

# **Urologic Surgical Associates of Delaware**

## ***Specializing in Robotic Surgery***

### **Urethral Stricture Disease**

Urethral stricture disease is a scarring of the urethra (the tube that carries urine from the bladder out of your body, through the penis in men). Scarring of the urethra is unusual in females but it is a relatively common problem in men. Urethral stricture disease in men can cause a relative blockage to the bladder resulting in difficulties emptying the bladder. There may be significant urinary symptoms associated with this problem but sometimes it is surprisingly lacking in symptoms. If untreated, the scarring can cause obstruction to the point of urinary retention (complete inability to empty the bladder).

Cystoscopy and Optical Internal Urethrotomy (C/OIU) is the simplest way of treating urethral stricture by performing a transurethral resection of the stricture, C/OIU. Using a special telescopic electric knife which allows an excellent view of the stricture channel, we are able to remove the part of the stricture which is blocking the channel. The entire stricture is NOT removed in this operation, but only that portion which is obstructing the channel. The procedure requires spinal or general anesthesia and takes approximately 30 minutes to complete.

### **Foley Catheter**

After cystoscopy and optical internal urethrotomy a tube or 'Foley catheter' will be placed through your penis, through the stricture channel and into your bladder. It is held in position by a small balloon at the end of the tube which is inflated after it is placed. This tube or 'catheter' that is in the bladder is very important for your early post-operative recovery. It essentially puts the bladder and stricture at rest, and if there is any bleeding it allows the blood to come out immediately rather than staying in the bladder to form clots. Occasionally clots may form and the tube may stop draining. A special syringe with water can be used to hand irrigate the catheter to free it of clots. Hand irrigation might be somewhat uncomfortable, but necessary to clear any plugging of the channel and allow the urine to flow.

### **Clean Intermittent Catheterization**

After C/OIU we will generally leave the catheter in place 2-3 weeks and remove the catheter in the office. We also recommend that you then self catheterize (placing a catheter through your own penis until it enters the bladder). Self catheterizing is also called continuous intermittent catheterization (see our brochure on CIC and suprapubic tubes). Performing CIC helps keep the stricture open. We recommend CIC once a day for a month, then every other day for a month, then once a week for a month. A stricture is scar tissue and when you incise, cut, laser, or stretch open scar tissue it simply heals with more scar tissue. If you can get the scar tissue to heal in an open fashion by leaving a catheter in place for 1-2 weeks and then performing CIC the stricture may stay open. It is common to have to repeatedly treat the stricture with C/OIU to manage a

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stricture. Some patients require C/OIU on an annual or even more frequent basis. Some patients have such severe stricture disease that as soon as the catheter is removed the stricture closes such that a catheter cannot easily be placed back through the stricture. Such patients may require a suprapubic tube (see our brochure on CIC and suprapubic tubes) or open reconstruction called urethroplasty.

## **Urethroplasty**

Urethroplasty is an open surgery through an incision in the perineum (the area between the scrotum and rectum). Uretroplasty can be performed by Dr. Schanne in some cases for patients who prefer not to travel out of state but the two closest fellowship-trained reconstructive urologists who specialize in urethroplasty are Dr. Michael Metro in Philadelphia, PA and Dr. Jerry Jordan in Norfolk, VA. We are happy to help you secure an appointment with Dr. Metro or Dr. Jordan.

In some cases uretheroplasty involves simply excising the diseased section of urethra containing the scar or stricture and then reconnecting the two ends of urethra. In most cases, however, the stricture is long enough that the diseased or scarred section needs to be replaced by a graft. The graft is a piece of your own tissue harvested from a piece of lining of the inside of your mouth (buccal mucosa) or some of your redundant foreskin or a piece of fascia. However the reconstruction is accomplished with a foley catheter through the penis and into the bladder and is generally left in place for 6 weeks. Even with open urethroplasty it still has a risk of stricture recurrence.