Center for Reconstructive Urethral Surgery

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End-to-end anastomosis
End-to-end anastomosis

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 bulbocavernous 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
The stricture is removed
The urethra is spatuled 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%)