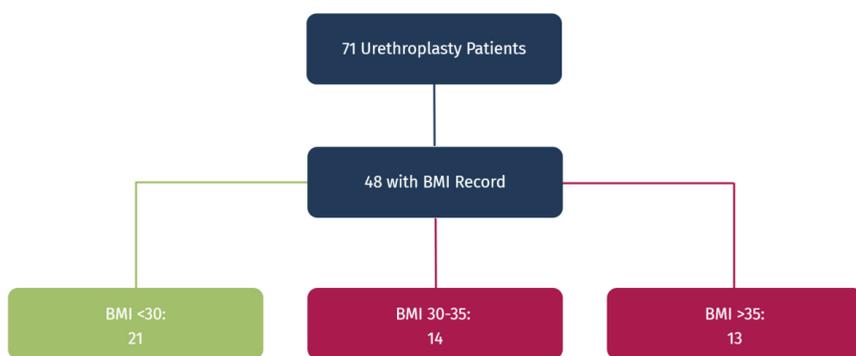


EFFECT OF BODY MASS INDEX ON URETHROPLASTY OUTCOMES: EQUAL OPPORTUNITY STRICTURE MANAGEMENT

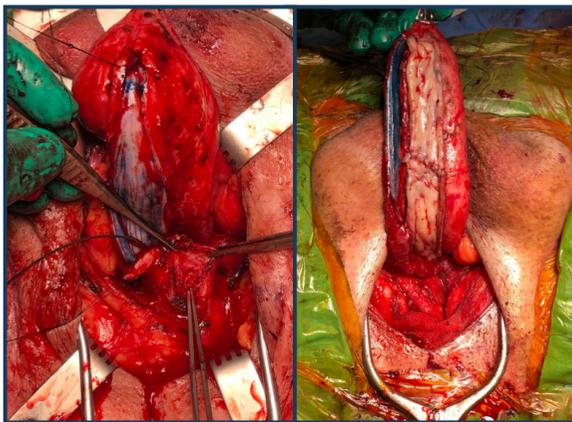
Urethroplasty is rapidly becoming standard management in suitable patients with stricture disease, given superior stricture-free duration can be achieved compared to repeat endoscopic procedures. Despite limited data detailing the effect of obesity on urethroplasty outcomes, BMI is often discussed by clinicians as a predictor of success when offering urethroplasty. We here present outcomes from a Society of Genitourinary Surgeon (GURS) Accredited Fellow practicing in a Regional Australian centre, to explore the *in vivo* effect of BMI on recurrence rate of urethral stricture following reconstructive urethroplasty.

METHODS:

We analysed retrospective patient data from 176 Genitourinary reconstructive patients who collectively underwent 190 procedures from establishment in 2017. After excluding non-urethroplasty procedures, 71 patients were found who had reached 1y follow-up, with 48 of these having readily available BMI data.



We divided these into three groups: BMI <30, BMI 30-35, BMI >35.



RESULTS:

Of 21 patients with BMI <30, 13 were stricture-free at 1y, a success rate of 62%. In patients with BMI 30-35, 12 out of 14 were stricture free at 1y, with 11 of 13 patients with severely elevated BMI >35 becoming stricture free.

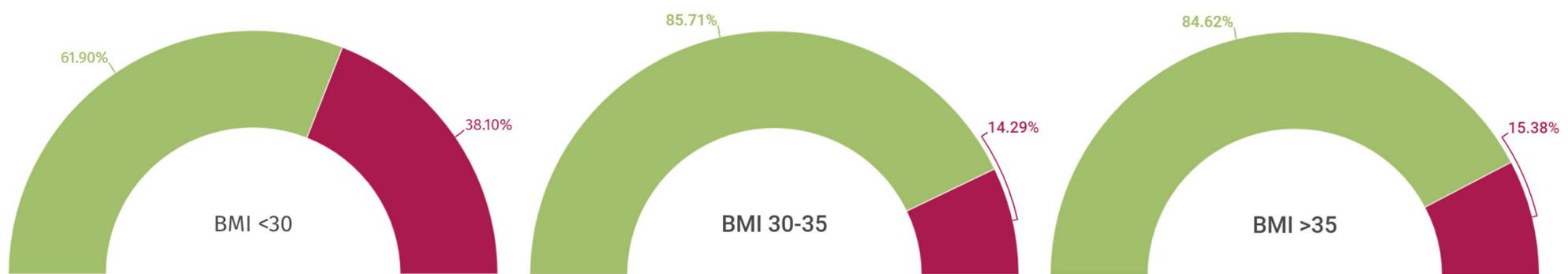
| | BMI <30 | BMI 30-35 | BMI >35 |
|----------------|---------|-----------|---------|
| Stricture-Free | 13 | 12 | 11 |
| Recurrence | 8 | 2 | 13 |

Both patient cohorts with elevated BMI had success rates at 1y of 85%.

DISCUSSION:

While increased BMI may affect technical difficulty of reconstructive urethroplasty in stricture disease, overall success rate of high-BMI patients is consistent with national standard of 85%, indicating that BMI has little independent bearing on Urethroplasty outcome. Elevated BMI should not have significant impact on whether Urethroplasty is offered, as risk of failure is not severely affected by this sole factor.

We note a greater recurrence rate in our normal-BMI cohort. This is likely secondary to selection bias intrinsic in retrospective data, as BMI is more likely to be recorded if significantly elevated, or in normal-BMI but high-risk patients who have more comprehensive workup.



CONCLUSION

BMI has little bearing on Urethroplasty outcome, and should not form a barrier to definitive surgical management, or be considered a contraindication during patient selection.