

Bulbous Urethroplasty

球狀尿道整型術

Introduction

Bulbous urethra refers to the portion of urethra beneath the scrotum, which is vulnerable to trauma. When the urethral injury heals with scar, it slowly contracts and becomes stricture. Other causes of bulbous urethral stricture include iatrogenic and idiopathic causes. Bulbous urethroplasty is open reconstruction of the bulbous urethra to restore its continuity and patency of the urethra.

The procedure

1. **Anastomotic urethroplasty:** if the length of urethral stricture is less than 2cm, the stricture part can be resected and healthy urethra can be joined back together
2. **Augmented anastomotic urethroplasty:** if there is severe fibrosis of the urethra and the length of stricture is more than 2cm, after resecting the fibrotic part, the gap needs to be filled with a buccal mucosal graft and the healthy part can be joined together
3. **Substitution urethroplasty:** if the length of stricture is too long, stricture is opened and a buccal mucosal graft is patched to extend the diameter of the urethra

Risk

General complications

- Bleeding and haematoma, usually are self-limiting
- Urinary tract infection
- Wound infection

Procedure Specific complications

- Post void dripping of urine. Patient can try maneuver such as perineal message to reduce post void drip
- Urethral diverticulum / saccule due to ventral placement of buccal mucosal graft
- Recurrence stricture
- Erectile and ejaculatory dysfunction

- Complications from the harvest site:
 - Degree of tightness with mouth opening
 - Hairline scar or ridge inside cheek
 - Bleeding
 - Numbness of lower lip
 - Problems with denture fitting

Preparation before the procedure

- Urine will be saved for culture and any urinary tract infection needed to be treated before surgery.
- If the stricture is too severe and results in urinary retention, suprapubic catheter is required to drain the bladder before surgery

Care after the procedure

- Hospital stay usually will be around one to two days
- The drain will be removed within one to two days after operation
- No need to take off the stitches
- Urethral catheter will be kept for around 3 weeks, usually a peri-catheter urethrogram will be performed before the removal of catheter

Follow up

Patient will be followed up in the clinic and flow rate will be checked regularly. If symptoms recur, more investigations include cystoscopy or urethrogram will be needed.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.