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 and 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 bulbo-spongiosum 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

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Post-operative complications

Temporary numbness or dysesthesia to the perineum