

# Center for Reconstructive Urethral Surgery



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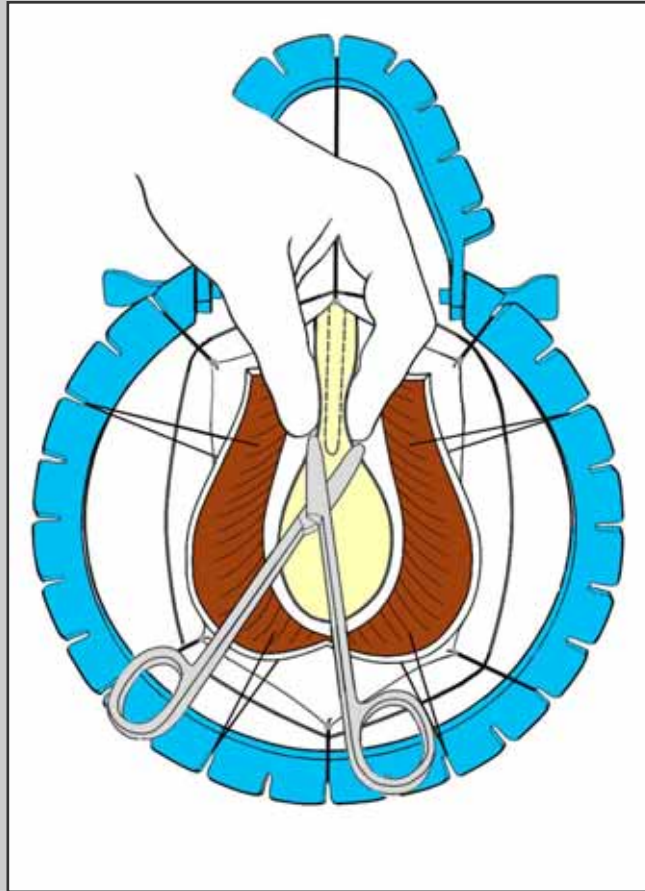
# End-to-end anastomosis

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**Bulbar urethra**

# End-to-end anastomosis



Surgical technique: step by step

# Preparation of the patient



**Simple lithotomy position**

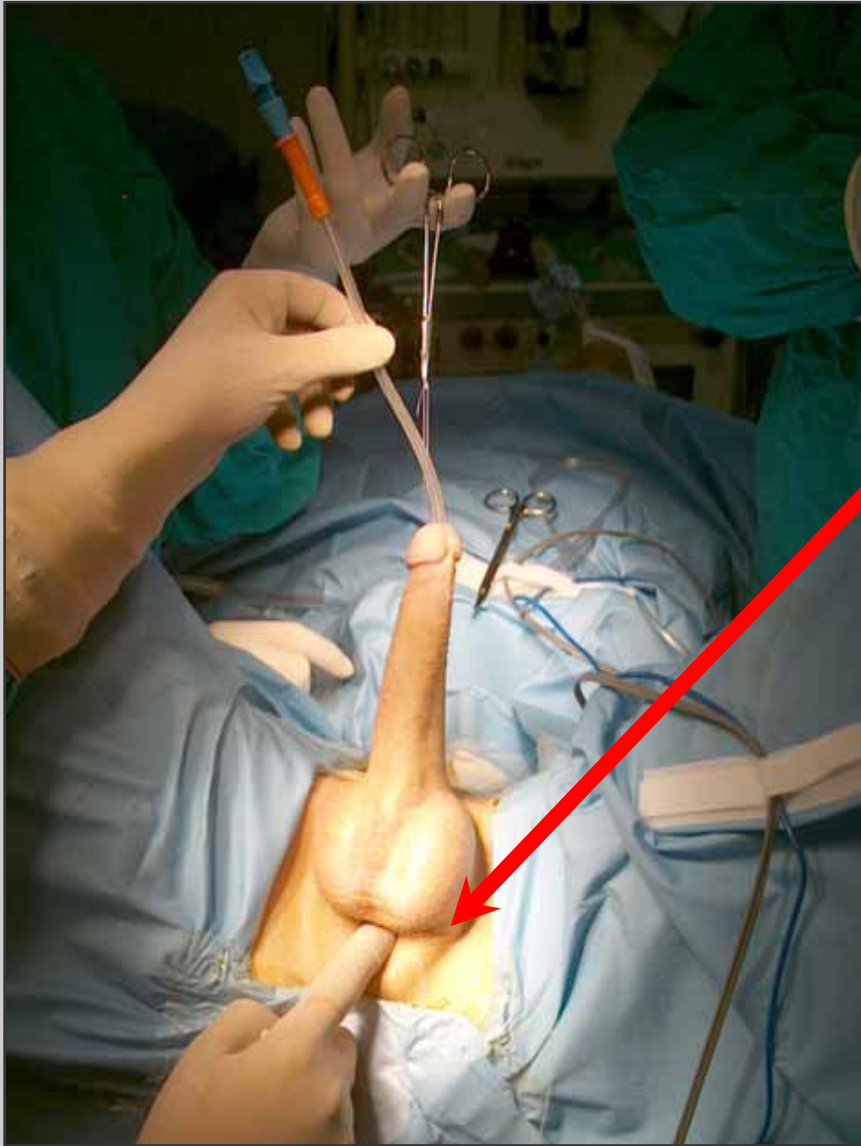
# Preparation of the patient



**Allen stirrups with sequential inflatable compression sleeves**

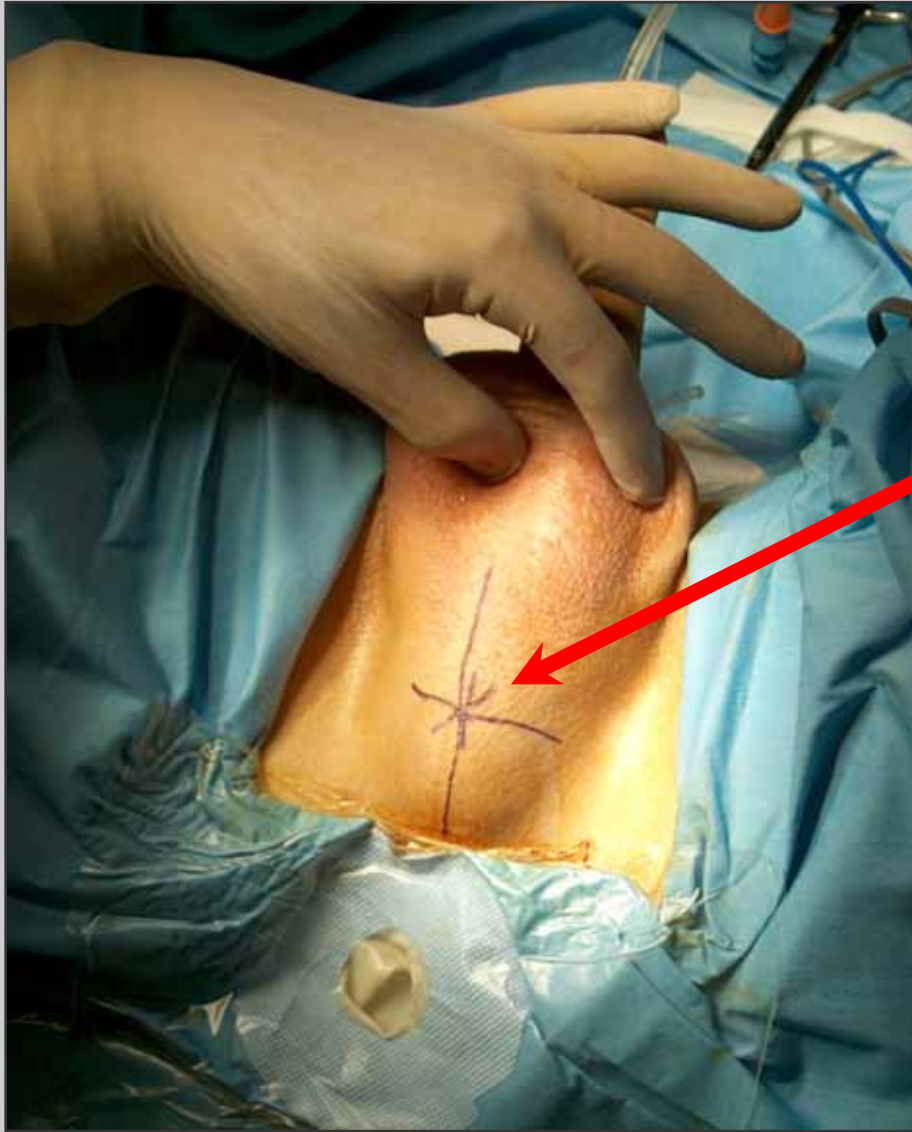


**Methylene blue is  
injected into the urethra**

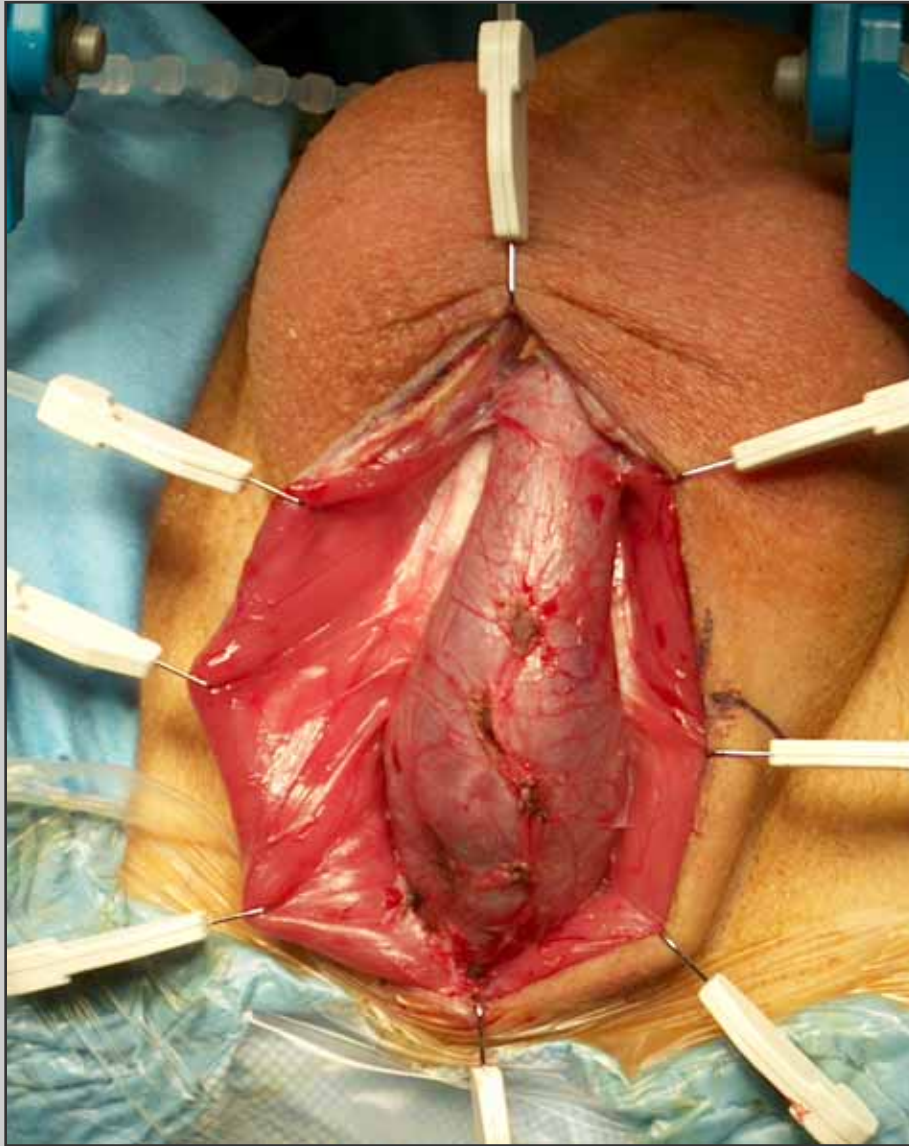


**The distal extent of  
the stenosis is  
identified by  
inserting a 16-  
French catheter  
with a soft round tip**

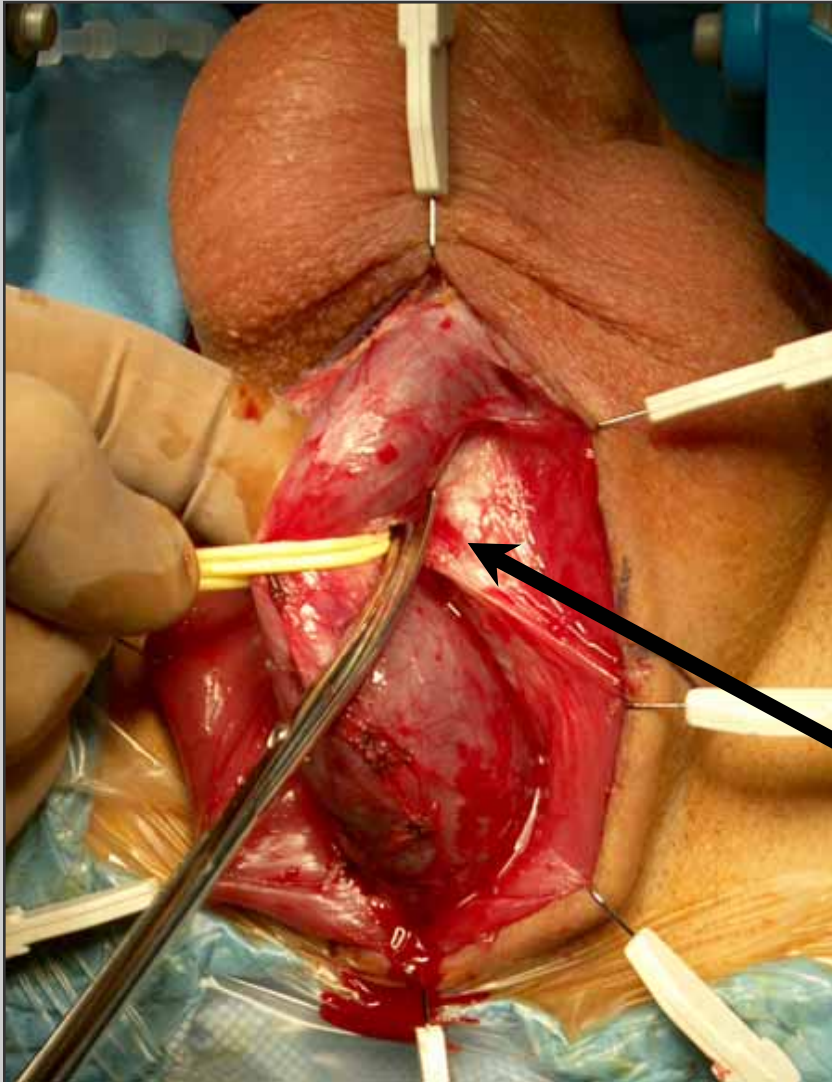




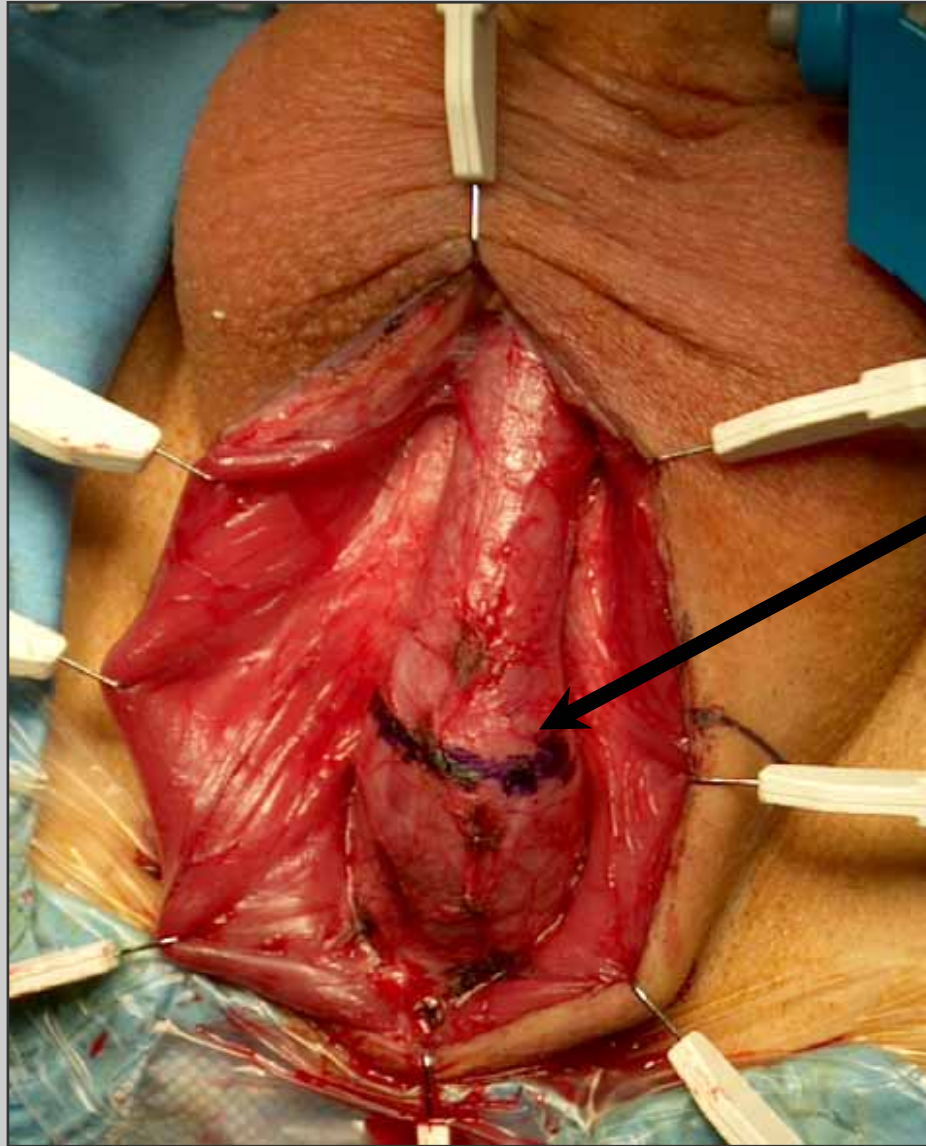
**Midline perineal incision**



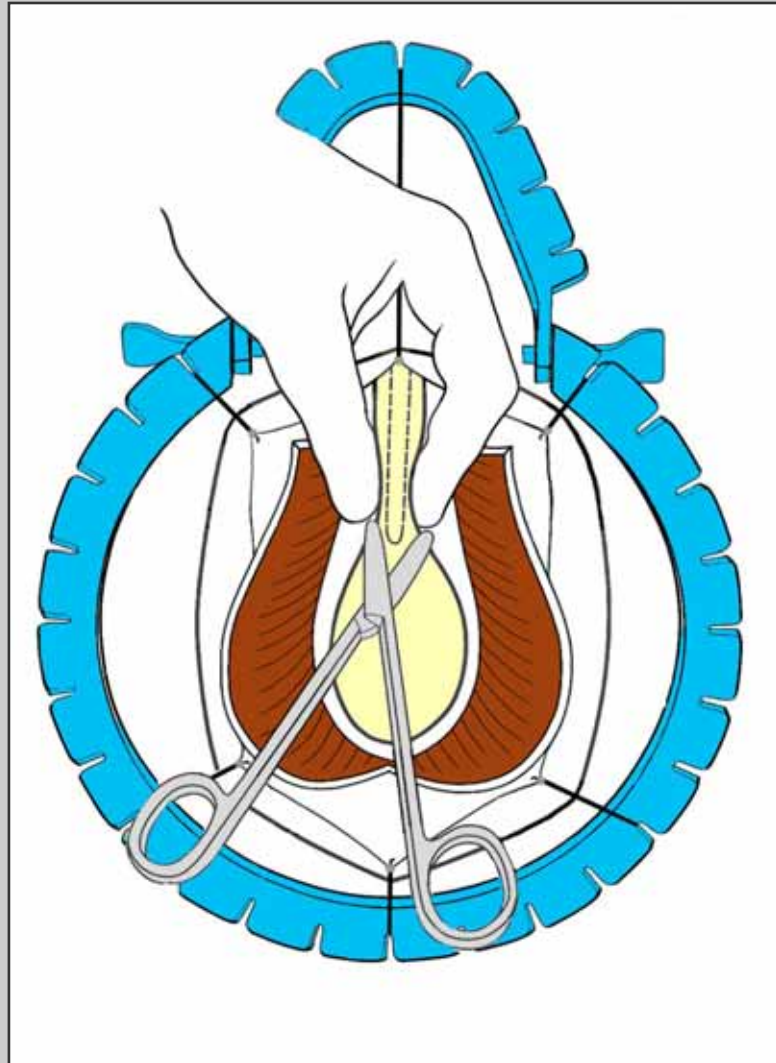
**The urethra is freed from  
the bulbocavernosus muscle**



**The urethra is dissected  
from the corpora  
cavernosa**



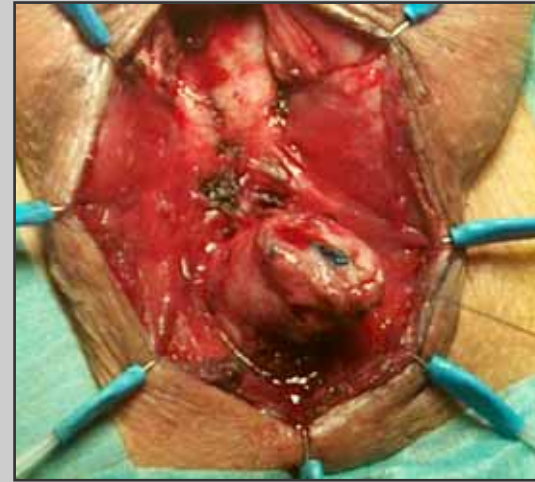
**The distal extent of the  
stenosis is identified  
and outlined**



**The urethra is transected at the stricture level**



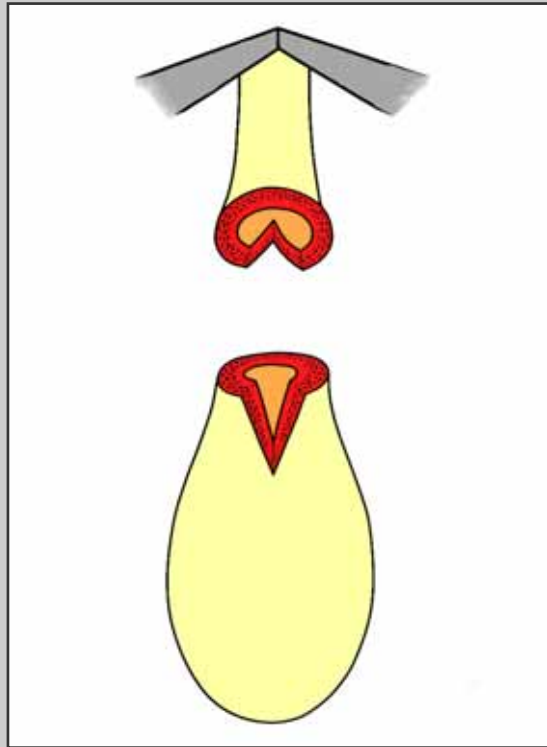
**distal end**



**proximal end**



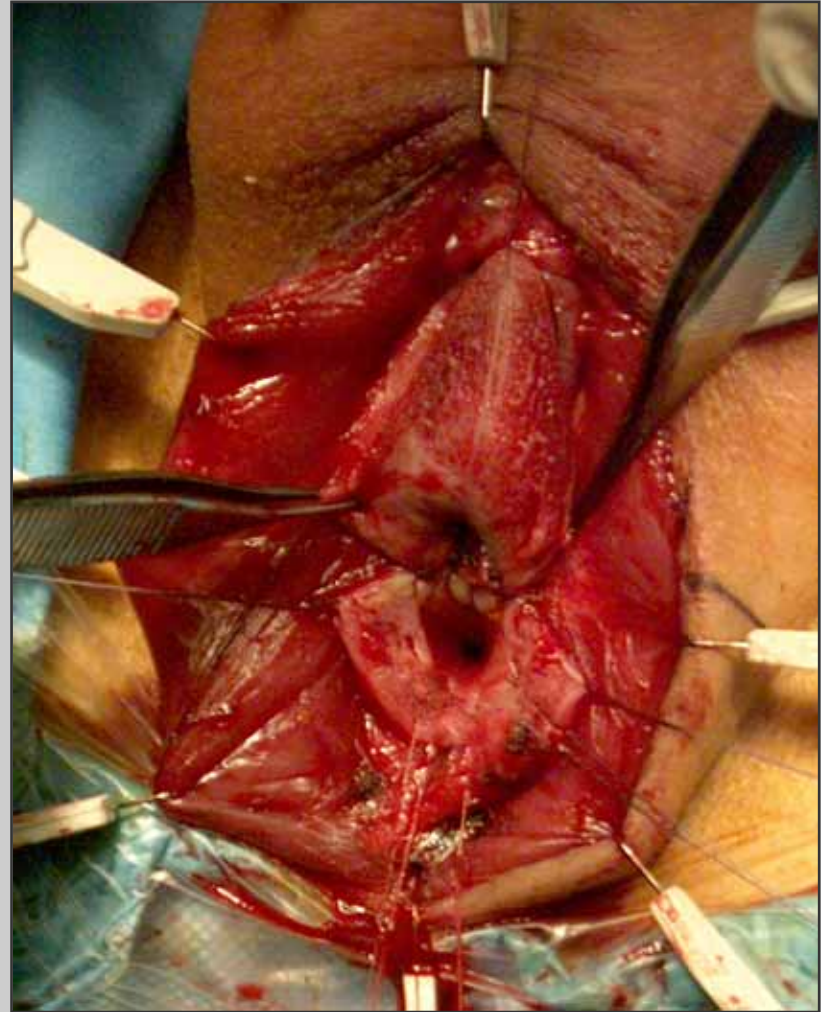
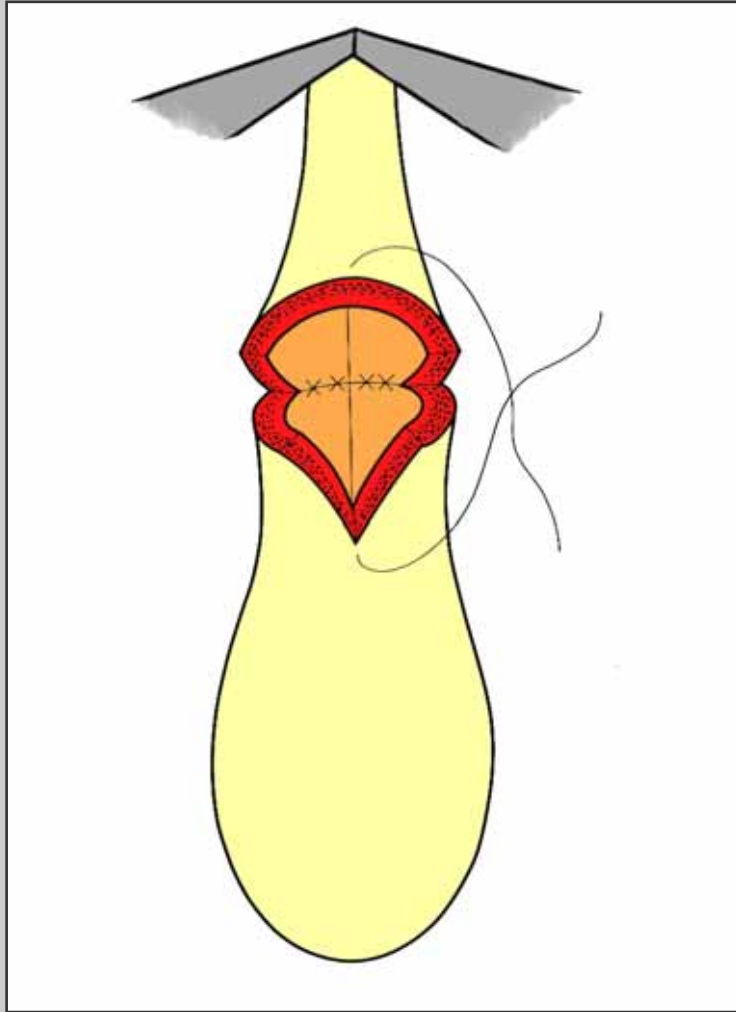
**The stricture is removed**



**The urethra is spatulated for  
1 cm on both ends**

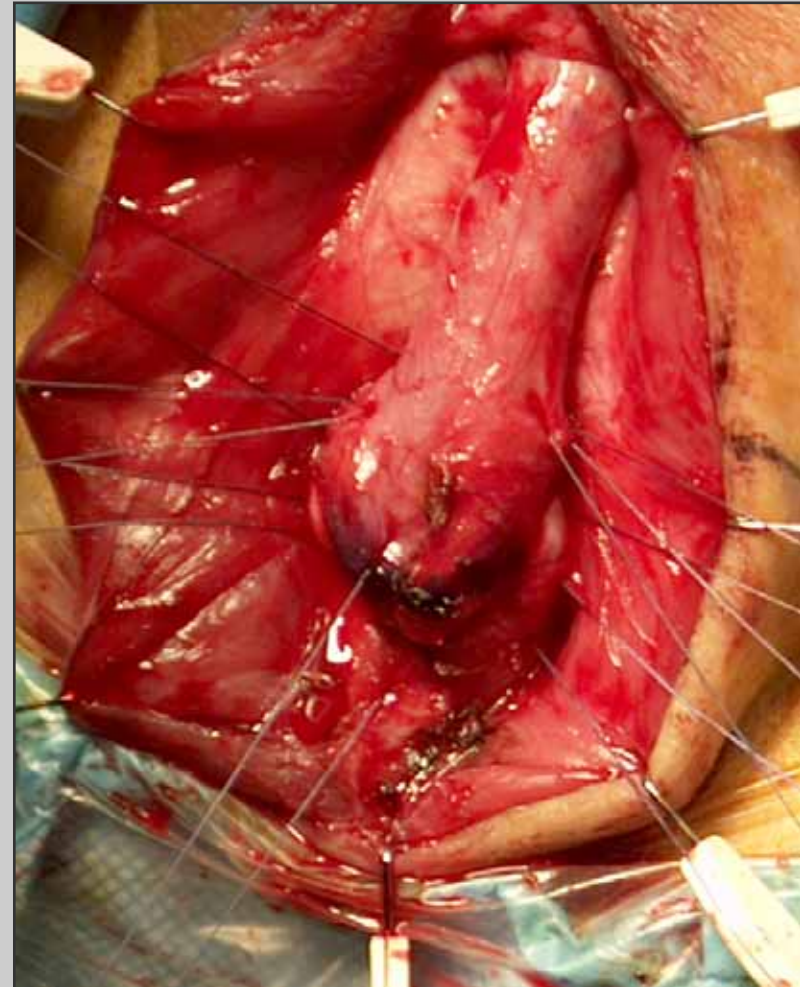
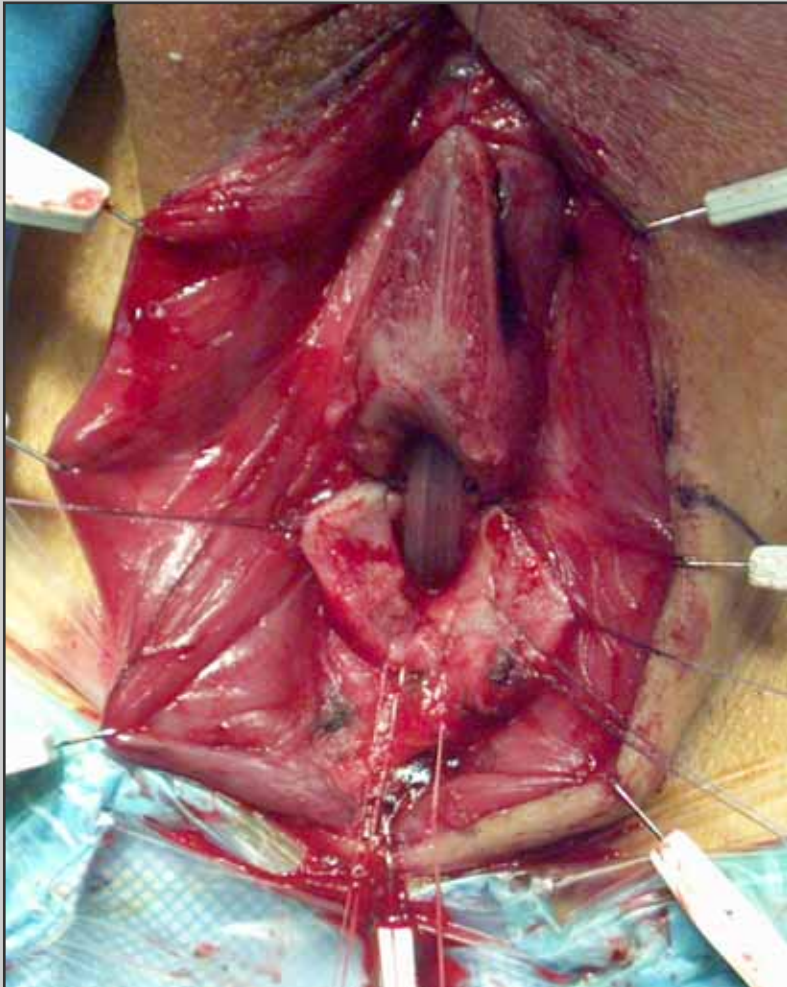


**A total of 10 interrupted  
4-zero polyglactin sutures  
are put in place before  
tying**

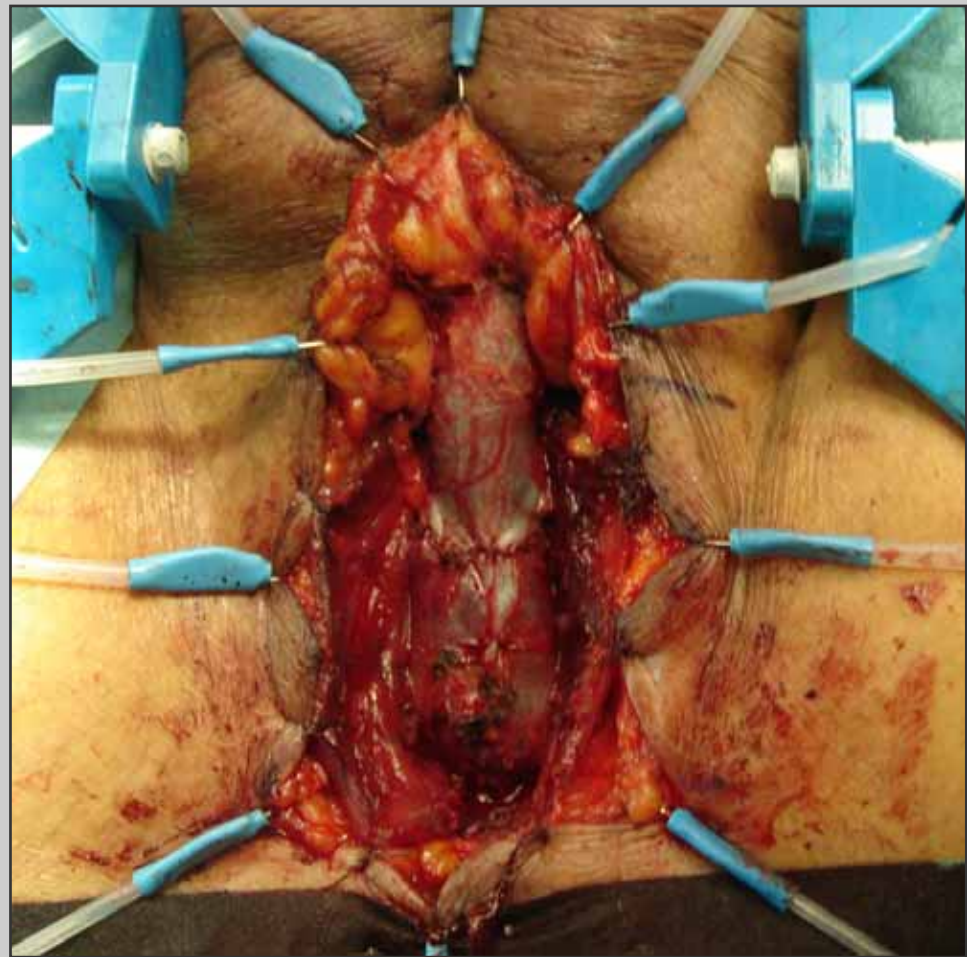
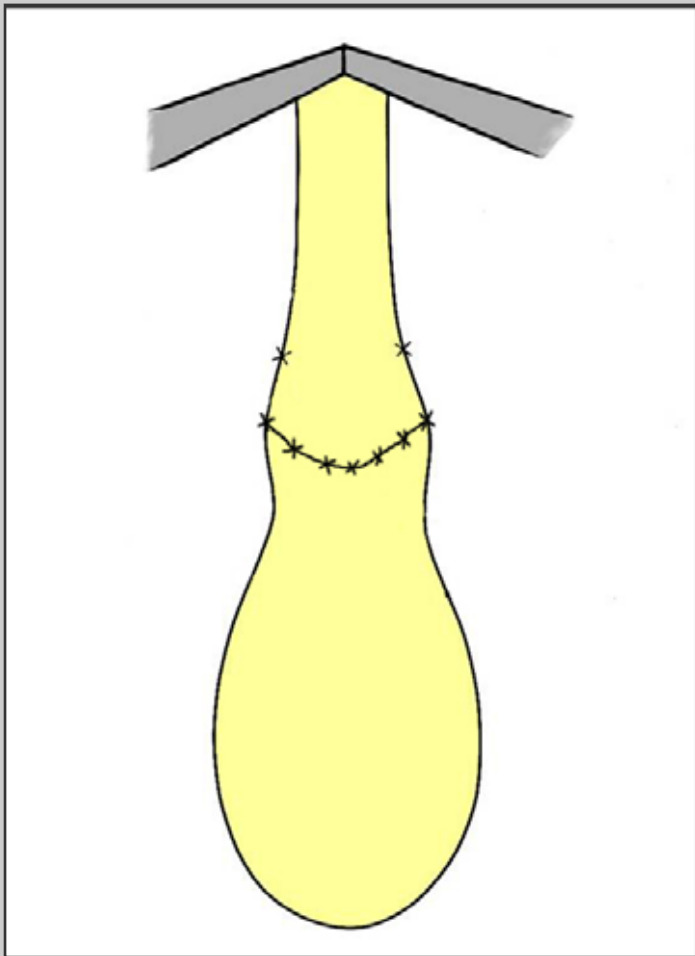


**The anastomosis is completed on the roof**

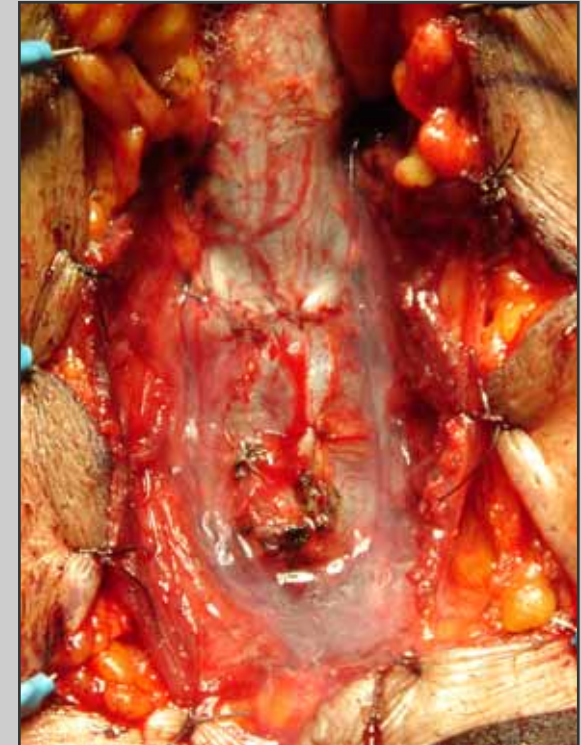
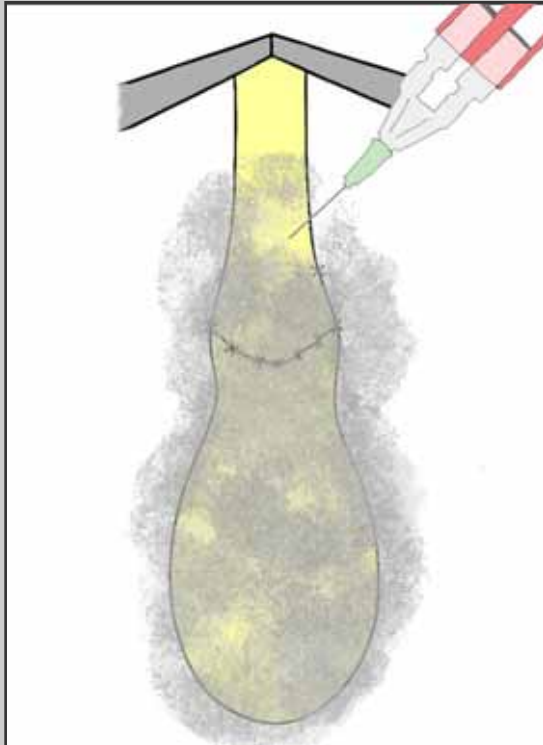




**A Foley 16-French grooved silicone catheter is inserted and the urethra is closed**



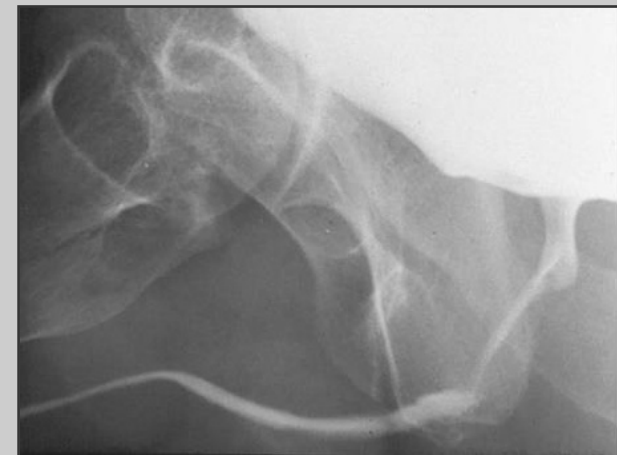
**The anastomosis is completed**



**Two ml of fibrin glue are injected over the urethra to prevent urinary leakage**

# Post-operative care

- **Patient is discharged from the hospital three days after surgery**
- **Patient is maintained on oral antibiotics until the catheter is removed**
- **Two weeks following surgery, the catheter is removed and voiding cysto-urethrography is obtained**



# Post-operative complications

- **Urethrorrhagia due to nocturnal erection**
- **Temporary numbness or dysesthesia to the perineum**
- **Scrotal swelling**
- **Urethral fistula ( 4.8%)**