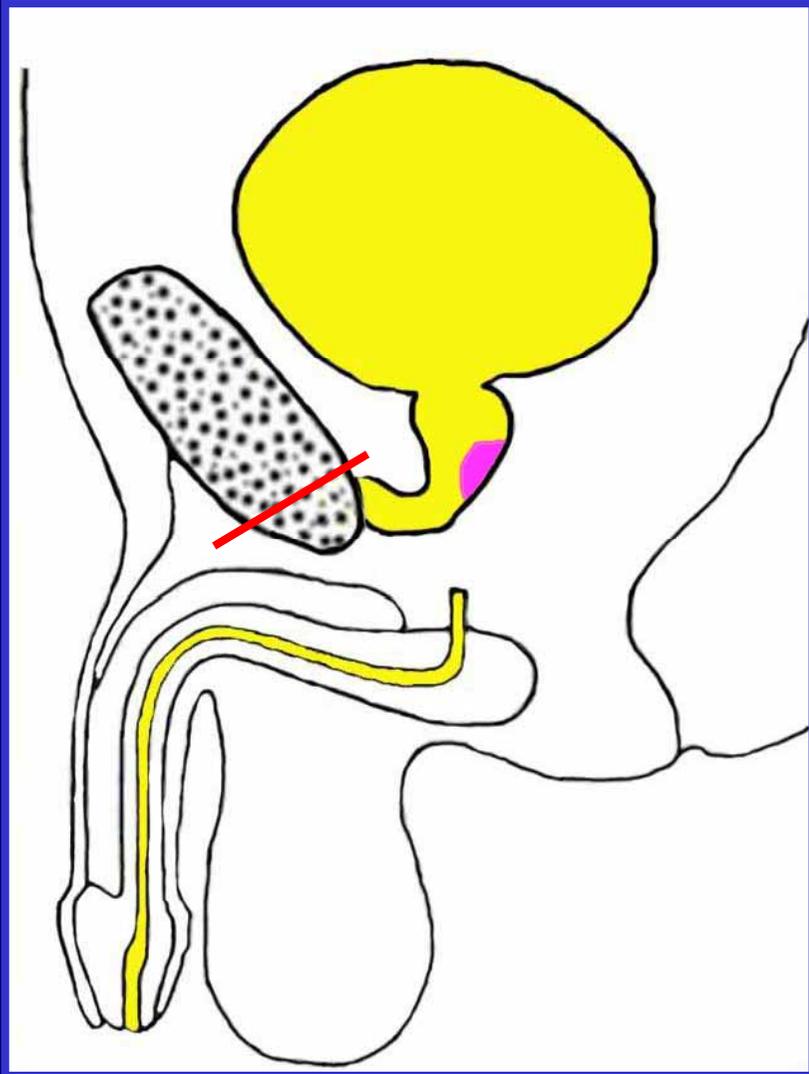


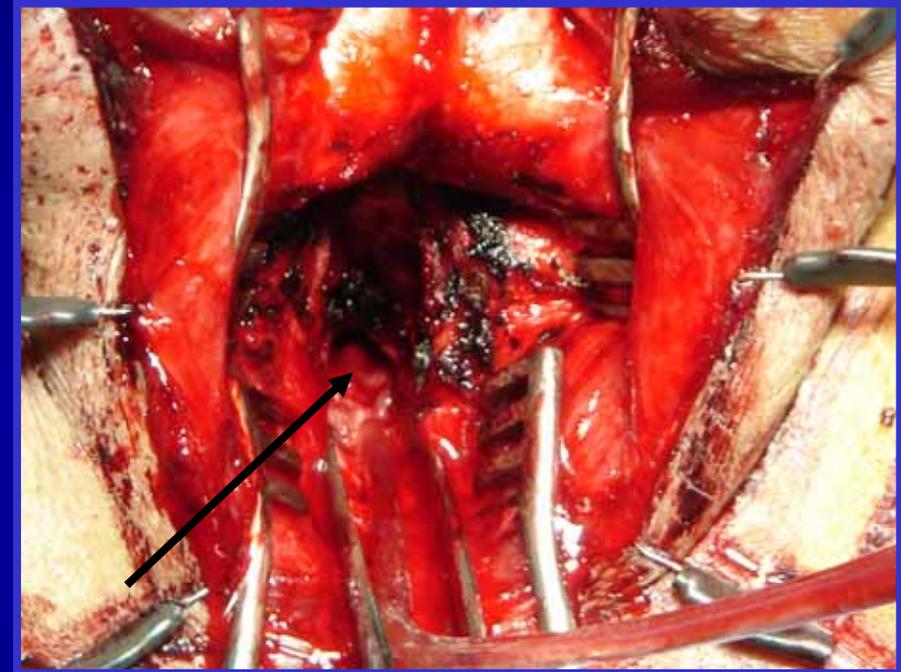
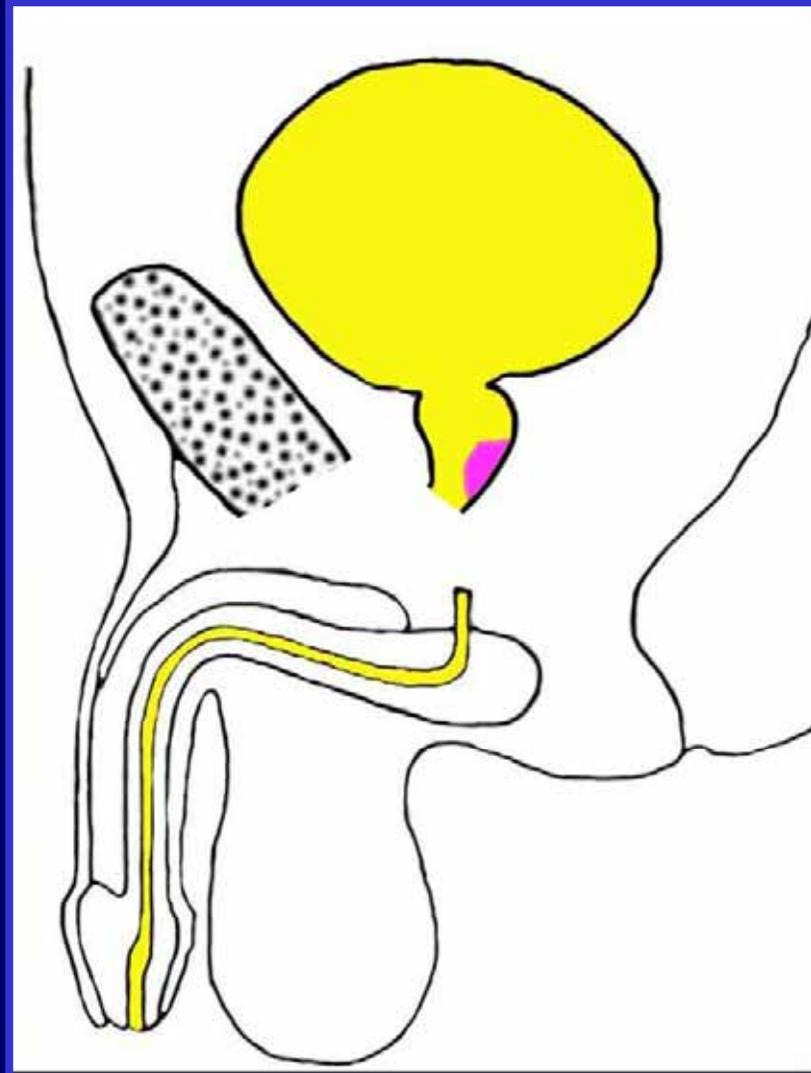
2. Length and blood supply to the bulbar urethra

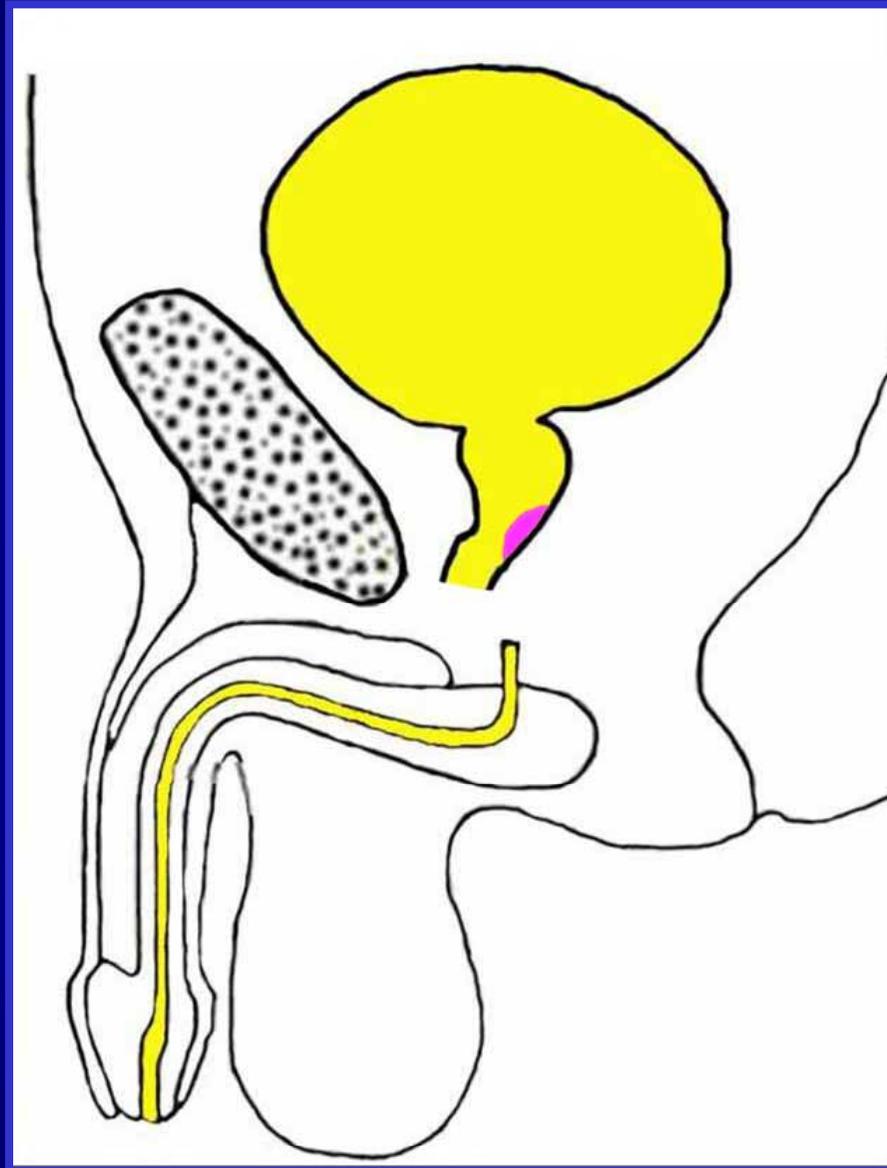


Relationship between the prostatic apex and the pubic bone









Conventional radiological study fail in showing the relationship between the pubic bone and the prostatic apex



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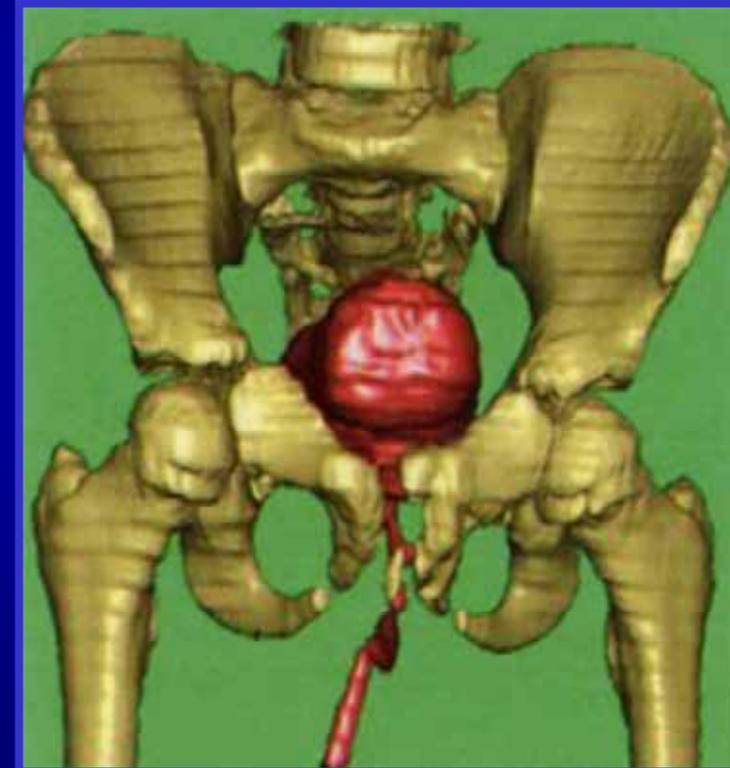
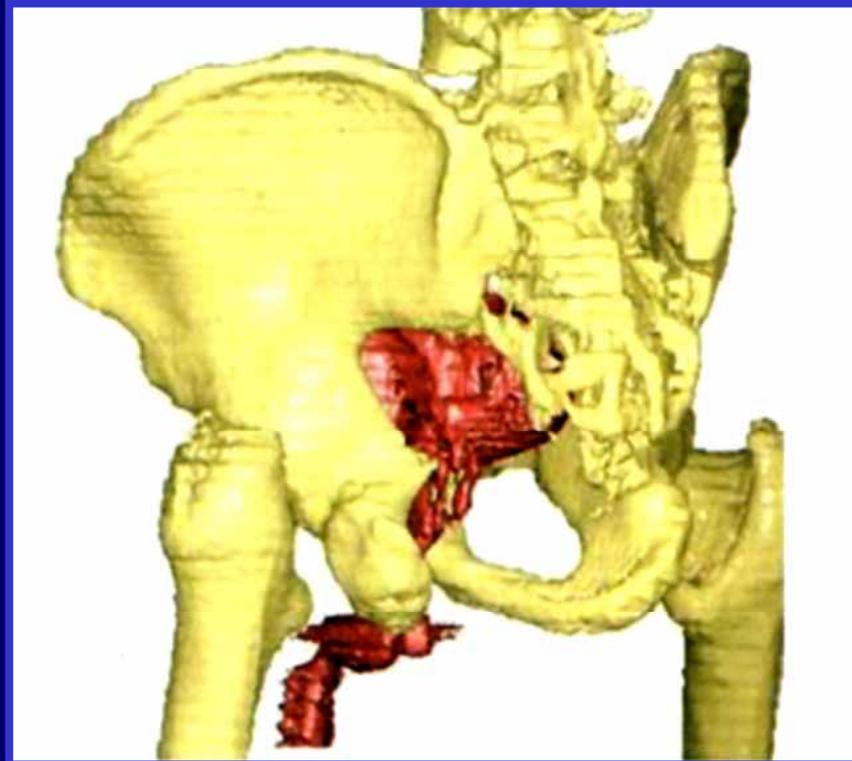


Dynamic three-dimensional spiral computed tomographic cysto-urethrography: a novel technique for evaluating post-traumatic posterior urethral defects

A.-W. EL-KASSABY, T. OSMAN, A. ABDEL-AAL, M. SADEK and N. NAYEF*

*Departments of Urology and *Radiology, Ain-Shams University, Cairo, Egypt*

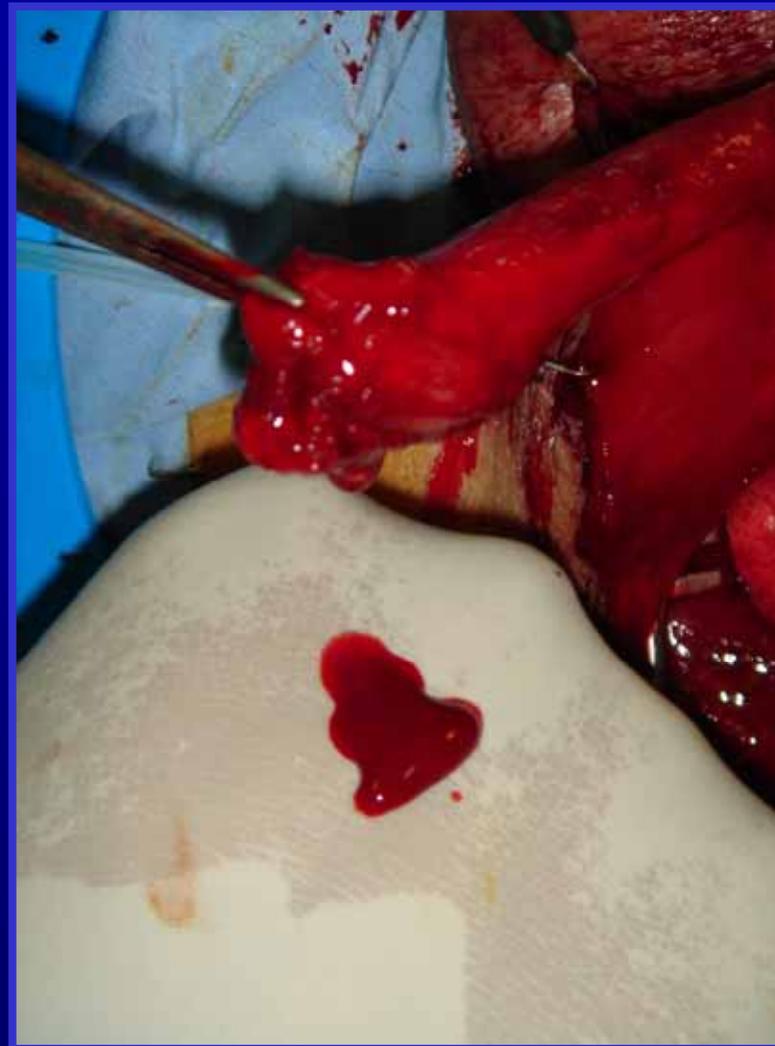
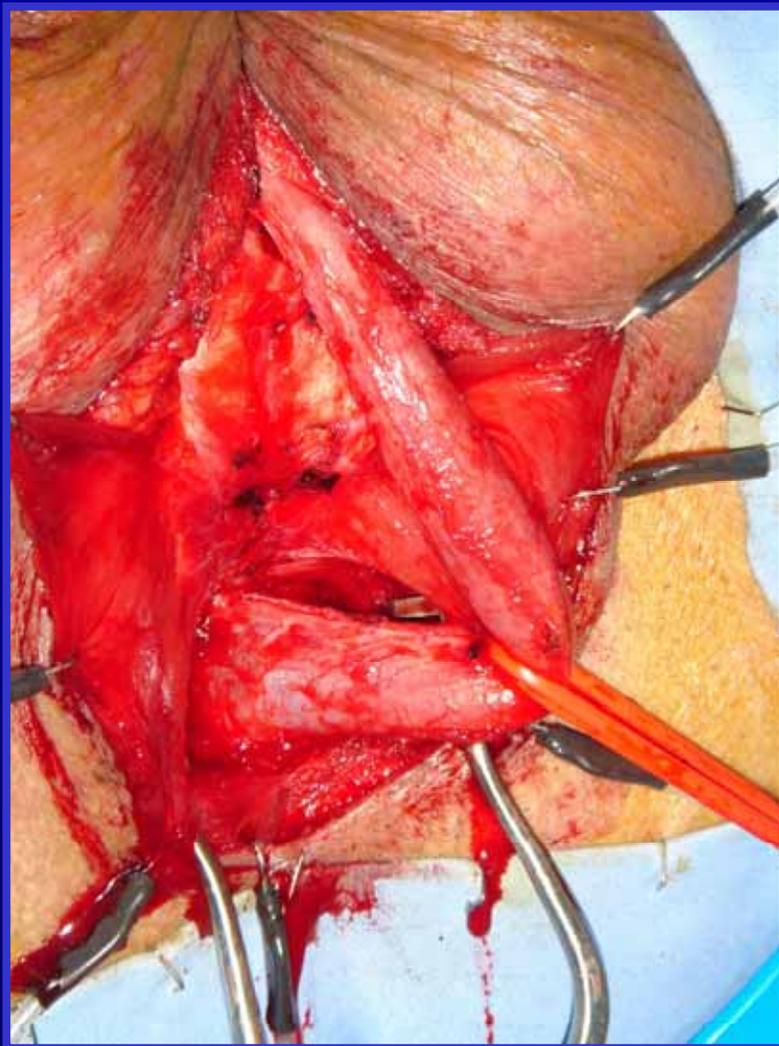
Accepted for publication 23 April 2003

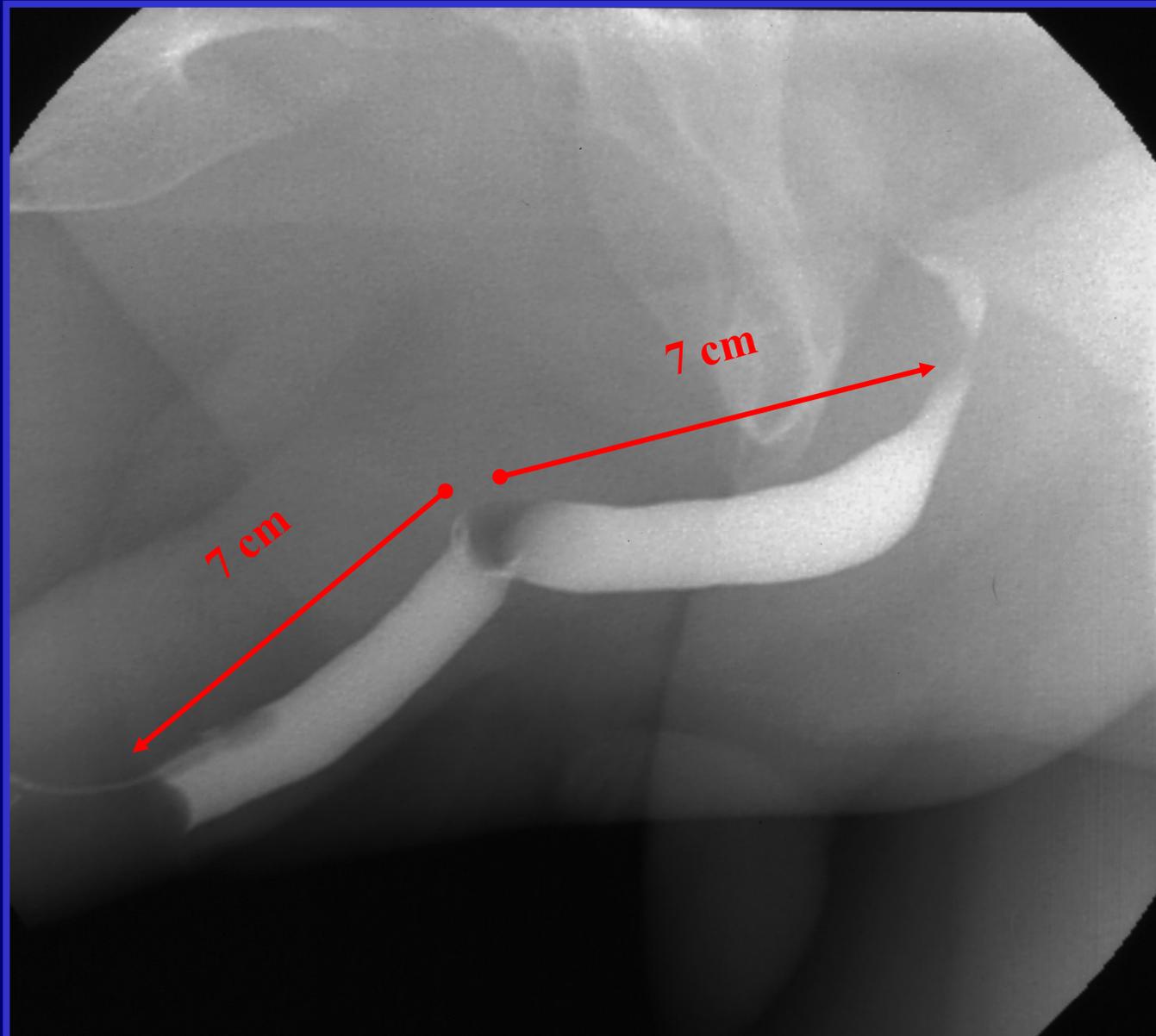


B J U International 2003; 92: 993-996



Length and blood supply to the bulbar urethra







9 cm





12.5 cm



ELSEVIER
FULL-TEXT ARTICLE

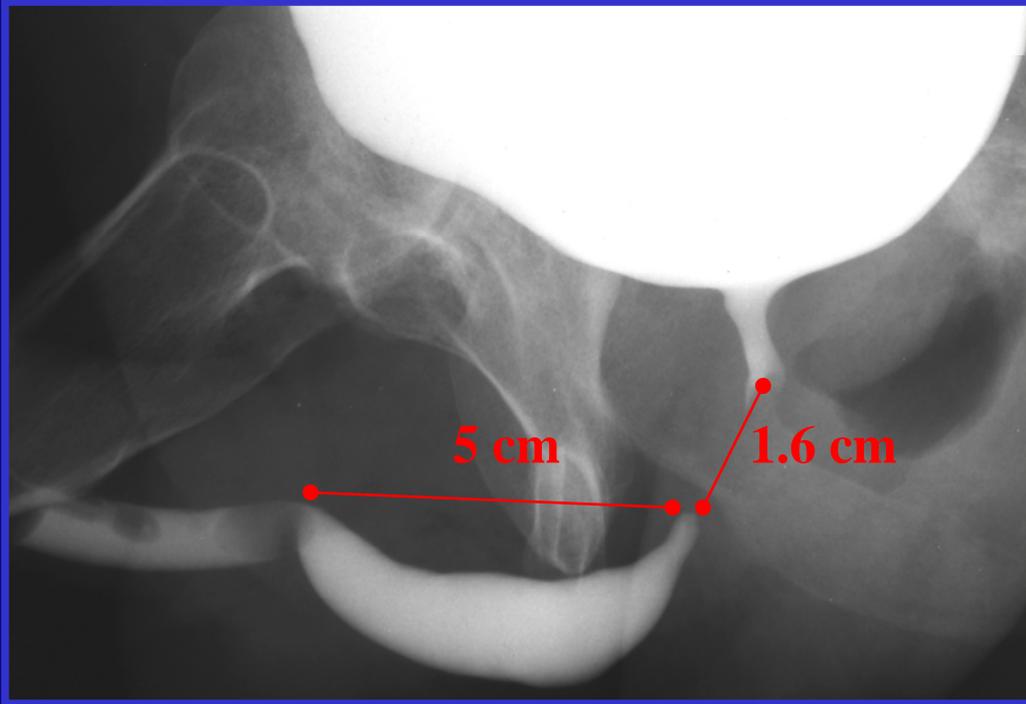
Gapometry and Anterior Urethrometry in the Repair of Posterior Urethral Defects.

Koraitim MM.

Department of Urology, College of Medicine, University of Alexandria, Alexandria, Egypt.

- **Bulboprostatic urethral gaps shorter than a third of bulbar urethral length are usually corrected by a simple perineal operation**
- **For longer gaps an elaborated perineal or transpubic procedure is usually done**





**A third of bulbar urethral
length: 1.6 cm**

**According to the Koraitim's gapometry:
simple perineal anastomosis**

?



**Ancillary manoeuvres (pubectomy - urethral rerouting)
in posterior urethroplasty are more frequently reported on:**

redo-cases

pediatric cases

pre-adolescent boys

patients from Egypt, India, Nepal

**All these patients showed an insufficient length or blood supply
to the bulbar urethra**



AUA Annual Meeting

Orlando – May 17-22 2008

31

**TRANSPUBIC POSTERIOR URETHROPLASTY VIA PERINEAL
APPROACH IN CHILDREN: A NEW TECHNIQUE**

Samir S Orabi. Alexandria, Egypt.*

**6 out of 52 children had a short urethra that could not bridge the
gap.... transpubic urethroplasty via perineal approach was
performed**



AUA Annual Meeting

Orlando – May 17-22 2008

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TRANSPERINEAL ANASTOMOTIC URETHROPLASTY: EXPERIENCE IN PEDIATRIC & ADOLESCENT POPULATION VERSUS ADULT POPULATION

Mohamed G ElSheikh, Ali M Ziada, Samih Z Sadek, Ismail Shoukry.
Cairo, Egypt.*

The ultimate success rates were **87.5% in the pediatric population**
versus **100% in adults**



Penile and bulbar urethral length

- black: 6.56
- white: 6.11
- hispanic: 6.01
- amerindian: 6.00
- east indian: 5.89
- middle eastern: 5.87
- east asian: 5.32



The BBC reported an Indian Council of Medical Research study finding that “about 60% of Indian men have penis which are between three and five centimeters shorter than international standards used in condom manufacture”

http://en.wikipedia.org/wiki/Penis_size



Conclusions

Penile length may represent one of the main factors influencing the surgical technique (pubectomy vs simple repair) and the outcome of posterior urethroplasty



Conclusions

More studies, with numerous series of patients, are necessary to better clarify the role of penile length in influencing the surgical technique and the success rate of posterior urethroplasty



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**

Thank you !

