Center for Reconstructive Urethral Surgery

GUIDO BARBAGLI M.D.

Arezzo - ITALY

e-mail: info@urethralcenter.it

Website: www.urethralcenter.it
Augmented anastomotic repair using dorsal oral mucosal graft
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Bulbar urethra
Augmented anastomotic repair using dorsal oral mucosal graft

Surgical technique: step by step
Preparation of the patient

Simple lithotomy position
Preparation of the patient

Allen stirrups with sequential inflatable compression sleeves
Augmented anastomotic repair using oral graft

2 - 4 cm bulbar urethral stricture
Two surgical teams work simultaneously
Two sets of surgical instruments

Oral mucosa

Urethroplasty

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Appropriate mouth retractor

Only one assistant is needed to harvest the oral graft
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.
The distal extent of the stenosis is identified and outlined.
The urethra is dissected from the corpora cavernosa
The urethra is transected at the stricture level
The distal and proximal urethral ends are mobilized from the corpora cavernosa
The distal and proximal urethral ends are fully spatuled along the dorsal surface.
Two ml of fibrin glue are injected over the urethra
The buccal mucosal graft is applied over the fibrin glue
The distal and proximal urethral edges are sutured to the apices of the graft
The distal urethra is pulled down and the proximal urethra is pulled up to cover the graft.
The distal and proximal urethral edges are sutured together along the midline as an end-to-end anastomosis.
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

- Three 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%)