

# Center for Reconstructive Urethral Surgery



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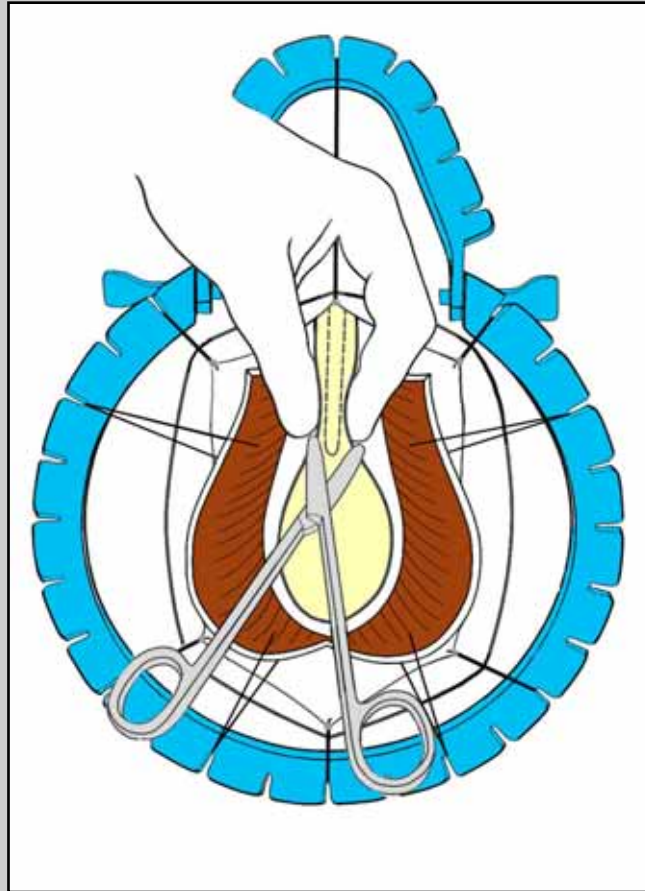
# **Augmented anastomotic repair using dorsal oral mucosal graft**

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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**



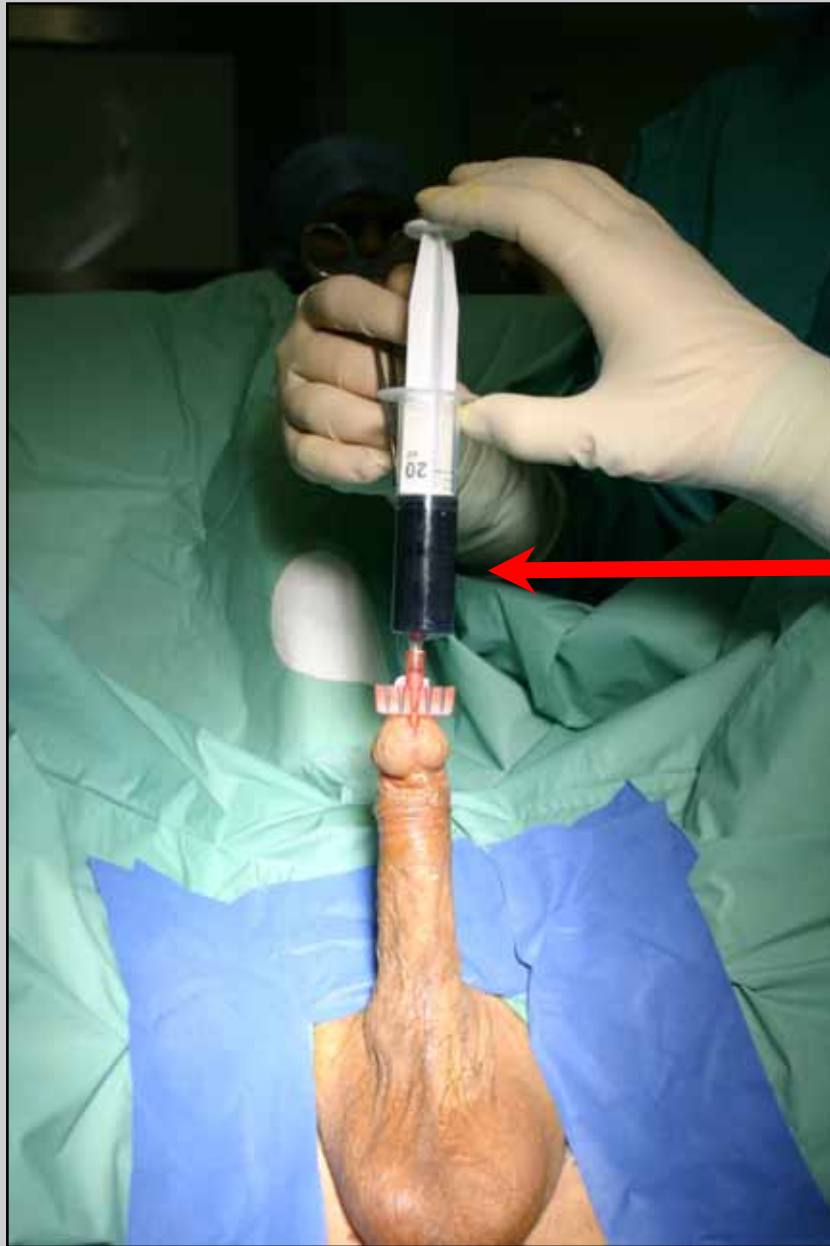
**Urethroplasty**



**Appropriate mouth  
retractor**



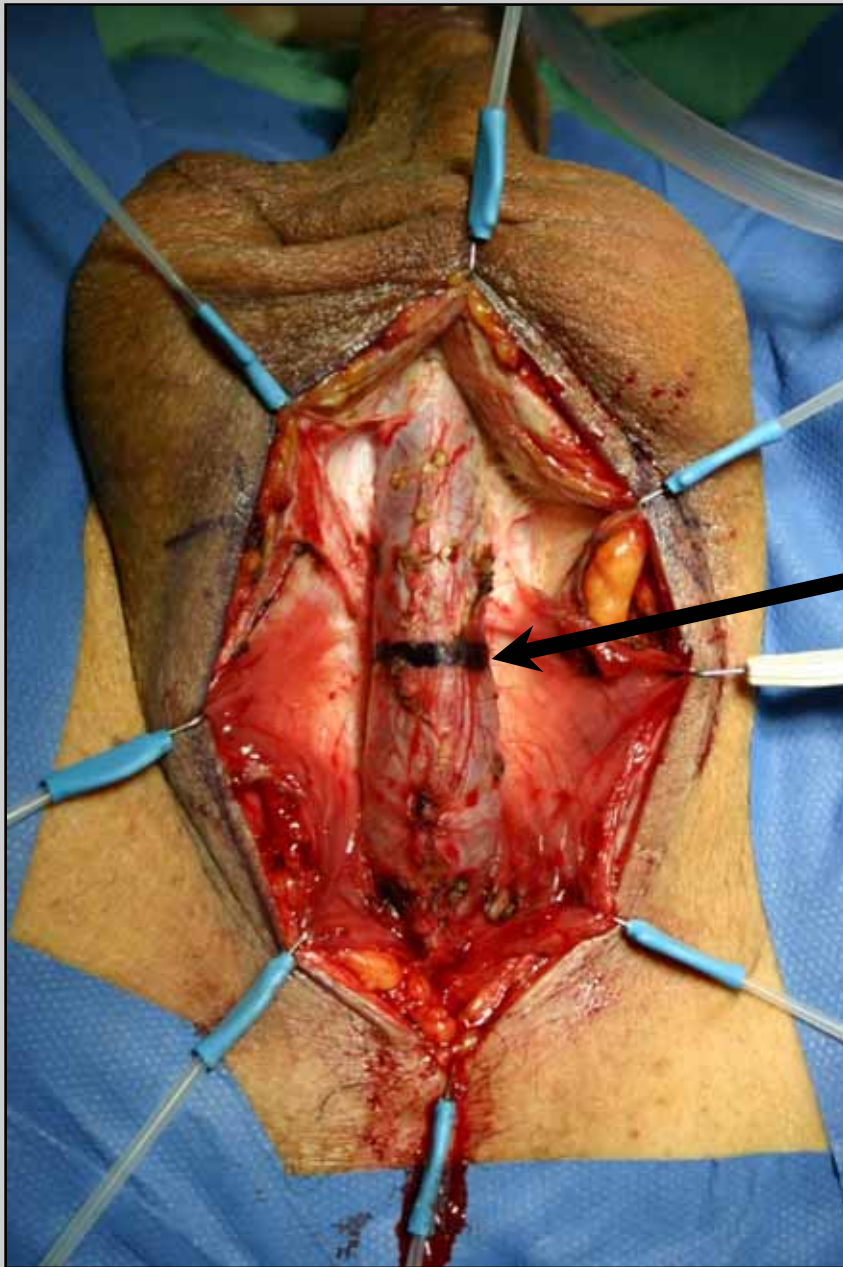
**Only one assistant is needed  
to harvest the oral graft**



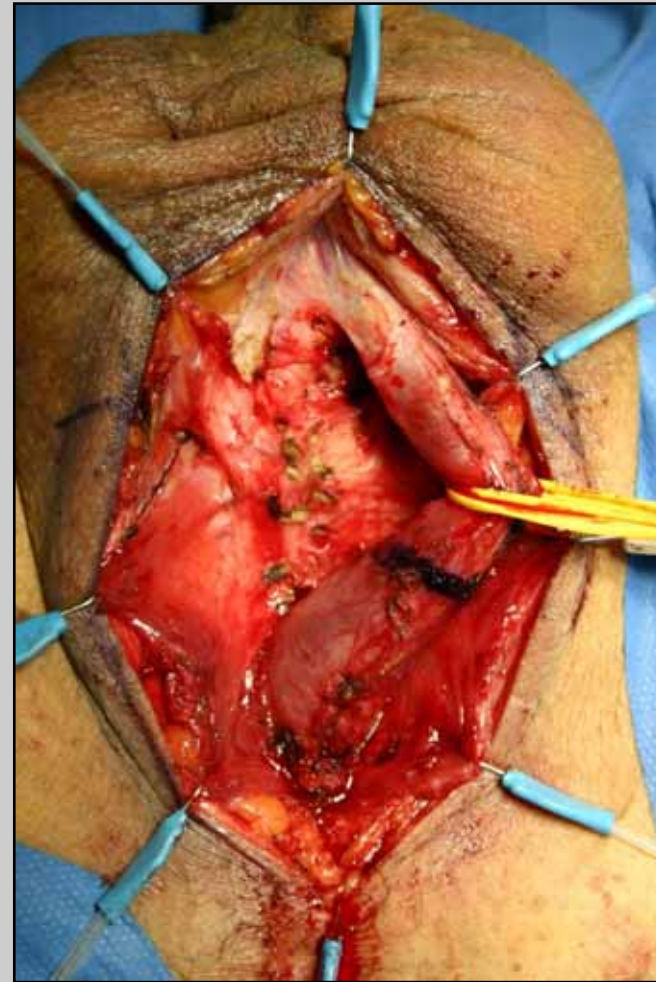
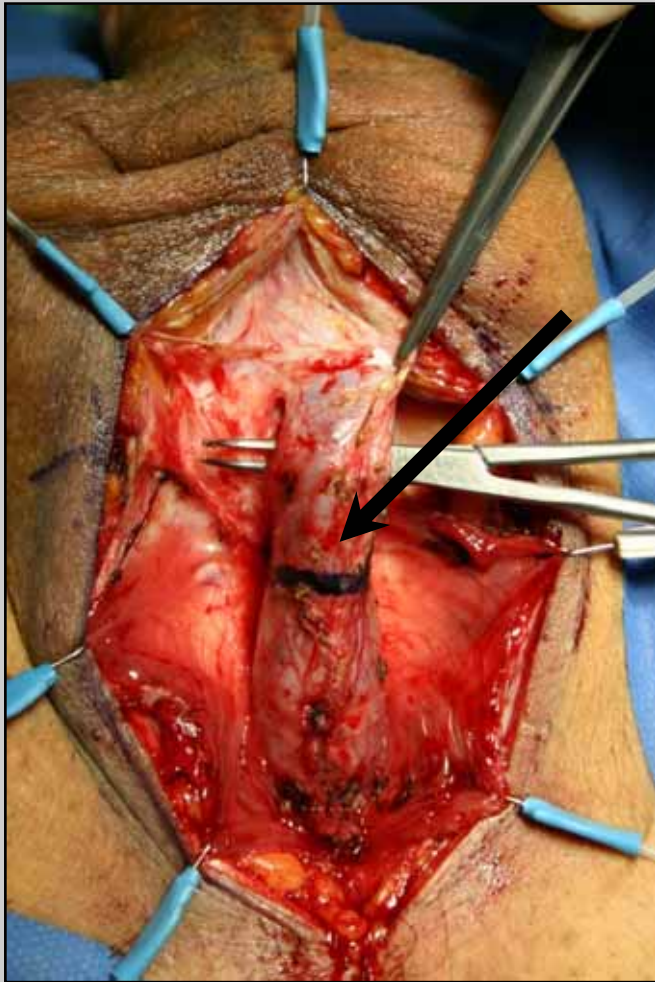
**Methylene blue is injected  
into the urethra**



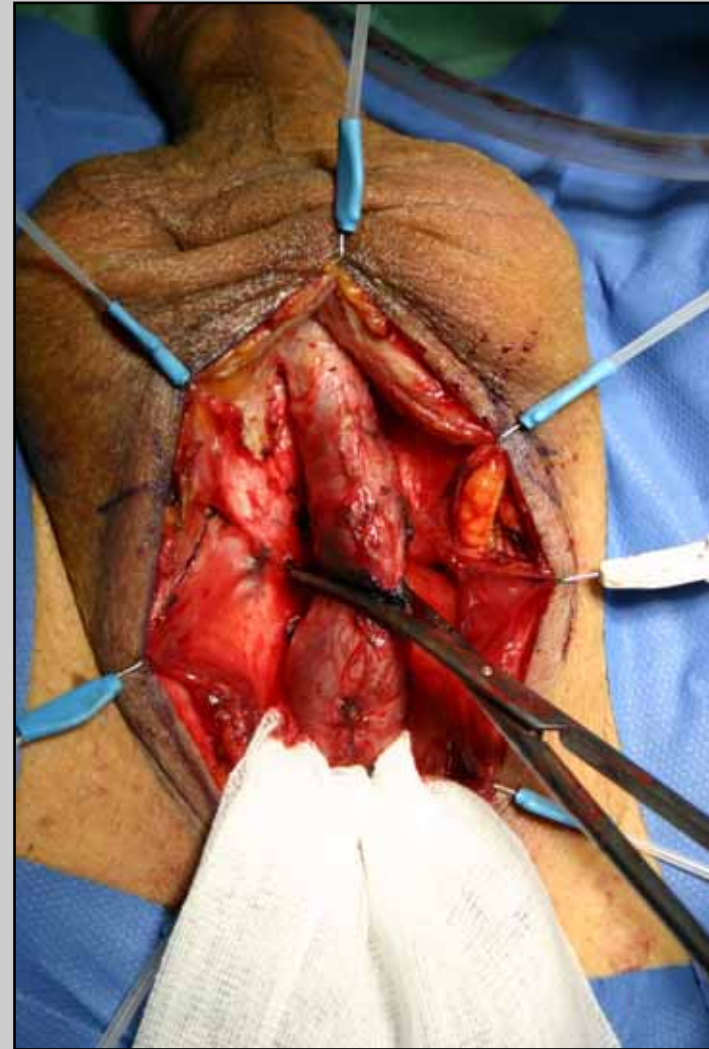
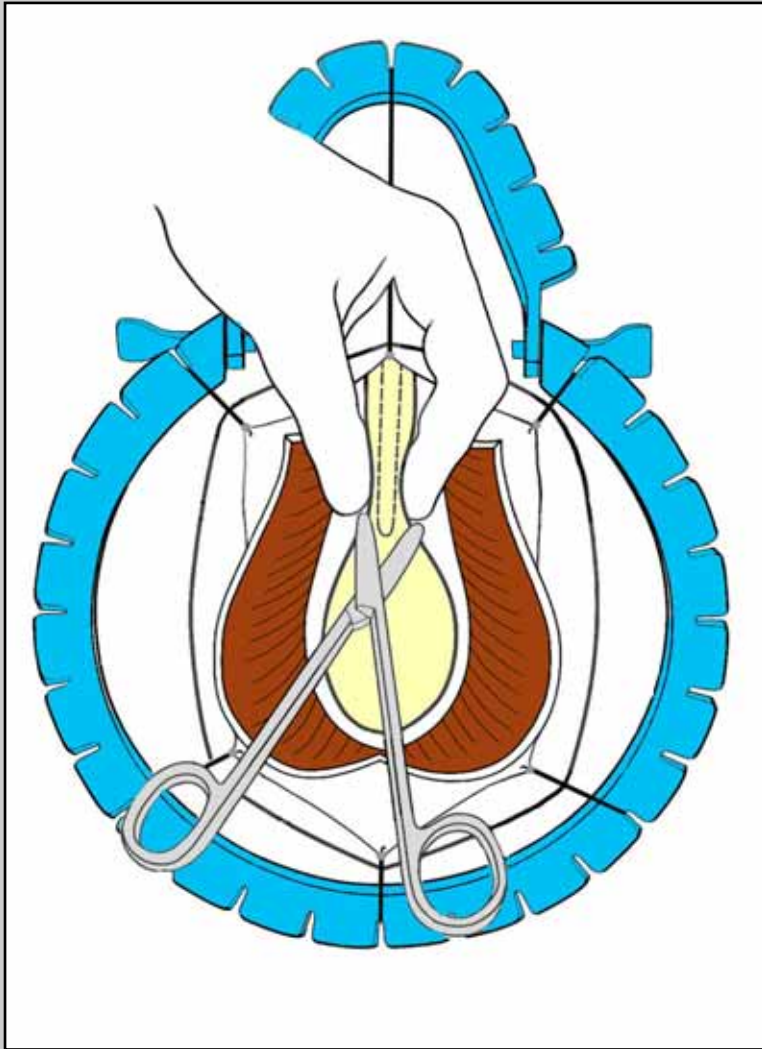
**The distal extent of the stenosis is identified by inserting a 16-French catheter with a soft round tip**



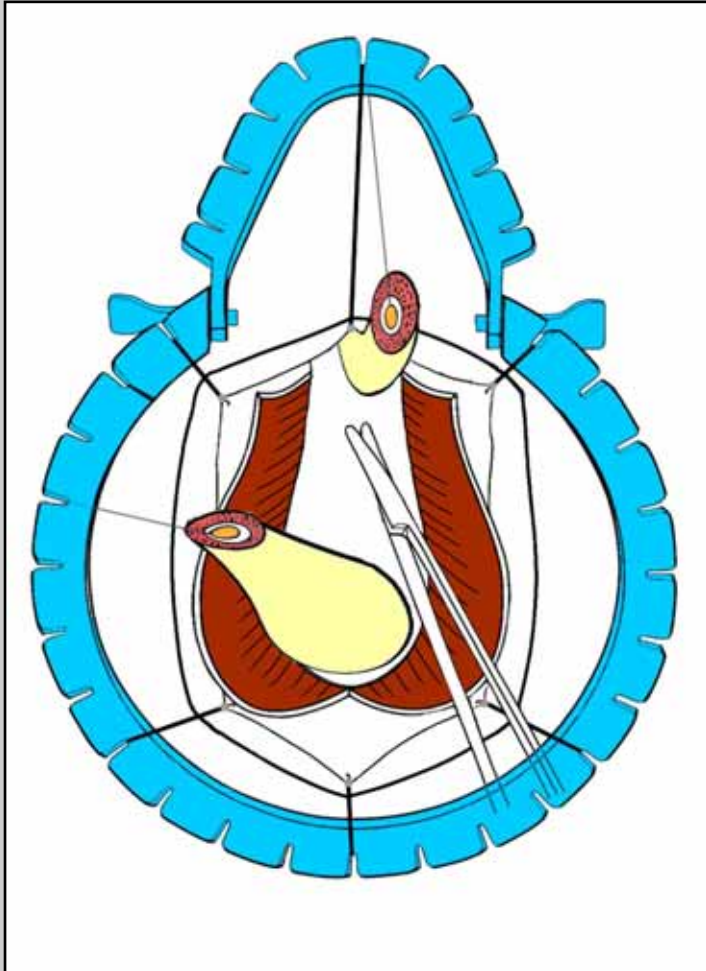
**The distal extent of the  
stenosis is identified and  
outlined**



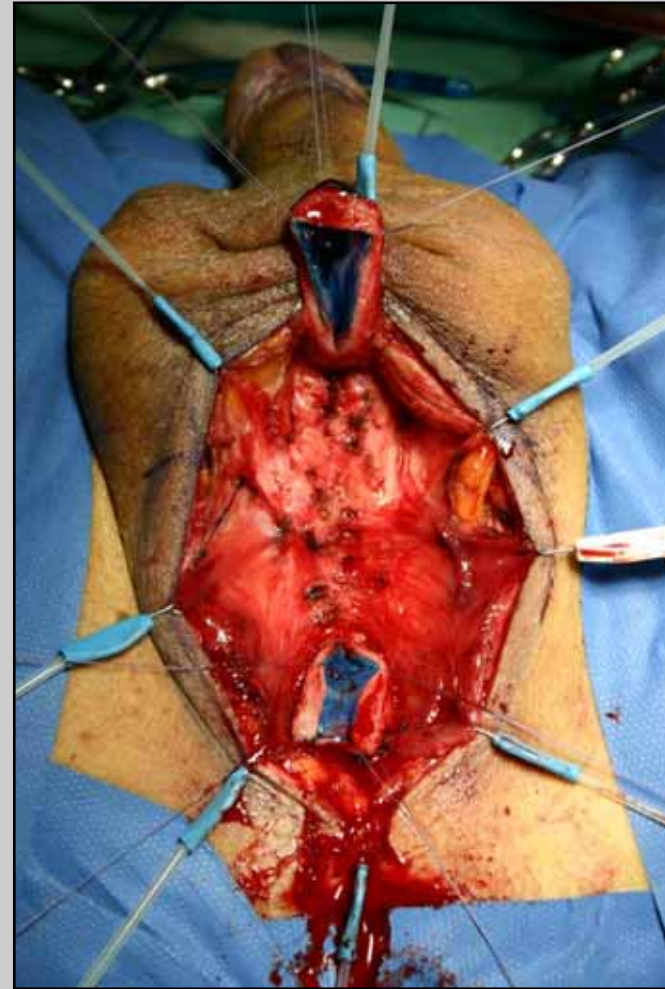
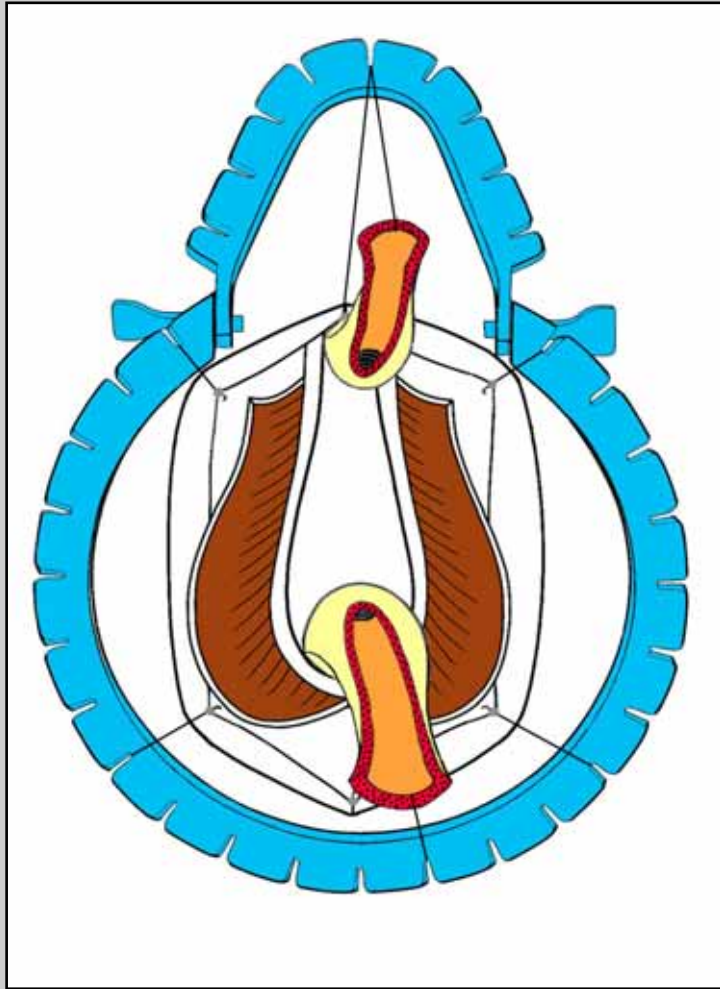
**The urethra is dissected from the corpora cavernosa**



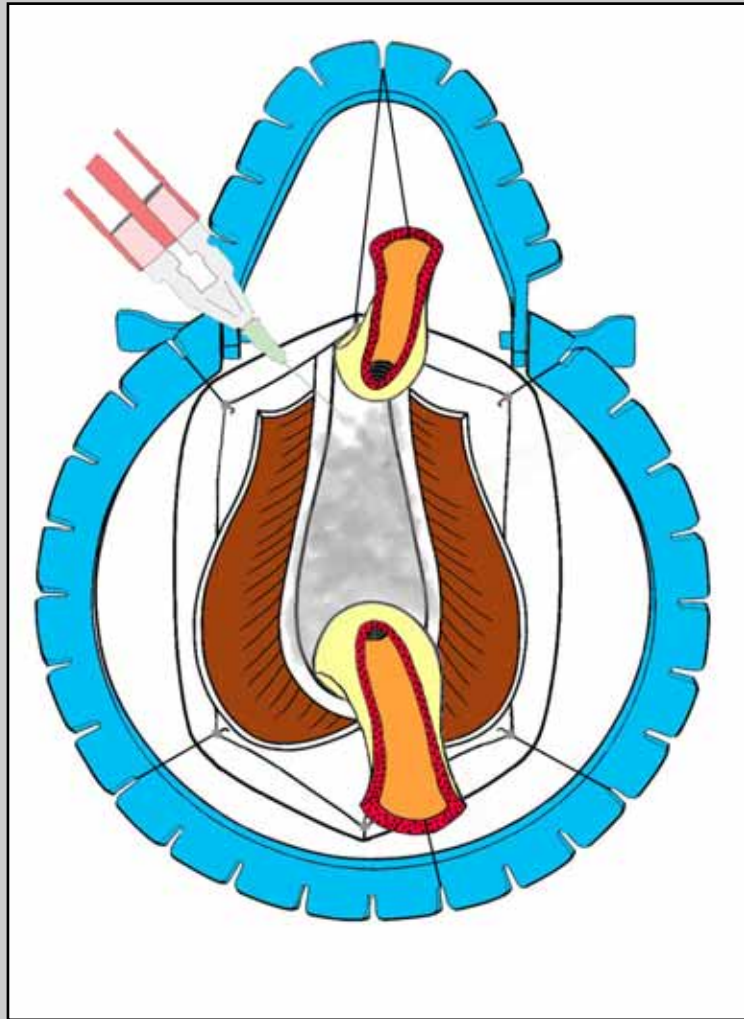
**The urethra is transected at the stricture level**



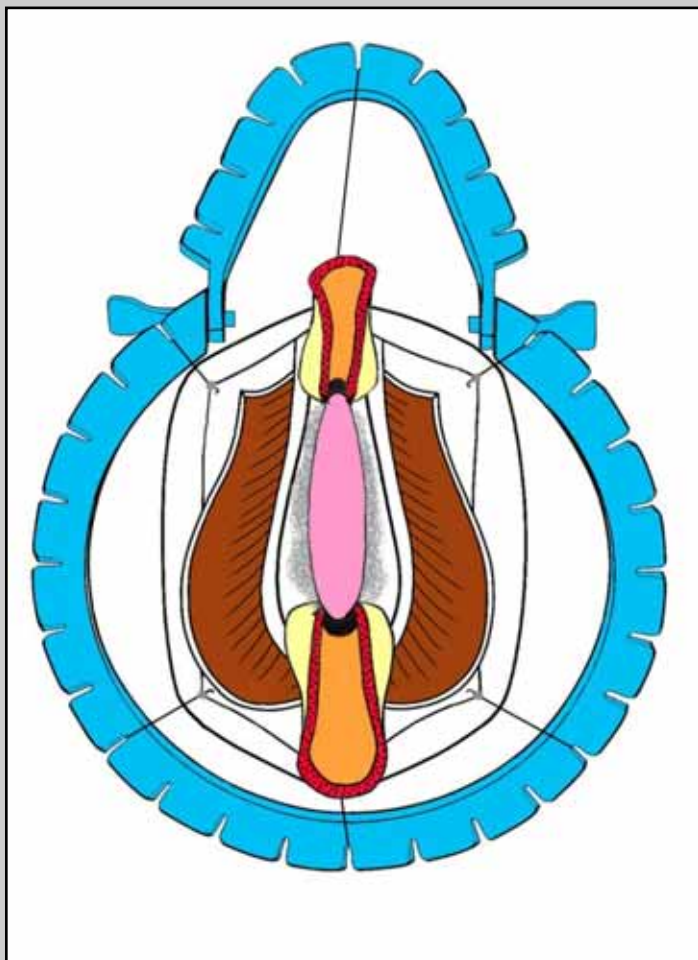
**The distal and proximal urethral ends are mobilized from the corpora cavernosa**



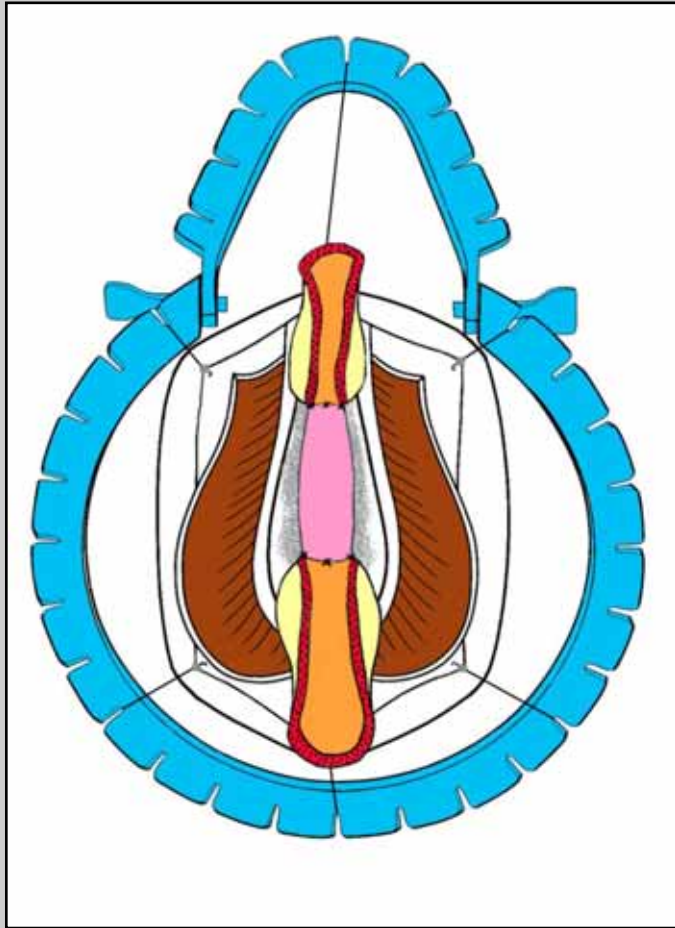
**The distal and proximal urethral ends are fully spatulated along the dorsal surface**



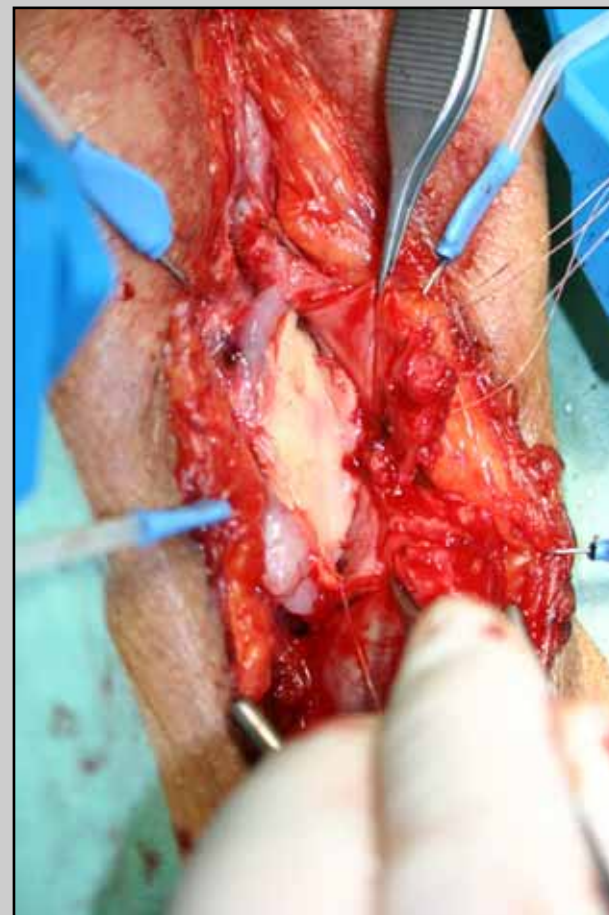
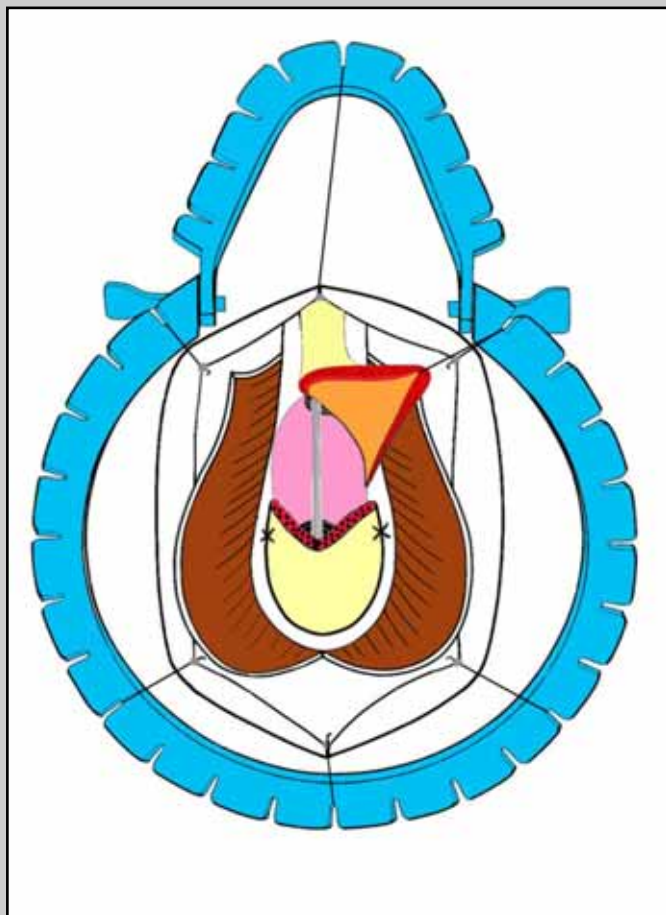
**Two ml of fibrin glue are injected over the urethra**



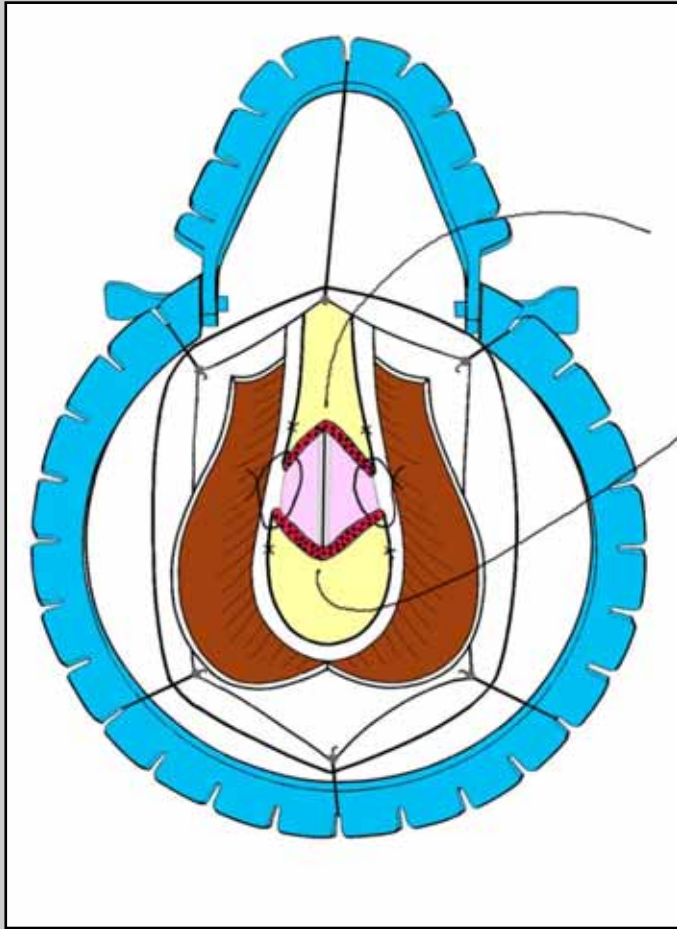
**The buccal mucosal graft is applied over the fibrin glue**



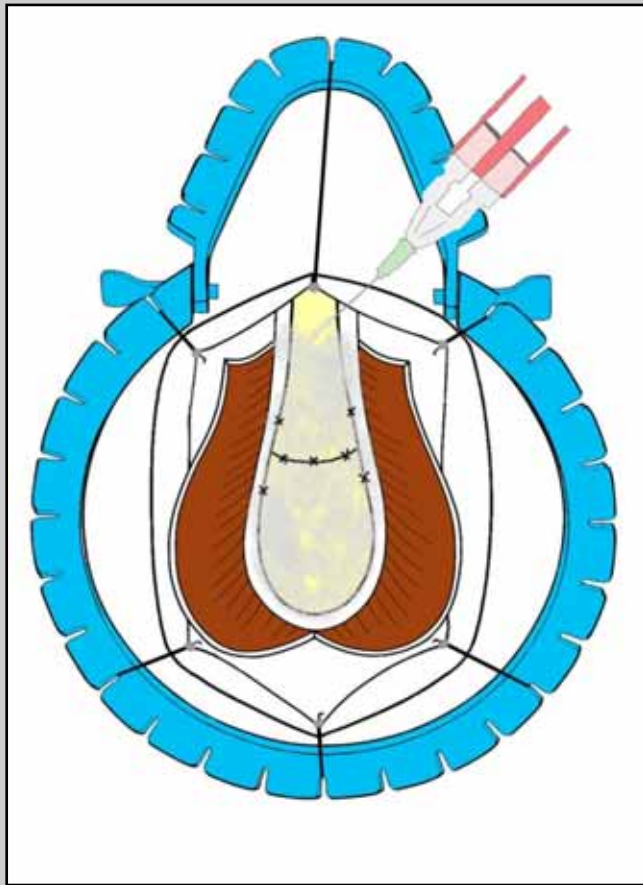
**The distal and proximal urethral edges are sutured to the apices of the graft**



**The distal urethra is pulled down and the proximal urethra is pulled up to cover the graft**



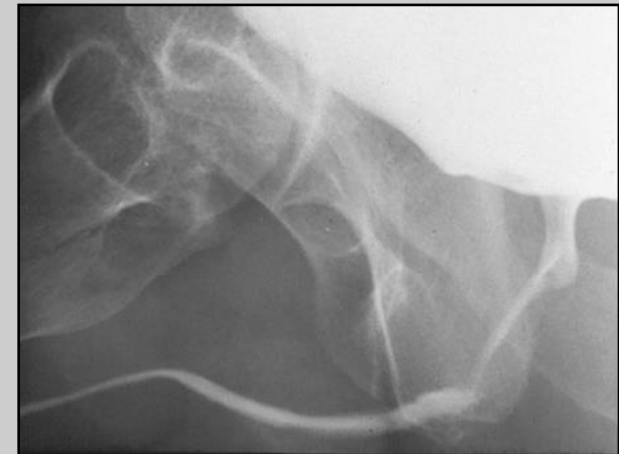
**The distal and proximal urethral edges are sutured together along the midline as an end-to-end anastomosis**



**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%)**