

## Smart Communications (SC61–SC67)

### Urethral Surgery

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SC61	Lipofilling: A new surgical technique for treatment of giant female urethral diverticula
SC62	Management of female urethral strictures
SC63	Minimal invasive technique for dorsal female urethroplasty by asopa procedure
SC64	Uventa urethral stents: Are we taking a step forward? the first clinical series
SC65	Repair of sphincter urethral strictures preserving urinary continence: Surgical technique and outcomes
SC66	Prerectal-Transperineal approach for treatment of recurrent anastomotic strictures after radical prostatectomy
SC67	The effect of annual hospital volume on perioperative outcomes after urethroplasty

#### SC61 Lipofilling: A new surgical technique for treatment of giant female urethral diverticula

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**Aim of the study:** To report our surgical and functional outcomes after surgical correction of giant female urethral diverticula with lipofilling technique.

**Materials and methods:** This is retrospective study based on patients treated between 2018 and 2019 with giant symptomatic urethral diverticula. Dysuria, urinary tract infection, pain, dyspareunia, vaginal mass was major symptoms. The diverticula were related to unknown causes in 1 patient and were iatrogenic in the other 2 subjects, after gynecological surgery.

**Results:** We present our experience with the lipofilling technique which is normally used in plastic surgery by the injection of adipous tissue harvested from the abdomen in order to fill out tissue lack after the excision of diverticula. Three patients were treated. The intervention was based on the following steps : 1) surgical excision of the diverticulum with urethral opening in the site of the diverticulum neck 2) urethroplasty 3) lipoaspiration 4) lipofilling After surgery every patient had an indwelling catheter for 30 days. Patients had a normal return to micturition after the catheter removal with improvement of all their symptoms. The voiding cystourethrography at catheter removal demonstrated a good urethral profile with no evidence of fistula.

**Discussion:** Since its introduction, lipofilling has become increasingly popular. Several modifications have been made to the procedures of fat harvesting, processing, and injecting. The clinical applications of autologous fat grafting include correction of defects and for augmentation in aesthetic surgery. The complications of lipofilling are minimal and include bruising, swelling, pain, infection, necrosis, and calcification. Autologous fat can be harvested by relatively simple procedure, and it is completely biocompatible and available in large quantities. We use lipofilling to correct perineal defect and to secure the urethroplasty and avoid urethral fistula. Lipofilling is a promising tool that could help in cases of a big lack of tissue also urethral surgery.

It could also be used primarily as an adjunct procedure to implants based reconstruction to optimize the outcomes.

#### SC62 Management of female urethral strictures

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**Aim of the study:** After vaginal flap urethroplasty using the ventral approach, ventral labial graft, dorsal vaginal graft and dorsal buccal mucosal graft urethroplasty, success rates ranged between 57.1 to 100% in literature. The data continue to be inadequate to recommend one technique over another, and while it is unlikely that long-term randomized studies will ever be feasible because of the rarity of stricture in women, further reporting of case series will help to clarify which technique is associated with the best long-term outcomes. To report our surgical and functional outcomes for treatment of female urethral stricture (FUS).

**Materials and methods:** From 2017 to 2018 a total of 16 women underwent urethroplasty for FUS. The cause of US was unknown in 5 patients and iatrogenic in 11 patients. 10 patients with distal US underwent dorsal buccal mucosa graft urethroplasty. Based on recent literature, due to the urethral sphincter three-dimensional reconstructions and the important relationship of the US to the levator ani muscle, we managed the distal urethral stricture with a dorsal urethroplasty and the proximal US with ventral urethroplasty, to avoid incontinence. Six patients with proximal US underwent ventral flap vaginal mucosa urethroplasty. Voiding cystourethrography was made 3 weeks after surgery only in the 6 patients who underwent ventral urethroplasty.

**Results:** Sixteen women were included and were followed for a mean follow up of 16 (12–28) months. Mean age 45 yrs (range 30 to 65). Mean operative time was 60 min (45–90). All patients restored urinary flow, 4 patients who underwent dorsal buccal mucosa graft urethroplasty had urge incontinence for 3 months, treated conservatively. Voiding cystourethrography was restored in all 6 patients after the