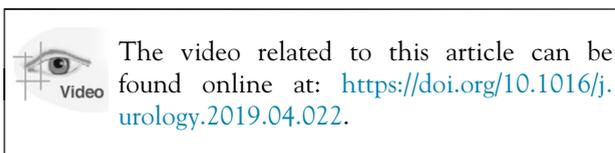


Dorsal Buccal Mucosal Graft Urethroplasty for Vesico-Urethral Anastomotic Stricture Postradical Prostatectomy



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OBJECTIVE	To introduce a new technique using dorsal buccal mucosal graft (BMG) for the repair of refractory vesico-urethral anastomotic stricture/stenosis (VUAS) postopen radical prostatectomy.
METHODS	Patients demographics, preoperative continence status, number of dilations, and urine flow preoperatively and postoperatively were collected. Using perineal incision, after dissection of bulbar urethra, a dorsal dissection carried out underneath the pubic bone. The urethra was opened dorsally till the bladder neck. BMG was harvested and sutured to the bladder neck at 11, 12, and 1 o'clock. Interrupted dorsal quilting of the graft was done using 4-0 Vicryl through the periosteum over the pubic bone. The graft was sutured to the urethra using 4-0 Vicryl in a continuous fashion. Patients were discharged home in 2 days. Trial of void and retrograde urethrogram were done after 3 weeks. Flow and postvoid residual were done at 3 months.
RESULTS	A total of 4 patients between July and August 2018. The mean age was 67 (59-72). Three out of 4 patients (75%) had received adjuvant radiotherapy. The mean number of preop endoscopic procedures including dilations and incisions was 7 (4-10). The mean stricture length was 2.5 cm (2-3). All patients were incontinent preoperatively with mean preop flow of 5 mL/s (3-7 mL/s). Mean operative time and blood loss were 177 minutes and 250 mL, respectively. Mean postoperative urine flow at 3 months was 20 mL/s (17-23 mL/s). All patients were incontinent postoperatively. Success rate was 100% at 3 months.
CONCLUSION	BMG urethroplasty in vesico-urethral anastomotic stricture/stenosis is a new technique that can provide a safe perineal approach while eliminating the potential risk of rectal injury, and urethral atrophy from extensive urethral mobilization. ¹ It can also decrease the need for laparotomy or the need to perform a combined abdominal-perineal approach. Long-term follow-up is warranted with a larger cohort of patients. UROLOGY 130: 210, 2019. © 2019 Elsevier Inc.



Reference

1. Blakely, S, Kaefler D, Daugherty M, Nikolavsky D. V1-03 Membranous urethroplasty using dorsal onlay buccal mucosal graft for strictures associated with turp or radiation therapy. *J Urol.* 2017;4(197):e68.

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