

Center for Reconstructive Urethral Surgery



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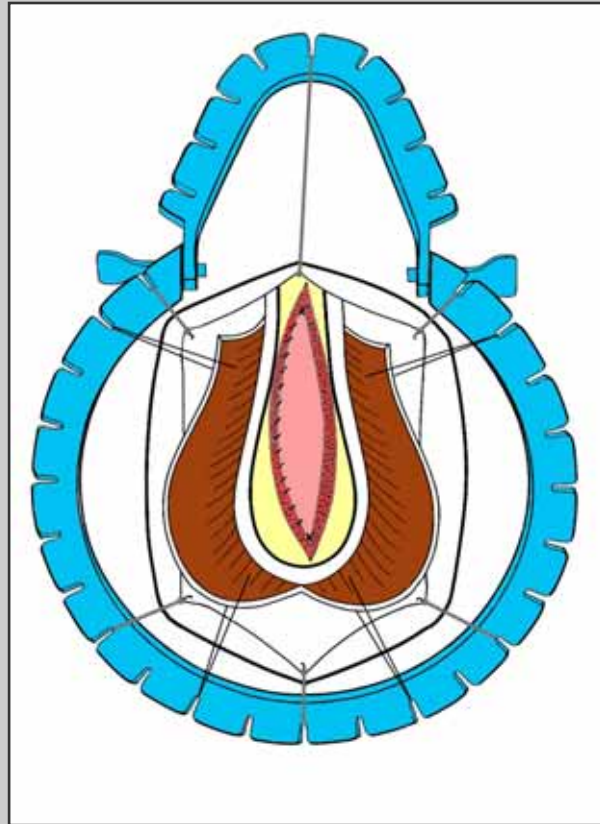
Dorsal onlay graft urethroplasty

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Bulbar urethra

Dorsal onlay graft urethroplasty



Surgical technique: step by step

Preparation of the patient



Simple lithotomy position

Preparation of the patient



Allen stirrups with sequential inflatable compression sleeves

Two surgical teams work simultaneously

harvesting
the oral
mucosa



preparing
the bulbar
urethra

Two sets of surgical instruments



Oral mucosa



Urethroplasty

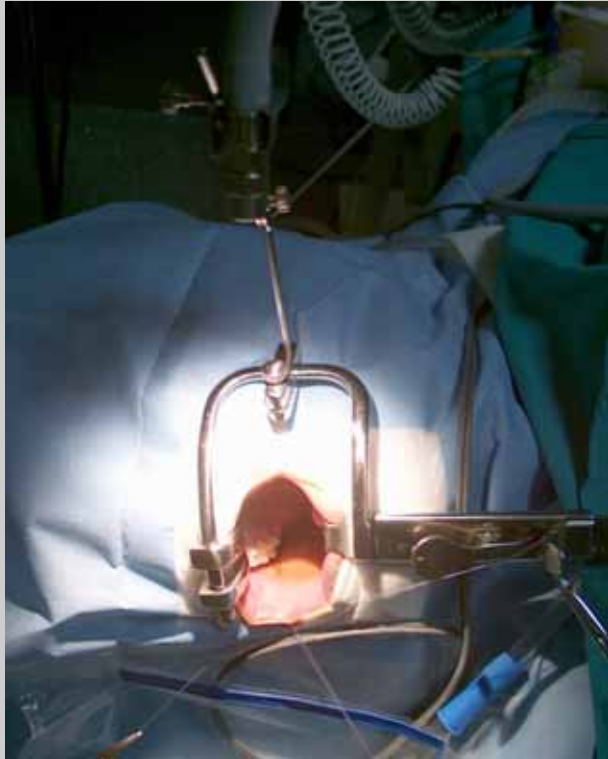
Advantages of the double team

**decrease of
surgical time
to ~ one hour**

**decrease of
contamination in
surgery**

**The patient is intubated through the nose,
allowing the mouth to be completely free**



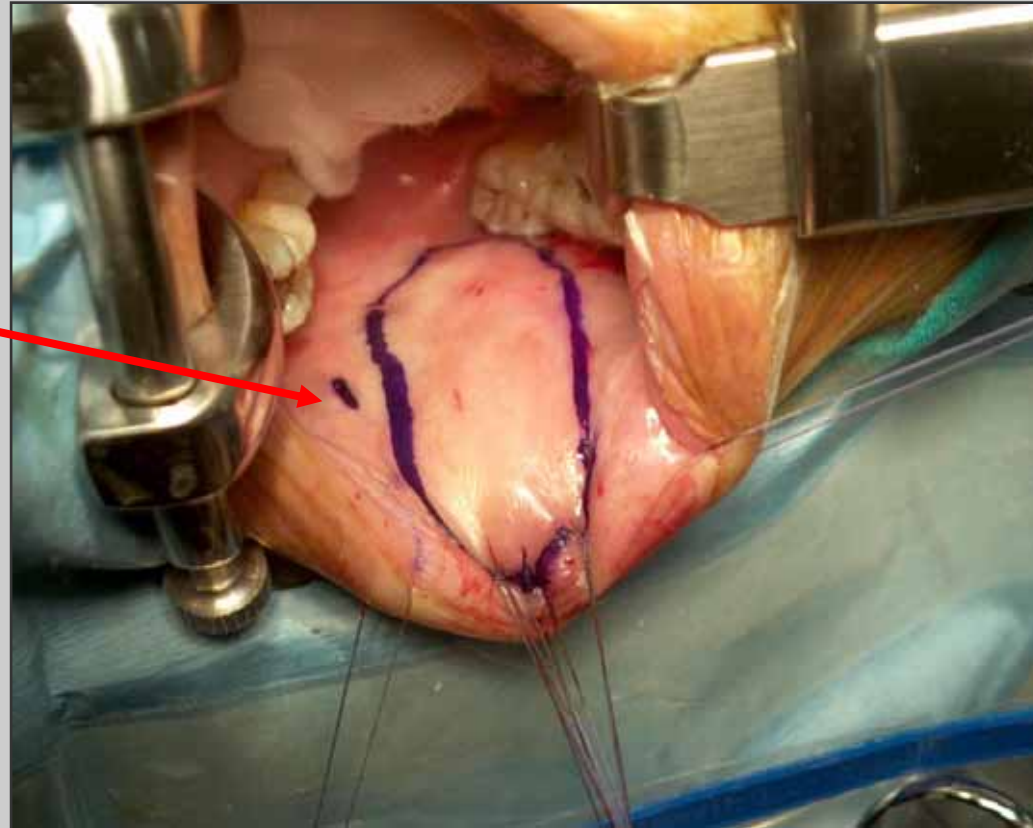


**Appropriate mouth
retractor**

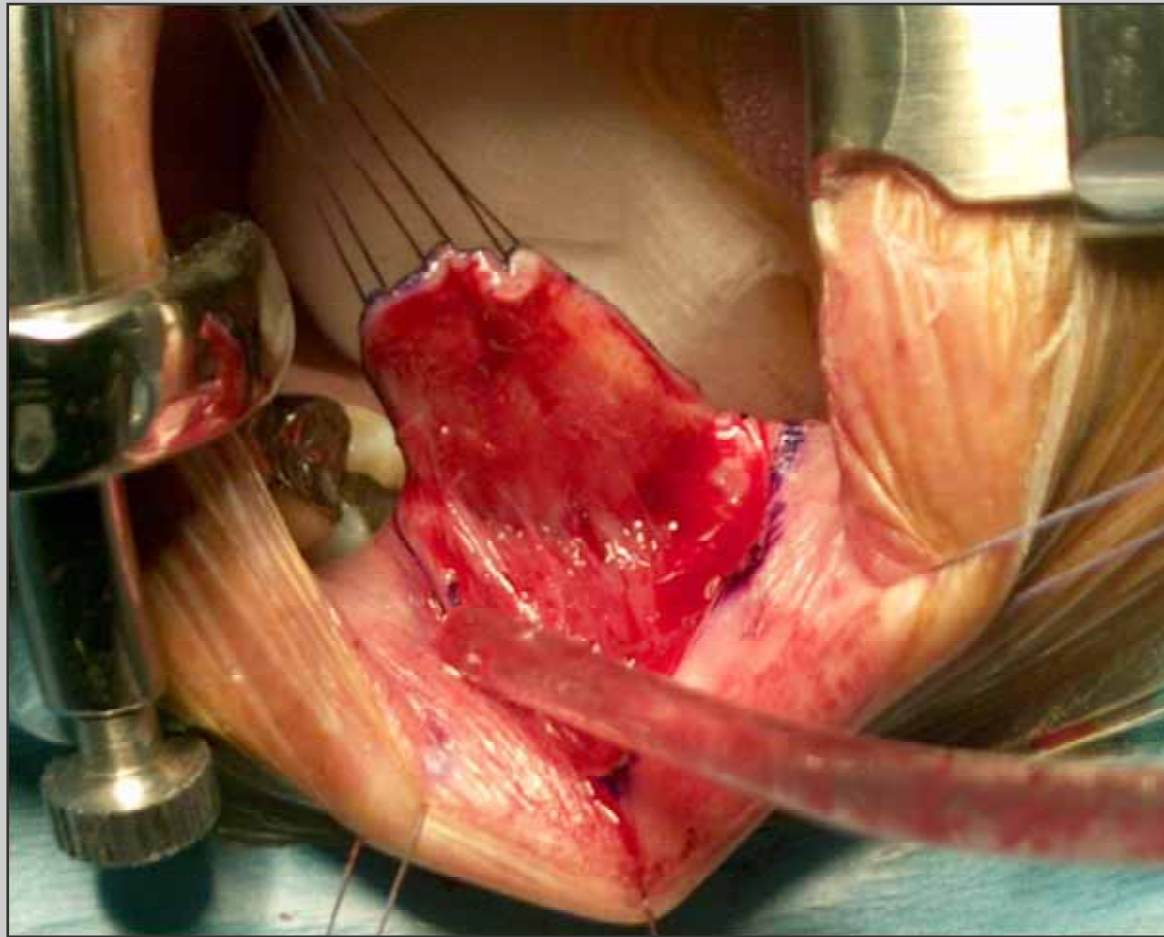


**Only one assistant is needed
to harvest the oral graft**

Stenon's duct



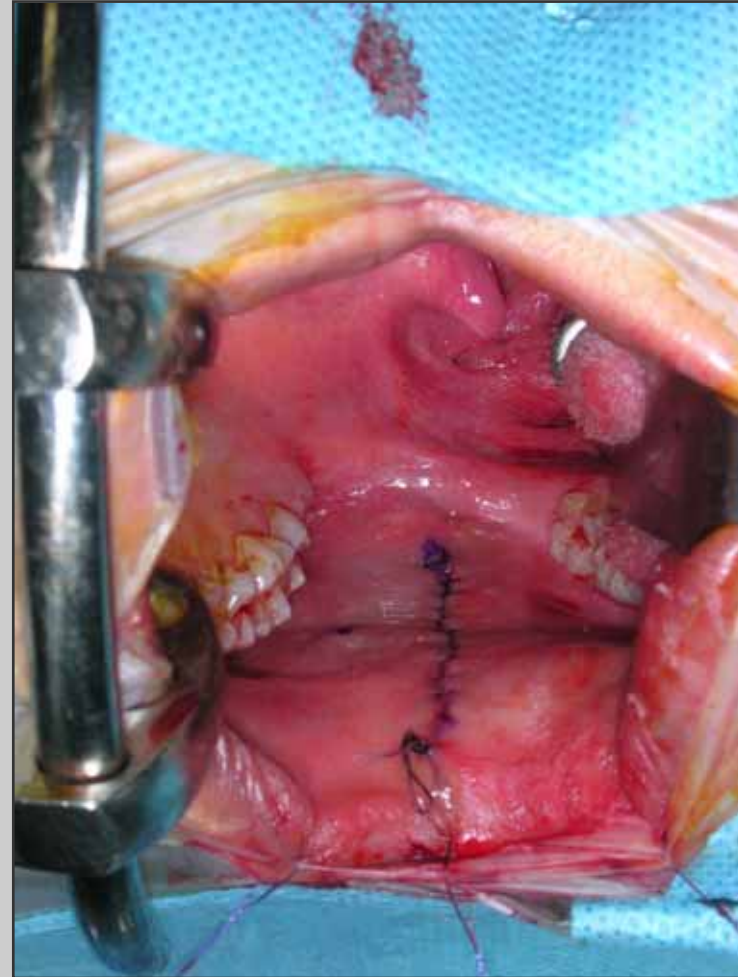
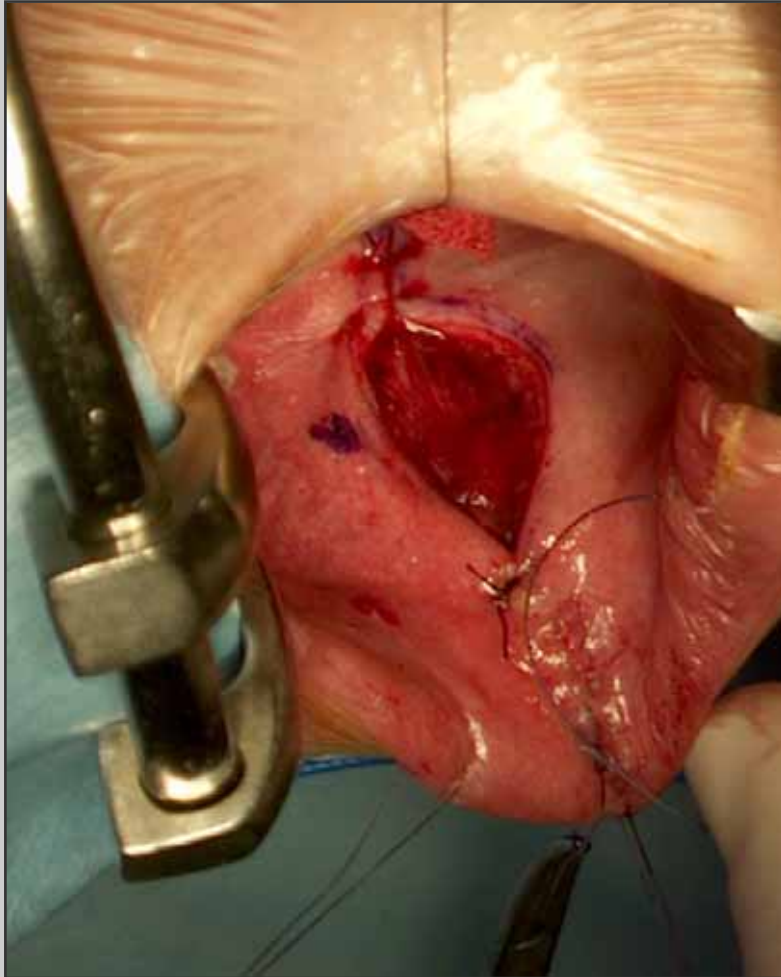
The harvesting site is underlined



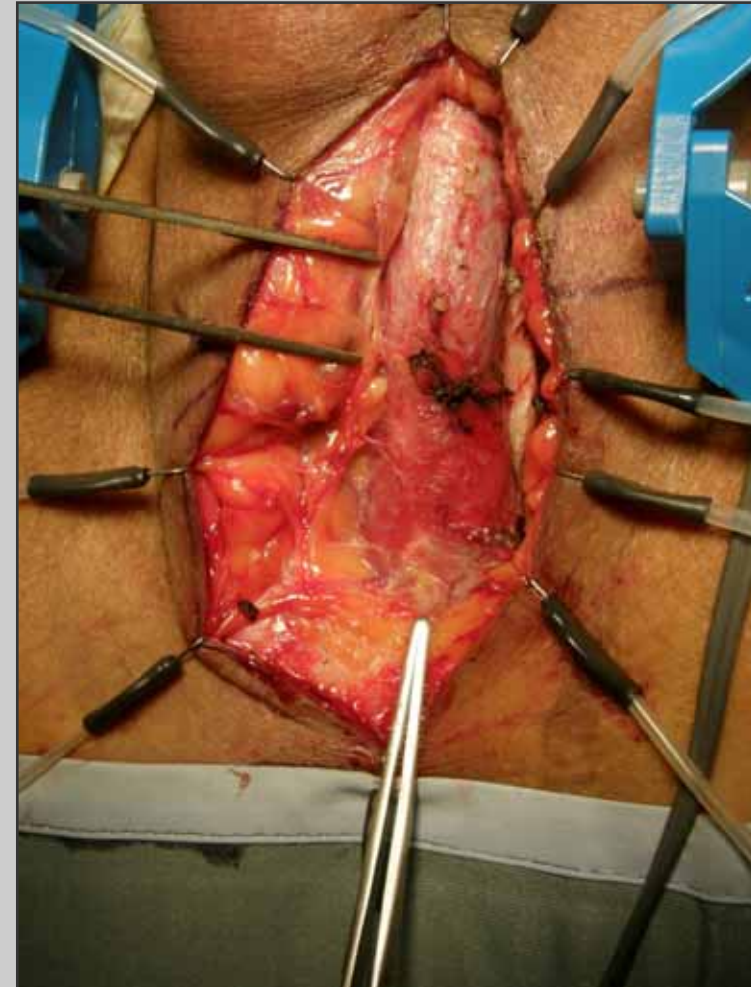
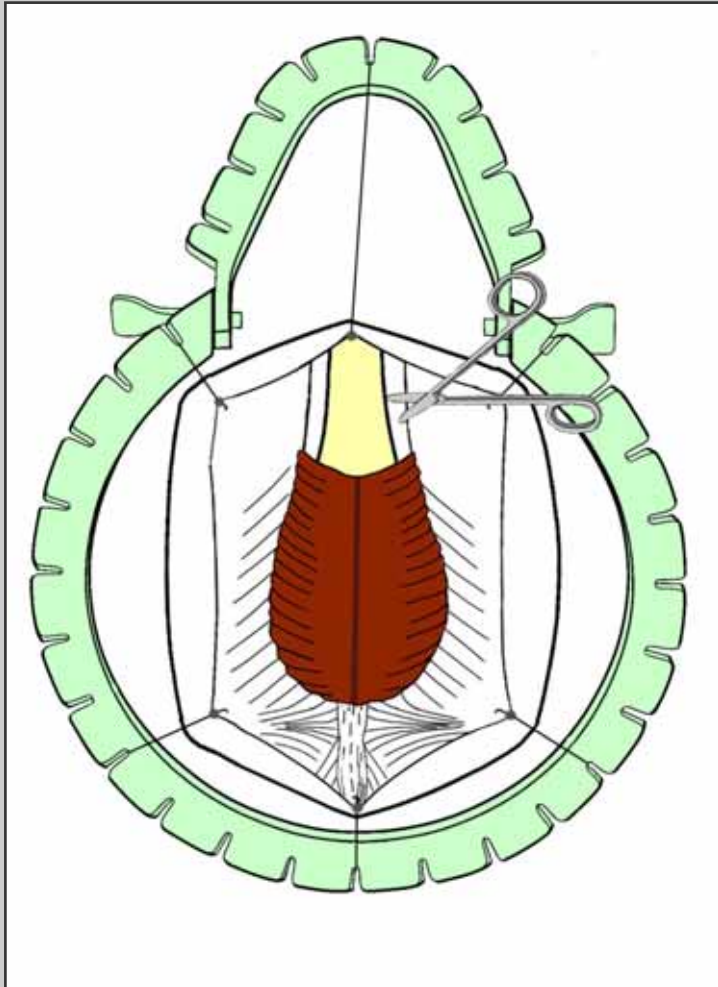
The oral mucosa is removed



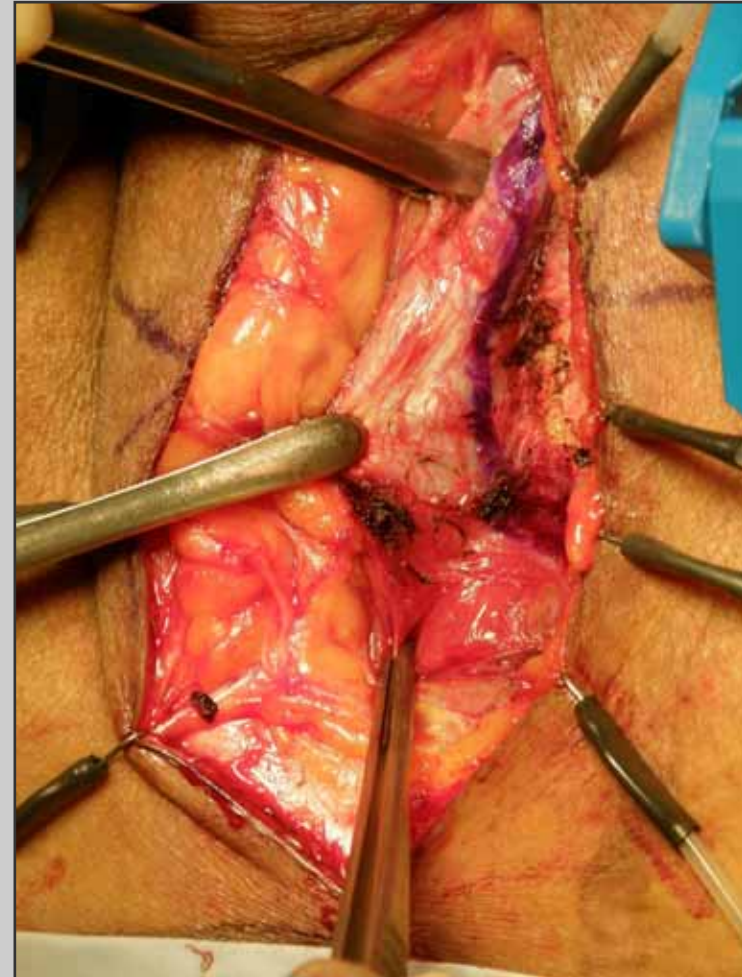
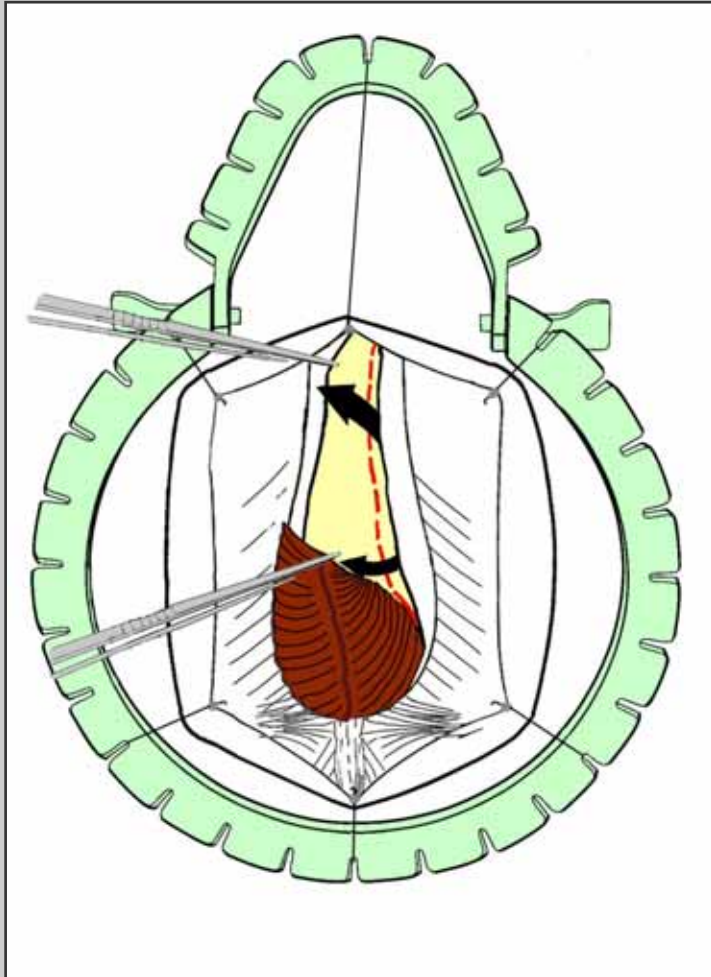
The graft is 4 cm long and 2.5 cm wide



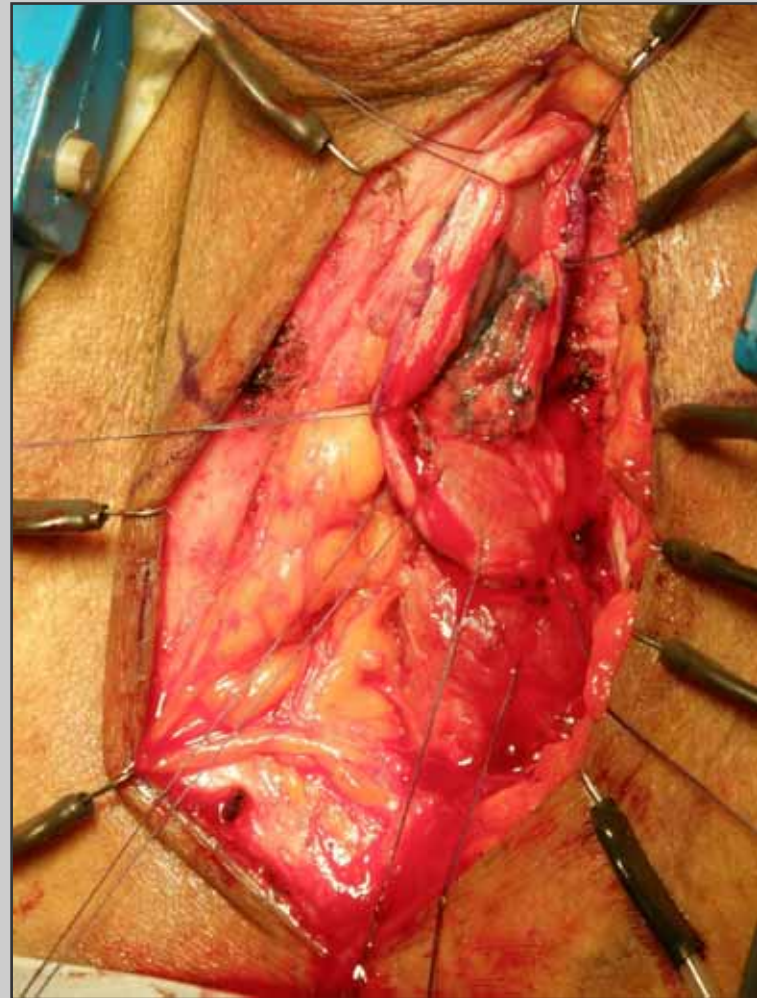
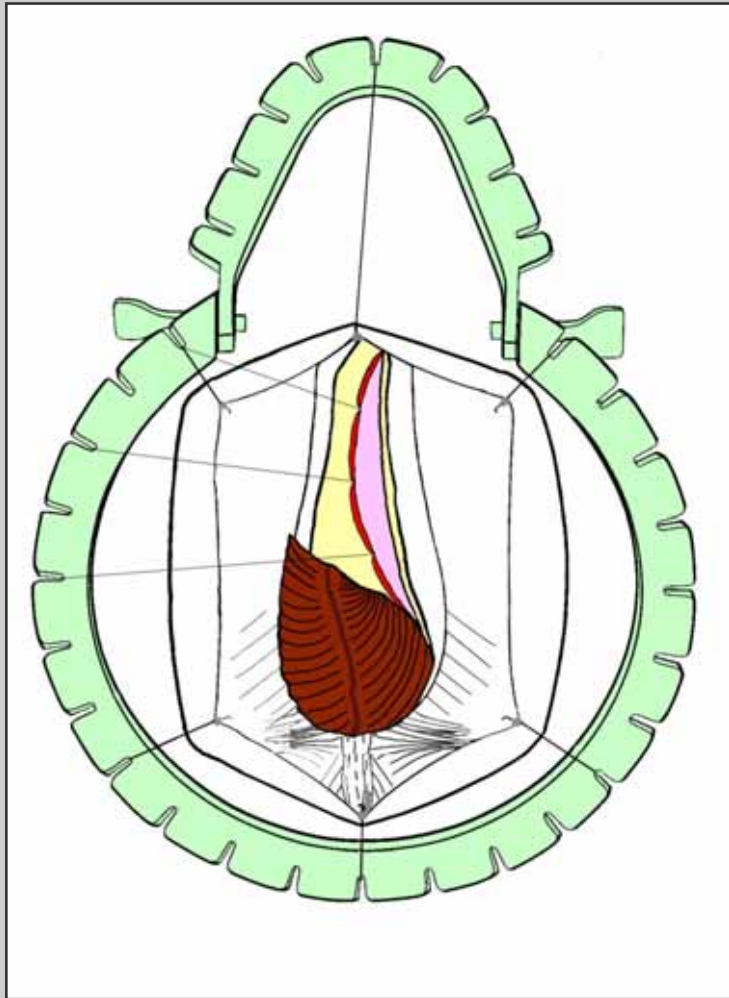
The harvesting site is closed



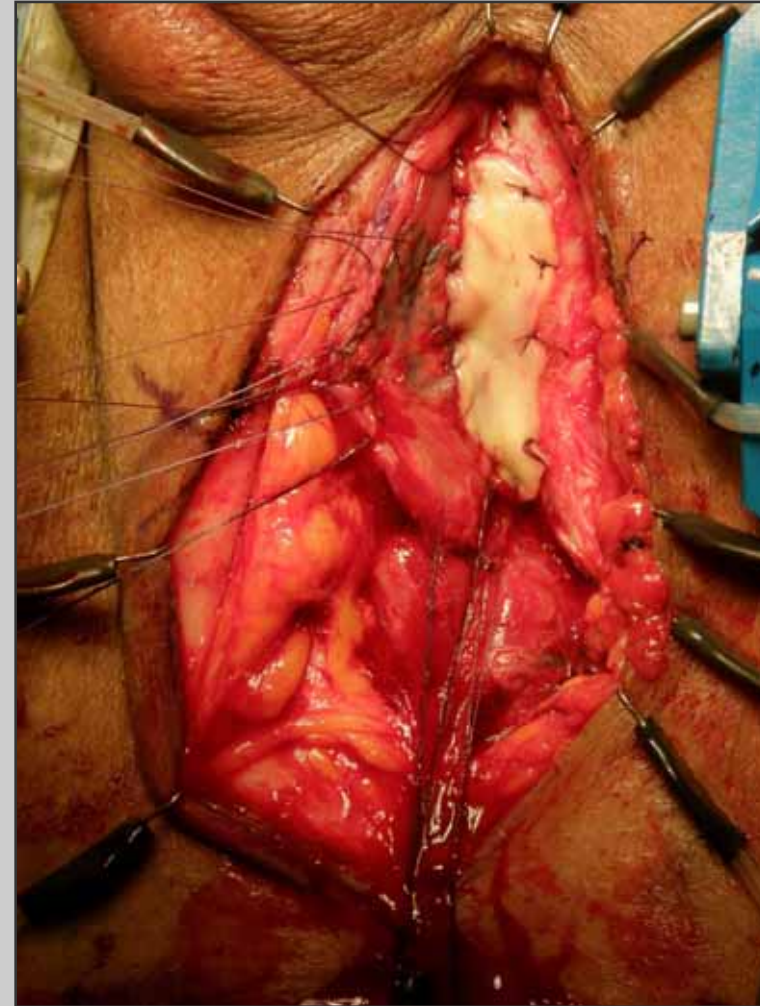
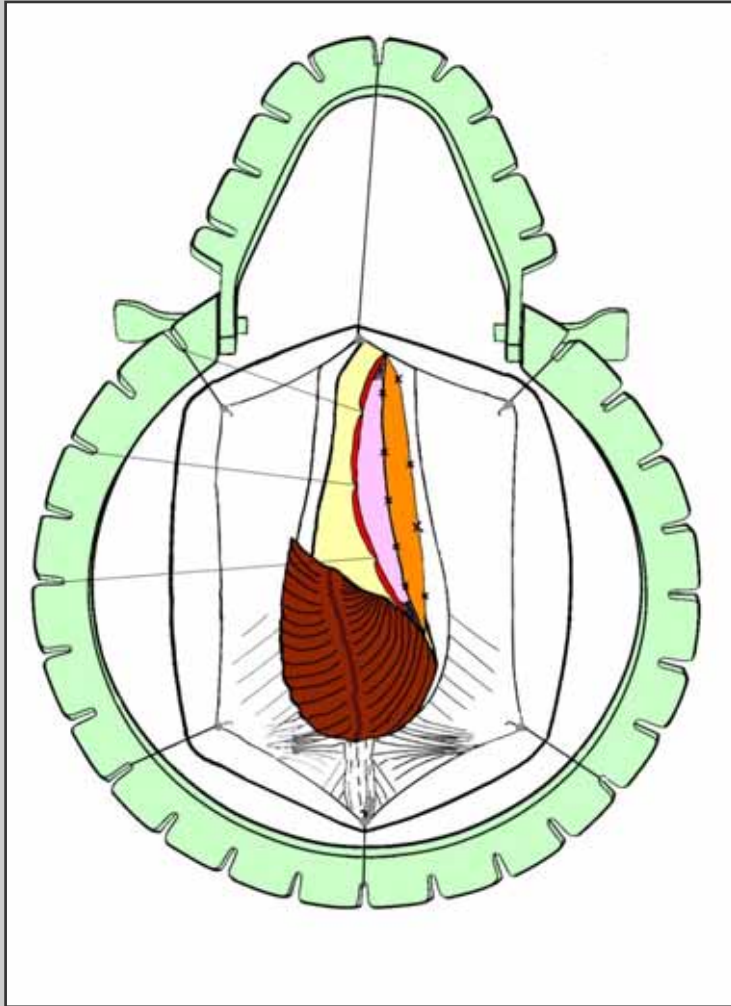
The urethra is mobilized only along the left side, leaving the bulbospongiosum muscle intact



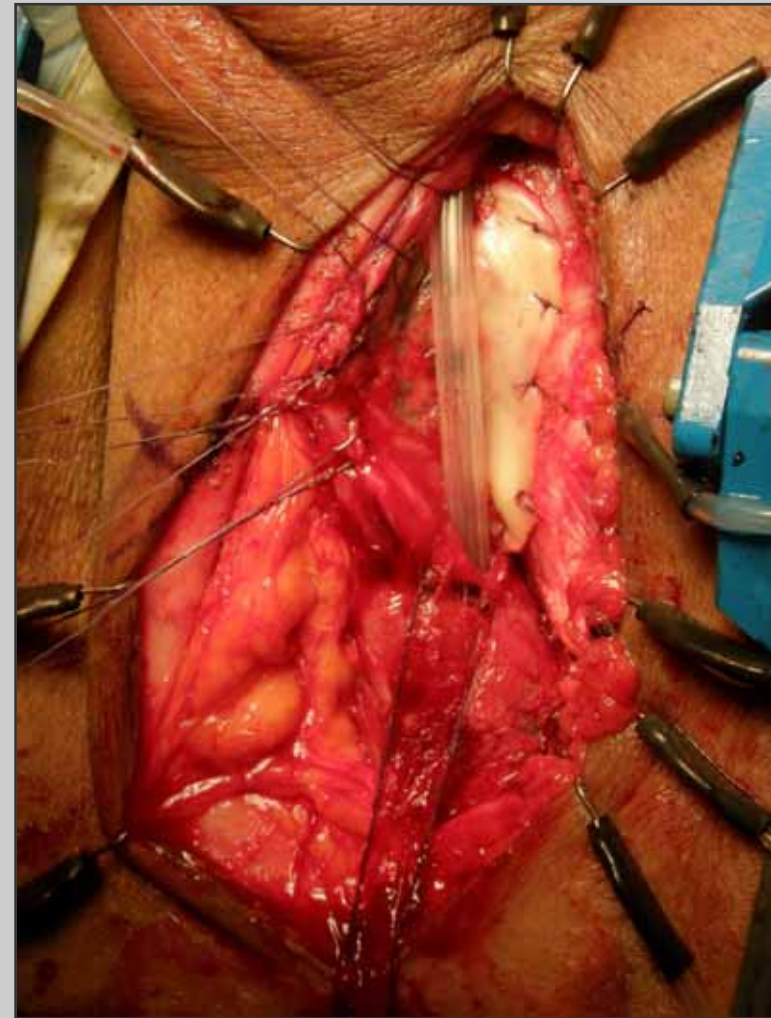
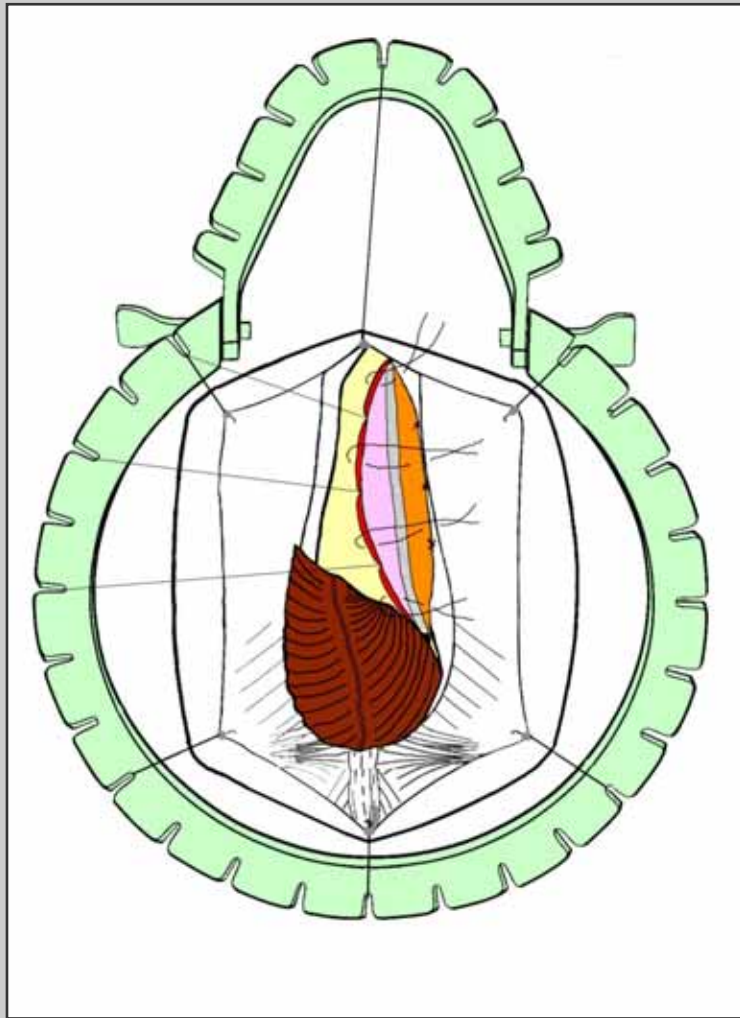
The urethra is mobilized from the corpora cavernosa only along the left side



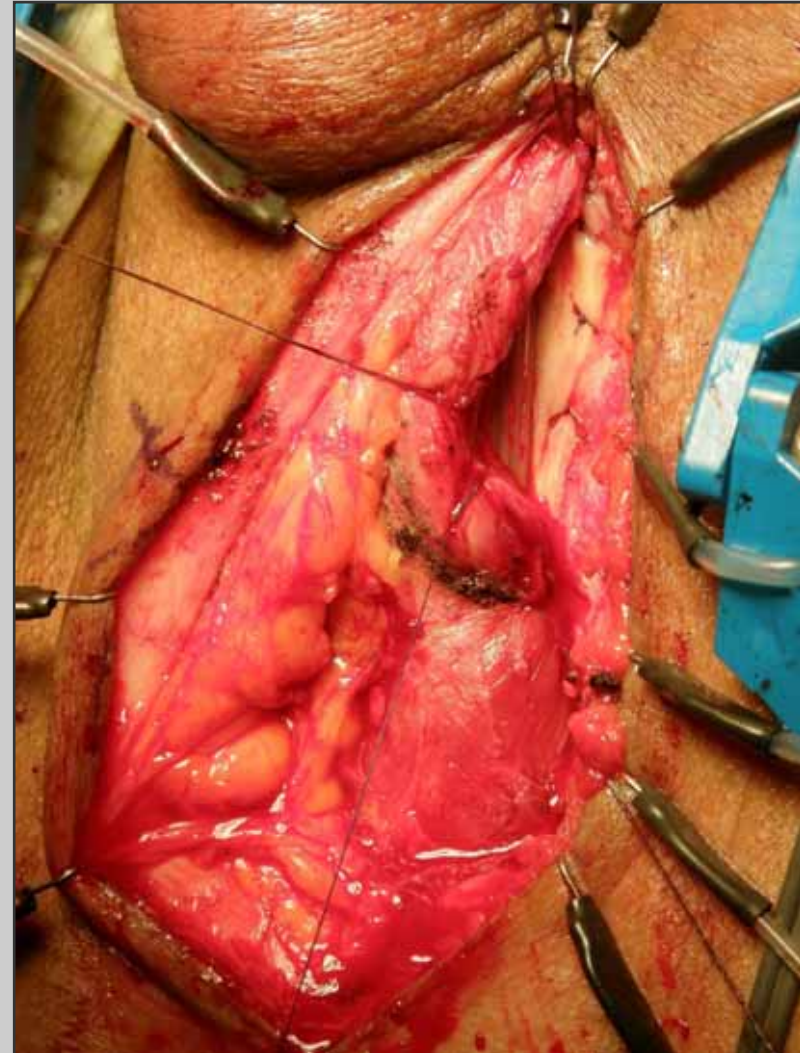
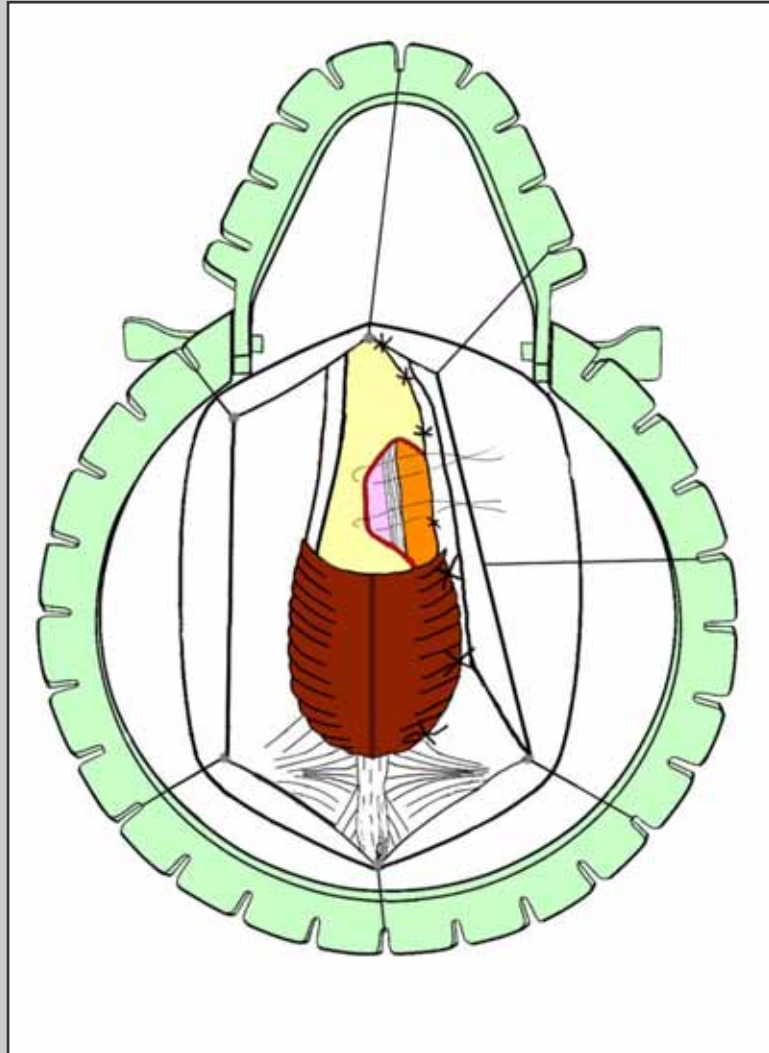
The urethra is opened along the lateral-dorsal surface



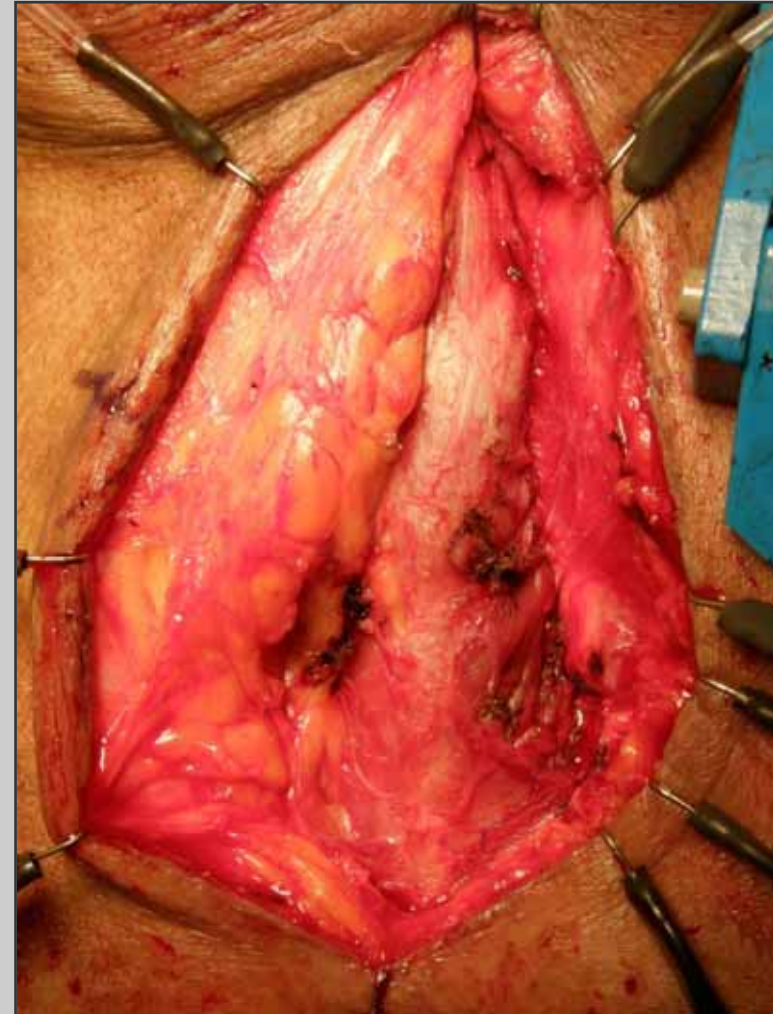
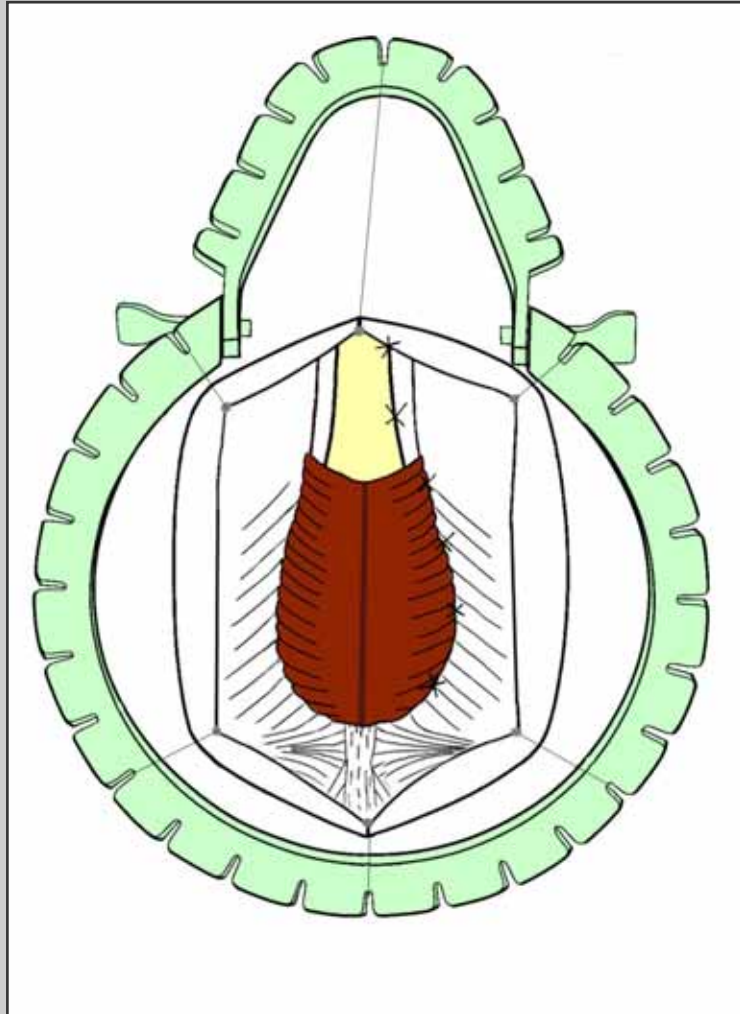
The oral graft is sutured to the corpora cavernosa and urethral plate



Foley 16 Ch silicone catheter is inserted



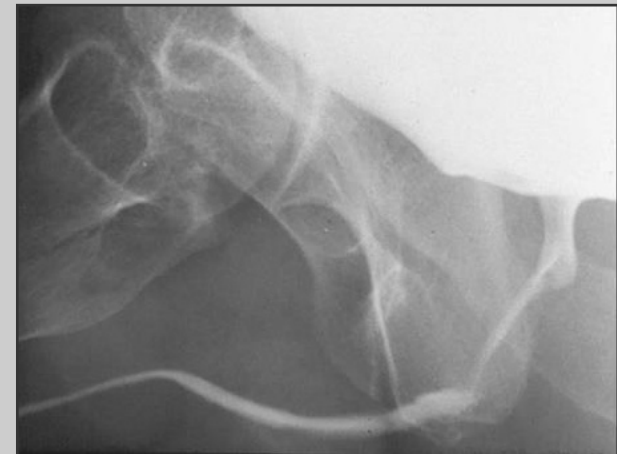
The urethra is sutured over the graft



At the end of surgery, the bulbo-spongiosum muscles are intact

Post-operative care

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



Post-operative complications

Temporary numbness or dysesthesia to the perineum