“Show Me How” Video

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 peritoneum 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. 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.

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Reference

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